

to sex overall. But there were more women over 90 years old who died at home. Cancer was the cause of death in 47% of men and 26% of women. Many (31.6%) did not use home care services, while 70.2% received medical treatment. Psychological services were used by 46.2% of the patients while 55.9% received counseling about their death. Psychological counseling should be a major component of the medical welfare care system. Moreover, it can be said that overall care management is important.

A Study of Advocacy Functions of Employees of Medical Welfare Institutions Hayato HASHIMOTO

The purpose of this study is to clarify the advocacy functions of employees of medical welfare institutions. To investigate this issue, the ethical codes of conduct of professionals working at medical welfare institutions were divided into following three categories: 1) the relationship between the professionals and their patients, 2) the relationship among professionals (including institutions), and 3) whether the professionals can intervene in the relationship between other professionals and their patients to advocate for them. It was found that the most important factor was to guarantee the patients' rights. A common ethical code of conducts for professionals working at medical welfare institutions needs to be proposed.

A Study of the Influence Factor on the QOL Scale Yasuho FUKUMOTO, Yasuhiko EGUSA and Makoto SEKIYA

The SDS (Self-rating Depression Scale), HDS-R (Hasegawa's Dementia Scale) and N-ADL (Nishimura's ADL Scale) along with BAQL (Basic Quality of Life Scale) were used to examine the influence factor to QOL. The subjects were 55 aged people using the day care and day service centers of an institution for the aged. It was found that day care and day service users were similar in terms of QOL since there was not statistical difference between the groups. It is not an influence factor to QOL, so the presence of disease and dysfunction does not change QOL. On the other hand, there was a negative correlation between BAQL and SDS (r-coefficient, $p < 0.01$), so that depression becomes stronger with higher QOL. BAQL correlates with the SDS items of "not satisfied /get irritated /easy to cry" ($p < 0.01$), which suggests QOL is influenced by unstable emotions. Also, it appeared that ADL and QOL differ qualitatively because there was a negative correlation.

From these results, it was thought that QOL is expressed as a kind of emotional reaction that disease and dysfunction generate in the self-evaluation of QOL. Also, there seems to be a functional mechanism involved in self-evaluation, and the clarification of this mechanism is needed to understand the academic basis of QOL enough.

Development of Policies for Individuals with Disabilities in the United States Munehisa YOSHITOSHI

The purpose of this study was to review the development and characteristics of public policy related to welfare and education for individuals with disabilities which have led to current laws in the United States. Basically, individuals with disabilities were treated unequally and excluded from the public administrative service system until the late 1960s and early 1970s when fundamental federal legislation to ensure rights for persons with disabilities was enacted in conjunction with the upsurge of the equal opportunity movement. A number of federal legislative efforts to improve the welfare and education of individuals with disabilities were