Chapter 11

Conclusions: The Salience of Eldercare

Paul Midford

What emerges from this volume is a strong comparison of eldercare in two very diverse, but by no means entirely different or incomparable countries. Norway is not only an interesting case in and of itself, but also a good representative of the Scandinavian countries as a whole, which have similar welfare state models.1 Japan on the other hand is a good, but far from perfect, representative of East Asia. Nonetheless, as a recent Pew study shows, in broad terms of eldercare and the aging society, Japan is quite similar to Korea, with China gradually converging toward Korea and Japan (Pew 2014). Japan is also important as the oldest and leading example of a wealthy and advanced non-western society. Japan is also literally the oldest nation in the world, with a median age of 45 (Pew 2014: 25), whereas Norway is only moderately old. This two-nation comparison also presents diversity in terms of size, with Japan being a large nation of over 125 million people, whereas Norway is a small nation of just five million. Both nations are aging rapidly, although Japan is aging faster.

From the multifaceted diversity of this two-nation comparison emerges several important contrasts and similarities in their eldercare policies and politics. These include the role of traditional values and social norms, the role of the family, the role of the market versus national government and local governments, the growing trend of the elderly living alone, and eldercare as a political issue.
Based on the Confucian values that Japan shares with other East Asian nations, especially China and Korea, in Japan the elderly are considered a special group to be respected and cared for. The Japanese holiday of *Keiro no hi*, or Respect the Elderly Day, is one outward manifestation of this value. Nonetheless, the tradition of family members caring for the elderly, although strong, faces challenges even in Japan, also in South Korea and China. Consequently, there is significant support in Japan and South Korea, and especially in China, for the state to play a greater role in caring for the elderly (Pew 2014: 29).

As Campbell and Edvardsen note in the introduction: “Japan’s [LTCI] program is big and new and completely aimed at frail older people as a distinct group.” (p. 15) In this sense, Japan’s program can be seen as part of a late-twentieth-century trend among a number of wealthy nations that saw long-term eldercare as a need that their national health systems did not adequately provide for. Beginning with the Netherlands in 1995, Germany in the same year, and then Japan in 2000, a number of countries introduced insurance schemes to cover this gap (Barr 2011: 54). By contrast, in Norway and other Scandinavian countries, eldercare grew almost organically out of their existing tax-funded comprehensive health and welfare policies. Indeed, in Norway the elderly are not a special class to be cared for, but part of the state’s overall responsibilities for the welfare of the entire population. This is reflected in the growth in public care services for younger people, a trend not evident in Japan. As Campbell and Edvardsen note in the introduction, “long-term care programs serve the younger disabled population as well as older people in Norway, while in Japan (with small exceptions) they are for people 65 and over exclusively.” (p. 14) Solheim notes in Chapter 6 that in Norway persons with modest care needs receive approximately the same amount of nursing in the home and practical assistance regardless of age (p. 128). As noted in the introduction, Norwegian municipal officials in charge of care services often have a difficult time describing their care services by age.

Although the importance that Confucianism places on filial piety might lead one to expect that family care would be much more important in Japan than in Norway, in fact the picture is more subtle. Public provision of care has, as discussed above, become somewhat more important in Japan than commonly thought, given the traditional importance of filial piety, while informal care emerges as more important in Norway than is commonly assumed, given the nation’s strong welfare state. Even in Norway most care is still provided informally by family members, and by friends and other social networks to some extent. This is perhaps not surprising, since as Campbell