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A Comparative Study on Medical Care for Children in Schools for the Handicapped in Japan and in the United States

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We conducted a survey to document the number of students who needed medical care at schools for the handicapped in Osaka, Japan and in Dayton, Ohio, USA. The ratio of students who needed medical care was similar in both cities (10–15%). In Dayton, all schools had school nurses who administered medical care to those who needed it. In contrast, in Osaka, medical care was administered by people at various levels of medical training and knowledge.

Key words: administered medical care; handicapped children; medical care

A current law in Japan has prohibited the administration of medical care at schools for the handicapped, but the number of students who require it is increasing (Funahashi et al., 1990; Kanai, 1994; Kuritani, 1996). Schools in Japan are not allowed to have qualified medical personnel because of the law (Kitamura, 1995; Kaneko et al., 1997). Schools for the handicapped in the United States are required to have school nurses (Anderson, 1994), and appear to have minimal problems in providing medical care for handicapped children (Suzuki, 1993). In the present study, we conducted surveys to document the number of students who needed medical care at schools for the handicapped in Japan and the United States, with the aim of providing a forum for discussion on the current problems of school nurses at Japanese schools for the handicapped.

Materials and Methods

Concerning medical care to be administered at schools for the handicapped, we defined such treatments as tube feeding, aspiration of sputum, urinary catheterization, oxygen administration and insulin injection. The items we surveyed to outline the need of the administration were: i) how many students needed the medical care; ii) who administered the medical care; and iii) who was responsible for technical

training of personnel who administered the medical care. Then the analytical data obtained in Japan and the United States were compared.

In Japan, 14 public schools for the handicapped were randomly selected in Osaka: of them, 11 schools had elementary, middle and high school-age students, and 3 schools had elementary and middle school-age students. In the United States, 3 public schools for the handicapped were selected in Dayton, Ohio. The ages of the students ranged from 0 to 22 years.

Results and Discussion

In Osaka, 13 schools returned the survey: the total number of students was 1,325, and those who needed medical care were 185 (14.0%). The 3 schools in Dayton had 520 students, and 54 (10.4%) needed medical care.

Among the 13 schools in Osaka, medical care was administered by class teachers and nurse-teachers ($n = 4$, 30.7%), by nurse-teachers ($n = 2$, 15.4%), by class teachers ($n = 2$, 15.4%), by class teachers, nurse-teachers and guardians ($n = 2$, 15.4%), by class teachers and guardians ($n = 1$, 7.7%), by guardians ($n = 1$, 7.7%) and by office personnel ($n = 1$, 7.7%). In contrast, school nurses provided medical care in all 3 schools in Dayton (100%). In Osaka, technical training to nonmedical school staff members was given by physicians in charge ($n = 9$, 69.2%), by guardi-

ans ($n = 9$, 69.2%), by nurses ($n = 4$, 30.7%) and by school physicians ($n = 2$, 15.4%). One school responded that technical training was given by guardians only.

The medical care information which was requested on the surveys involves specialized nursing or medical knowledge for its administration. The ratio of students who needed the medical care was similar in both cities (10–15%). In Dayton, all schools had school nurses, who had such specialized nursing knowledge: their medical knowledge and training levels are similar to Japanese registered nurses. In contrast, in Osaka, medical care was provided by people who were at various levels of medical training and knowledge.

The present data analysis has indicated several problems: i) schools in Japan do not have qualified medical personnel; ii) administration of medical care at schools is prohibited in Japan under the current law; and iii) the concept of school health care has not yet been established in Japan. It is controversial that medical training of school personnel was given by guardians in Osaka. However, with the current requirement of the training in Japan, this might be a compromised solution.

The present study did not scrutinize how often or what types of problems in medical care schools for the handicapped face; however, the obtained results at least raised questions about the need for medical personnel who can safely and professionally administer medical care for students at schools for the handicapped (Kondo et al., 1996).

The current law might warrant medical care at schools for the handicapped in Japan (Hayashi, 1993), and nursing professionals might have a significant role in providing adequate medical care at the schools. Recommendations for the education program of school nurses (American Nurses Association, 1995; Bachman, 1995) have emphasized: i) medical aspects of physically handicapped children; ii) developmental psychology; iii) education of mentally retarded and physically handicapped children; iv) school nurse practice for mentally,

physically handicapped children; and v) first-aid for the physically handicapped. Furthermore, the obtained facts offer some suggestions for the school health system: that is, i) proposing a new law or system which allows school nurses to perform medical care at schools; ii) providing professional medical personnel to schools; iii) utilizing nurses as collaborators to provide medical knowledge and techniques to guardians, school teachers and care givers; and iv) coordinating medical consultations and guidance.

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