



აპირადი კონსულტაცია, რეცეპტი, დიაგნოსტიკა, მკურნალობა

Description

[აპირადი კონსულტაცია](#) - ეს არის პირდაპირი კავშირი დოქტორსა და პაციენტს შორის.

კონსულტაცია შეიძლება ჩატარდეს როგორც პირდაპირი, ისე დისტანციური. პირდაპირი კონსულტაცია ხდება, როდესაც პაციენტი დადის კლინიკაში და საკუთარ პრობლემას ახსენებს დოქტორს. დისტანციური კონსულტაცია კი ხდება, როდესაც პაციენტი დაკავშირდება დოქტორთან ტელეფონით ან ვიდეოკავშირით. კონსულტაციის დროს დოქტორი შეიძლება დაგეგმიურ კონსულტაციას, ან უეცარ კონსულტაციას. დაგეგმიური კონსულტაცია ხდება, როდესაც პაციენტი დროასწინასწარ აცხადებს დოქტორს კონსულტაციის შესახებ. უეცარი კონსულტაცია კი ხდება, როდესაც პაციენტი უეცრად დაკავშირდება დოქტორთან.

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This text is related to the previous post.

One of the major issues raised in modern society is the declining birthrate. I have been concerned about this issue for more than ten years. The causes are many: young women leaving rural regions, highly educated young people having no local job opportunities, men expecting their partners to be able to bear children while women begin seeking partners after they are past the safest childbearing age, nuclear families, and more. Solving only one of these will not prevent the depopulation and aging of regional cities. This document has been written with the intention of addressing all the issues I am aware of.

Building a Sustainable Local Framework to Realize Families Who Wish to Have Children

â?? Comprehensive Support for Education, Entrepreneurship, and Healthcare Centered on Childbearing Age â??

Introduction

One of the greatest challenges facing Japanese society is the declining birthrate. In particular, regional cities are severely affected by the outflow of young people and the lack of infrastructure for childbirth and childcare.

This proposal aims to promote comprehensive policies for marriage, education, employment, and healthcare, designed around childbearing age, so that people who wish to have children can realistically fulfill that hope. Especially in rural communities, it is urgent to build systems that allow the younger generation to start families with confidence and continue living in their hometowns.

Core Principles

- Build a society where those who wish for natural childbirth and childrearing are not disadvantaged.
- Integrate education, employment, healthcare, and family support, correcting disparities with urban areas.
- Redesign social structures to balance individual lifestyles with the sustainability of local communities.

Policy Pillars

1. Introduction of Life Design Education Aligned with Childbearing Age

- Institutionalize life design education—including sex education, family formation, financial planning, and psychological maturity—in junior high schools, high schools, vocational schools, and universities.
- Foster the ability in both men and women to learn the responsibility of building a family and the knowledge and skills required to prepare for it, so they can make autonomous decisions.
- Ensure accurate information is provided so that women, in particular, can realistically choose marriage and childbirth by their late 20s.

2. Support for Multi-Generational Living to Counter Nuclear Families

- Create housing support systems (renovation subsidies, inheritance support, etc.) to promote multi-generational living or nearby living in rural areas.
- Maintain community structures that allow for natural mutual support in childcare and eldercare, preventing the isolation of childrearing.
- Restoring family functions within communities will lower psychological barriers to marriage and childrearing.

3. Support for Local Entrepreneurship and Business Ownership

- Establish regional systems (incubation facilities, subsidies, local currencies, etc.) that enable young people to choose entrepreneurship, business succession, or side businesses locally.
- Support flexible work styles (discretionary hours, hybrid remote work) that are compatible with childrearing.
- Enhance financial aid and mentoring systems for female entrepreneurs in particular, standardizing work styles compatible with having a family.

4. Ensuring a Minimum Level of Obstetric and Gynecological Care (Healthcare Equality)

- Make it a governmental responsibility to guarantee at least one obstetrics and gynecology medical hub in every municipality, regardless of population size.
- Consider creating fiscal incentives or special regional medical zones to secure full-time doctors where necessary.
- End the current situation in which life-critical services for pregnancy and childbirth are only available in urban areas.

Expected Outcomes

- Accurate information and education will be provided in time to prevent the loss of childbirth opportunities due to not knowing.
 - Rural areas will have the infrastructure necessary for safe marriage and childrearing, leading to greater youth retention and population stability.
 - With entrepreneurship support and community redesign, society will move away from work styles incompatible with family life.
 - Equalized healthcare infrastructure will ensure that pregnant women in rural areas can give birth safely.
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Conclusion

This proposal is not merely a countermeasure to the declining birthrate. It is a policy that responds to a fundamental human desire: **to build a society where those who wish to have children are not disadvantaged**. At the same time, it directly connects to the sustainability of rural communities, the diversity of society, and the soundness of the economy.

While respecting individual choices, it strongly calls for the phased introduction and promotion of these policies to build the social structures that make those choices possible.

Of course, I cannot accomplish all of this alone. That is why I present it in the form of a policy proposal. What the Monozukuri Juku (Makers’s School) can contribute is **supporting mental maturity through a place where diverse people learn together** and **supporting skill development for entrepreneurship and side businesses**. These are the areas where I can take responsibility and act with passion.

Reflections on Recent Trends

Some women in their 30s have been swayed by media promotion of **shining, glamorous women** and delayed important life decisions. Some men remain passive toward women. Even if people say it is **lifestyle diversification**, the biological reality remains that childbirth and childrearing are far more difficult with age. There are also those who shout **gender equality** while in fact demanding preferential treatment for women’s **greedy and self-important voices**.

Much of this atmosphere has been created by the mass media and certain radical activists. It is not uncommon to see situations where, despite claims of defending women’s rights, women themselves become women’s worst enemies.

Changing such social trends may be difficult. But many of them are illusions. Perhaps it is time to step back and reconsider once more what life and society should truly be.

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