

SJSS5002: Contemporary Issues in Social Studies.Assessment 1: Critically explore one of the health and social care paradigms.Introduction.

Patient focused care, also known as patient centred-care, is the sort of care that is patient orientated and is tailored or adjusted to the individuals needs, a few examples of this would be cancer care patients within a hospice or in a euthanasia clinic within Switzerland. This type of care is what saves lives across the world. However, care was not always like this. Care in the past had been very general and everyone received the same treatment on the same ward with a number of people as little as six and as many as twelve.

History of care.

With this year (2018) being the 70th anniversary of the National Health Service (NHS) people have time to reflect and think of how this service has helped them and their families over the years. Whilst reflecting people wonder, what was healthcare like before the National Health Service? Well it was very different. Healthcare before the 1900 would be conducted by local charities or by the servants in wealthy families or family for those with less money. Care in the communities was known as the Poor Law this care would be carried out within what was known as the 'Workhouse', the workhouse provided care for the old and the disabled within the community. However, this care was not free people had to either work for the care of the family member or pay a small amount of money towards the care. Before the National Health Service (NHS) around 1860 the same time as the Crimea war Florence Nightingale changed the state of hospitals within the war and for wars that were yet to come. Nightingale made hospitals more sanitary for those being treated within her hospital. At this time Nightingale helped lower the mortality rate from disease from 42.7% to as low as 2.2%. This was just by the introduction of more sanitary work and equipment. It is also said that around the same time she introduced that beds should be spaced between a foot and three feet apart, this allowed patients to have space and air to have good ventilation, she also removed all animals from field hospitals by keeping them separate from patients. As well as this Nightingale also assured the cleanliness by disinfecting and flushing the toilets and sewers within the hospital to insure the health of both staff and patients.

As said previously, it has been 70 years since the National health Service (NHS) was started, the person responsible for this was Mr Aneurin Bevan, when he set it up he had three core principles “that it meet the needs of everyone, that it be free at the point of delivery, that it be based on clinical need, not ability to pay.” (NHS.uk, 2018) Bevan created the National Health Services so that as stated by the National Health Service (NHS) “Good healthcare should be available to all, regardless of wealth.” NHS.uk, 2018). In comparison to The United States of America healthcare is not free, patients must have health insurance and have the money to pay extortionate medical bills just for minor injuries that were not caused by themselves. The National Health Service (NHS) also introduced the General Practice (GP), this was brought in to help hospitals and health services for minor illnesses such as Diabetes, Flu Virus, Cold, and Tonsillitis, General Practitioners (GP) have the authority to give patient medication such as antibiotics instead of patient going to the hospital for the smallest of illnesses.

What is patient focused care?

Patient focused care is focused on both the patient and the family, it is coordinated around that persons needs and standard of care, as it was said previously it is more prominent in dementia care and cancer care. This allows people to have a choice in what care they want and the level of it, this could include care within the home or a hospice, respite stays for either the patient or their family members, levels of medication or treatment either to suppress the condition allow the condition to take them slowly. This type of care also involves the carers involved assuring that they are suitable for this form of care and are also supported after the person either gets better or sadly passes. As stated by the National Health Service (NHS), Healthcare Education England, “focus is on equality and narrowing inequalities.” (hee.nhs.uk, 2018). This form of care shows that patients need to be treated as human being and not just another person in on a hospital ward. The more equality between the care team and the patient then the smoother the treatment. This doesn’t just happen within the hospital words as stated by National Health Service (NHS), Healthcare Education England, “services are created in partnership with citizens and communities” (hee.nhs.uk,2018, this shows that it does not only happen within a hospital environment but can take place within the patient’s home either conducted by charities such a Macmillan Cancer Care, or by community healthcare professionals such as privately owned care companies. If care like this was available between the 1800’s and the 2000’s then the life expectancy of people would be very high compared to what it was, patient focused care

would have combated disease or chronic illness instead of treating all patient in the same way which as most people know everybody is different and reacts to treatment differently. The point to argue is if Britain was more advance than most countries in health care why did this form of care not be introduced earlier within the United Kingdom. The advantage of this care is that it is sometimes free depending on a person's financial situation, certain charities are paid by the government to care for unwell patients, other charities and organisations ask for a form of donation for the care that is provided, this can be through a gift in a person's Will or just a sum of money given to the charity during the care that is being carried out.

National Insurance Act 1911.

What is the National Insurance Act 1911? This act was created on the 27th of February 1911. The act was created to compensate many things for those who need help and on the other hand it could also exempt people from having to pay or carry out certain things. This act covers many different areas such as contributions, benefits, financial provisions, it also covers provisions that could affect your workplace, criminal convictions or disputes.

Contributions, what does national insurance contribute to? Contributions are made by both the employer and the employee this insures the person whilst that person works for that company or organisation. This also regulates the rates and rules of the amount contributed by that employee to employer. Next, benefits this allows people to have access to benefits and services, by having a national insurance number, people can have reduced or raised benefits depending on that person's circumstances. On the bad side if the contribution is not paid and is in arrears then benefits can be decreased or even ceased, and it can also help with the provision if a contributor is incarcerated or is an in patient within a hospital. There is an Administration of Benefits these are a number of benefits such as medical benefit, maternity benefit, sanatorium benefit however there is one point that is very arguable "Punishment of husband in certain cases of neglect" (sochealth.co.uk, unknown date) not everyone in modern day society is married or in a heterosexual marriage, it should be updated as the times are changing and change it to "Punishment of persons in certain cases of neglect", it seems more appropriate instead of singling out the male gender as the more violent gender. Another arguable point, is maternity, there should be more provisions on paternity as the father of the child should receive more time and benefits when their child is born, rather than just a few weeks or paid leave to spent time with his partner and child.

Mental Health Act 1983.

The Mental health Act 1983 is related to cancer care due to the fact the patient with cancer can have a mental health illness or disorder. When treating a mental health patient, the National Health Service (NHS) states that “they have agreed or volunteered to be there. You may be referred to as a "voluntary patient.” (NHS.uk, 2016). This means that even when a patient has a disease such as cancer and a mental illness, they cannot be forced into having any form of treatment. Whoever if the patient does agree to any treatment the National Health Service (NHS) states that “An approved mental health worker is also responsible for ensuring that the human and civil rights of a person being detained are upheld and respected.” (NHS., 2016). This means that the care cannot turn a blind eye when someone is being taken to the hospital, and if they have cancer they must be handled or detained with more care and their treatment must be upheld and not forgotten about whilst in the mental health or hospital facility.

Personal Experience.

A family member who was diagnosed with cancer in early 2009 was provided care by Marie Curie Cancer Care, during the time that she was being cared for they made her comfortable within her home, the care staff provided support for her husband whether that be a cup of tea, friendship or just a shoulder to cry on. They allowed her husband to be hands on with her care with their assistance, they took care of her allowing her husband to have respite and come to terms with her disease, they were there for her and him. They set up a care plan that was tailored to her, her hospital visits, treatment times and made sure that there was always time for her to spend time with her family making what was the last few weeks of her life comfortable and filled with love and support. Those carers changed many of the family members views on the way patients are cared for, it showed that care staff are not on auto pilot and care for their patients with dignity and respect. With the introduction of this form of care it has allowed the patient and their family to have dignity and know that they are not just a hospital number in or on a long waiting list for treatment. It is arguable that this care may have to be paid for when healthcare in the United Kingdom is free thanks to the National Health Service (NHS), the question is why should people have to pay to be cared for at their home? They want to be cared for and leave this world in the place they feel most comfortable.... their home.

Maslow's Hierarchy of Needs

Abraham Maslow, around the 1940's Maslow wrote "The Theory of Human Motivation." Within this theory Maslow spoke about the 'Hierarchy of Needs', within his theory he spoke about the Basic needs that all people need such as food, rest and water, all the way up to self-actualisation. This theory shows that without basic human needs peoples needs become different whether it is caused by a psychological issue such as Dementia or a physical illness such as Cancer.

Physiological Needs: in relation to patient focused care without healthy nutritional food, warm and clean beds, enough fluids and most importantly, rest then patients will become healthy and recover at a much slower rate than others within the same care. Although patient focused care as said in its title is focused on the patient and the carers/nurses focus on fulfilling each patients' physiological needs. This care is what helps people recover and have a positive outlook on the National Health Service and care in general

Safety Needs: safety when it come to this form of is highly important, this is because the patient needs to feel safe and secure when in the care of other, the also need to feel secure with the carer and in the facility in which they are being given the care as this may effect their mental health. As stated by Koubel, G., Bungay, H., 2012. Rights, Risks and Responsibilities., p.25. Palgrave Macmillan. "Risks health and well-being can be considered as coming from two sources; first there are external risks from sources such as environmental hazards." This quote means that anything could be a potential hazard to patient, carer and family.

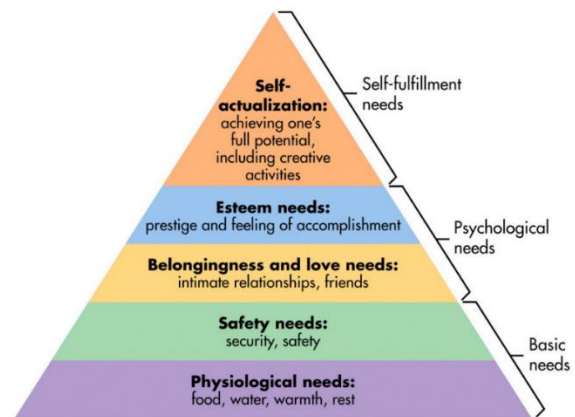
Belongingness and Love Needs: it is important to have many relationships, friendships, family, and finally intimate relationships, having love and support from those around them encourages people to feel better and go forward with more treatment without love and support patient's mental health can deteriorate and they may fell depressed and may refuse treatment. These needs of friendships can be with the people that care for them this also creates less tension and anxieties on both sides.

Esteem Needs: for patients with harsh illnesses the felling accomplishment can seem like the world, reaching milestones within the treatment the patients can celebrate or have some form of achievement system to make them and their mental health much better. However, when patients have setbacks and do not reach certain goals of then their esteem levels then they will struggle with their treatment. Therefore, patient focused care is the best form of a=care to help and support patients.

Self-actualisation: this means reaching one's full potential this can be when a cancer patient finishes chemotherapy and radiotherapy or maybe even reaching milestones within treatment for an eating disorders, self-actualisation is what drives patients to get better. However, in some patient focused care sector such as Euthanasian self-actualisation for most patients is successfully taking their own life with the help form nurses and doctors in Switzerland. Patients must try to reach their fill potential in order to get the best out of their treatment. Without the help of carers in a patient focused care environment people will not get better

Figure 1.

(Taken from simplypsychology.org)



Macmillan Cancer Care.

This cancer care charity was set up in 1911 by a man called Douglas Macmillan, he created the charity because he watched his father suffer in pain as he slowly died from Cancer, this charity is now as stated on their website, “we have grown to be the UK’s leading source of cancer support, helping more and more people living with cancer, all with your help.” (Macmillan.org.uk, 2018). This meaning without the help of generous donations they would not be able to provide the care that they do. So, what do they do? They as a charity will work with you the patient, and your family to understand you and your needs they work with you from the day of diagnosis right through to either remission or will work with your family after you pass, but they aim to help you survive and support you as spoken about in their website “We do it like this because we understand everyone's cancer journey is unique.” (Macmillan.org.uk, 2018) this is why cancer care treatment is patient focused! It focusses on what the patient wants rather than what the doctor thinks they need. They also have an “inclusion programme” (Macmillan.org.uk, 2018). This is softer to the eye when reading inclusion sounds much than a healthcare plan, they also state “we can provide the right support at the right time to everyone who needs it.” They support both the patient and the family where as most hospital wards will only provide both physical and emotional support to the patient and no one else.

Over the last 100 years the charity developed from just a charity, to in 1975 they stated, “We build and equip the first Macmillan cancer care unit at Christchurch Hospital in Dorset.” (Macmillan.org.uk,2018), So instead of being on a ward with people who may or may not be having the treatment, there was a separate unit for Cancer care to allow people to have a bit of dignity. Moving on 11 years Macmillan had enough funding to have their first doctor. In 1999 the campaigned and successfully changed the inaccurate definition of cancer. Moving on another five years Macmillan gained their first Macmillan-trained benefits adviser the help people living with the cost of cancer. Moving on to 2012 the UCH Macmillan Cancer Centre opened moving cancer patients from a hospital to a hospice and finally 2017 saw, “The Horizon Centre opens in Brighton, our first totally Macmillan-owned information and support centre.” This gave the people of Brighton the opportunity to learn more about Cancer. On the other hand, there is only one of these centres in the whole of the United Kingdom, there

needs to be more due to the number of patients living with cancer. The only way people within other areas and countries can read up on the illness is either through the internet or through leaflets at pop up events around the country, the charity could be better advertised through support groups and charity fundraising groups. On a good note they do advertise the charity through television, social media, radio commercials. They also offer many careers and internships and volunteering opportunities to people who need work or want to expand their knowledge of the illness.

Statistics.

The statistics below were taken from www.Mamillan.org.uk, the statistics show that the fight against cancer is proving harder than medical professionals first thought because there are more and more variations of the illness. Upon analysing these statistics they are now three years out of date and they should be updated every year as some treatment are begging to work in prolonging the lives of people with cancer.

“The number of older people aged 65 and over living with cancer has grown by 300,000 or 23% in the five years to 2015.”

“The number of people who have survived five or more years since diagnosis has increased by over 260,000 (21%) in the five years to 2015.”

“The number of people living with cancer in the UK is increasing by 3.2% every year. The number of cancer survivors in the UK is projected to increase by approximately one million per decade from 2010 to 2040.”

“This will result in four million people living with cancer in 2030.”

Conclusion.

To conclude, Patient Focused Care has developed over the years, but has also helped shape the National Health Service over the past seventy years. This form of care has helped governments invest in hospice care centres, Cancer care in the home and tailored plans for mental health patients. As a matter of opinion this care paradigm is one of the best forms of care just because evidence shows it has been very successful. The section above gives evidence to why patient focused care is the best form of care. It is becoming more and more wide spread due to the demand and that people want to be treated like human beings and not just another patient number. Therefore, the patient staff relationship is more personal thus making the patient feel more at ease when receiving treatment.

References.

Koubel, G., Bungay, H., 2012. Rights, Risks and Responsibilities., p.25. Palgrave Macmillan
Macmillan Cancer Support. 2018. Homepage. [ONLINE] Available at:
<https://www.macmillan.org.uk/homepage>. [Accessed 12 December 2018].

www.simplypsychology.org (Figure One)

National Health Service. 2016. Mental Health Act. [ONLINE] Available at: <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act/>. [Accessed 13 December 2018].

National Health Service. 2018. Principles and values that guide the NHS. [ONLINE] Available at: <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act/>. [Accessed 12 December 2018].

Sheingold B.H, Hahn, J.H., Science Direct., V. 1. 2014. The history of healthcare quality: The first 100 years 1860–1960. [ONLINE] Available at: <https://www.sciencedirect.com/science/article/pii/S2214139114000043>. [Accessed 13 December 2018].

Socialist Health Association. 2018. National Insurance Act 1911. [ONLINE] Available at: <https://www.sochealth.co.uk/national-health-service/health-law/national-insurance-act-1911/>. [Accessed 12 December 2018].

Figure one taken from: <https://www.simplypsychology.org/maslow.html> [Accessed 13 December 2018].