

It is appropriate to measure the health of a group by life span, the decrease of which is associated with cumulative stress. In Japan, life span in the prehistoric era was estimated to be 10-20 years old for both males and females because of a high infant mortality rate. Present day Japan is ranked the top country in the world for longevity. The three major causes of death in Japan are cerebrovascular disease, heart disease, and malignant growth, but the mortality rates for infections and parasitism are low. In developing countries, infections and parasitism are still the top causes of death. The following are thought to be factors resulting in countries such as Japan becoming an aging society: improvements in medicine, public health, and quality of diet. An examination of diet and causes of death in Japanese people in the past is believed to be very important when envisioning Japanese medicine and public health of the twenty-first century. Such an examination can lead to common findings between modern and ancient societies through archeological and anthropological studies which examine past events. This presentation describes the factors of longevity from the aspects of life span and nutrition of Japanese people in the past.

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Satisfaction and Factors Associated with Cancer Treatments in Taiwan

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Background/Purpose: Cancer is the top leading cause of mortality in Taiwan, and as a result, cancer treatments and patients' medical care satisfaction are given much attention. This study investigated the patients' satisfaction and factors affecting cancer treatments in Taiwan.

Methods: The subjects in this study were cancer patients who suffered from the ten cancers with the highest incidence rates. They were selected from five medical centers according to the ratio of the number of occurrences of the top ten cancers. Stratified random sampling was done at each hospital, and 1,204 valid questionnaires were collected through interviews. The associated factors of the cancer patients' overall medical care satisfaction were examined using multiple regression analysis.

Results: The average score of cancer patients' overall medical care satisfaction was 84.0 points. The patients were most satisfied with the physicians' attitude of

service and professional competence, and the attitude of the nursing staff. On the other hand, the five categories which were the least satisfying included the accessibility of treatment, waiting time, psychological aid during the treatment process, aid with respect to religious beliefs, and the introduction of patient support groups. Bladder cancer patients (89.4 points) had the highest overall satisfaction score within the top ten cancer groups, followed by the prostate cancer patients (89.2 points). Skin cancer (79.5 points) and lung cancer (80.9 points) patients were the least satisfied. The factors affecting the medical care satisfaction of cancer patients included family income, length of sickness, hospital ownership, level of life quality being affected, cancer type, medical structure aspect, medical process aspect, medical outcome aspect, and medical support aspect.

Conclusion: Most cancer patients were satisfied with their medical care, but were less satisfied with the fulfillment of their psychological needs. Physicians should actively care for the patients' needs and recommend patient counseling in order to improve the level of satisfaction.

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Evaluation of Existence Value of Regional Medical Care Provision System by the Contingent Valuation Method

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Objectives: The concept of benefits is broadly categorized as two values: value based on use and value of something which simply exists without actually being used (existence value). The purpose of this study is to survey existence value of regional medical care provision system by the contingent valuation method.

Methods: This study selected the City of Yokohama in Kanagawa prefecture and questionnaire research was conducted. Total sample were 2000 and dataset was truly matched compared with the real constitutional ratio of sex and age. After confirming the basic statistics of the data set, the amounts which regional residents were willing to pay were estimated based on the open question method.

Results: If all residents could walk one kilometer or less from their present homes to at least one medical institution, it was estimated that the willingness to pay to reconstruct the regional medical care provision system is almost 3,000 to 3,500 Japanese yen per year. The amounts which regional residents were willing to pay for the establishment of this provision system varied according to the functions of a medical care institution and annual household income.

Conclusion: A high probability of using an actual medical care institution and annual household income had a great effect on the regional residents' evaluations of existence value of the regional medical care provision system.