Community and Family health Issue : Discussion How it can be Treated with D Help of Treatment And Medical Staff

Registered Nurse, INDIA

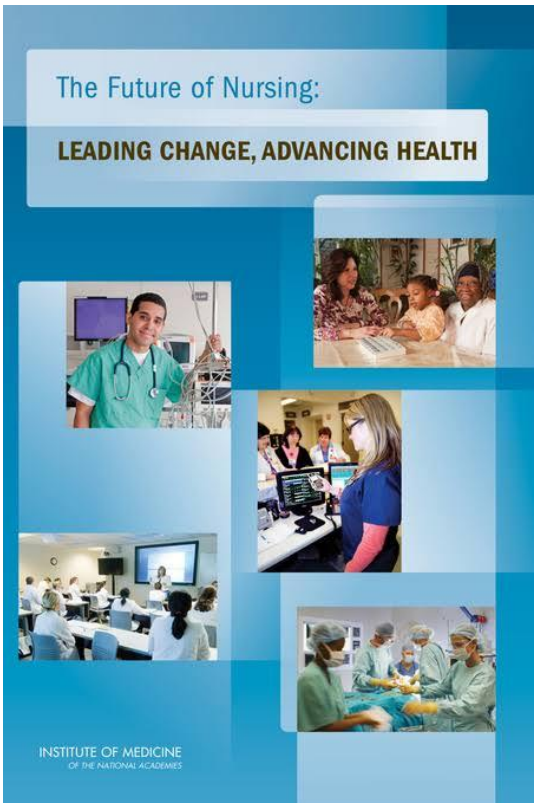
Abstract (300 word limit)

Statement of the Problem: Easily can understand through example of real life person

As it mentioned In June 2011, Alvin, a terminally ill patient with end-stage pulmonary fibrosis, was hospitalized for pneumonia. His doctor, a specialist in lung disease at a top academic medical center, gave Alvin 100 percent oxygen and powerful antibiotics and steroids, but his condition quickly deteriorated. Faced with the choice of intubation and a mechanical ventilator or palliative care, Alvin chose to forgo life support and spend his last days at home with his family. His family was given a prescription for morphine with little instruction on how to use it appropriately; when they tried to fill the prescription, several pharmacies refused. Despite the hospital's orders for oxygen to be sent home, Alvin's family found that the oxygen supplied was insufficient for his needs. The emergency medical technicians who took Alvin home offered only one solution—to bring him back to the hospital. Trying to honor his wishes, the family refused. Five hours after leaving the hospital, Alvin was in pain and struggling for breath. Since it was a Saturday evening, hospice personnel were off duty; Alvin's family had to arrange for a private-duty nurse to help them care for him in his final hours. After he passed away, a hospice nurse finally arrived, apologized, and instructed his family on how to dispose of the remaining vial of morphine correctly

Alvin's case highlights the critical importance of all members of the care team—family members, clinicians, and other health care providers—working together to overcome system complexity and poorly aligned incentives to ensure patient-centered care, as well as the ways in which the health care system falls short on this critical dimension

Image





Biography (150 word limit)

Manjeet kaur has her expertise in evaluation and passion in improving the health and wellbeing. Her open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions.

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