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STUDENT NAME	MICHAEL ABAK 1917009
LECTURER	ADESEWA AJAYI

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INTRODUCTION

This report will address and discuss the theoretical concepts and theories related to the practice of health and social care related to person-centred care but with **focus on Dementia**. The application, benefits and limitations including ethics will be addressed, and a recommendation will be given to improve person-centred care.

Age UK will be my organisation of choice with mention of **Dementia UK** because they are closely related as regards dementia. **There is no agreement as regards the definition of person-centred care (PCC)**. Person-centred care within health and social care supports service users to grow the skills, knowledge, and confidence that is required to properly manage and take decisions that are informed relating to their own health and health care, this involves the collaboration of social and health care professionals. A person-centred approach focusses on the elements of support, care and treatment that is important to the patient, their family members, and the carer. The priority should be to identify what is of significance to them without jumping to conclusions and making assumptions (The Health Foundation, 2016).

The **priority** should be to identify what is of significance to them, like in the case of those suffering from dementia. There are several types of dementia but the most habitual is Alzheimer's disease. Furthermore, Dementia itself is not a disease but it is a collection of various symptoms that include memory loss, changes in mood, and difficulty in the ability to communicate and reason. This occurs when certain conditions like Alzheimer's disease and vascular dementia affects the brain. Over 850,000 people live with dementia which represents one in six adults over the age of 80, **an example of a service provided for dementia patients is age UK's** community-based support services directed at people who are diagnosed with dementia and those who care for them. They can arrange visits to people's homes to assist in maintaining the contacts, hobbies, and interests of those with dementia, they also offer trained befrienders to give companionship to those with dementia. They offer classes to assist in the improvement of mood and memory, some of which are dance for dementia, singing for the brain, memory cafes and trips. They also give

information and advice to friends and families and how to apply for benefits. Their **wellbeing and befriending service** supports people to live in their homes in a safe and independent manner. They work with different organisations and take part in research studies, pilot projects and counselling services (Age UK, 2019). Closely related to Age UK is **Dementia UK** which provides specialist dementia support through their admiral nurses, they work with patients diagnosed with dementia, their families and carers to give them **one to one** compassionate support, professional guidance and **solutions that are practical**. When the person is demonstrating signs of distress and fear, the nurses assist in the creation of strategies to make them feel more comfortable and safer (Dementia UK, 2021). These organisations **maintain and uphold a person – centred approach** through the services mentioned and more.

DISCUSSION

Person-centred care **underlying concept** is a manner of thinking and taking actions that looks at people utilising health and social care services as **equal partners** in the development, planning and monitoring of care so it can meet their needs, it puts people and their families in a **central** position as regards decisions and looks at them as experts that are in collaboration with health professionals in a bid to obtain the best results. **Analysing person centred care** further, it is one of the thirteen core standards of care to be met by health care providers as stated by the **CQC**. There should be dignity, compassion and respect, and within this, care should be personalised, coordinated, and enabling. It is about the way professionals and patients think about care and about how they relate to each other as regards the actual service that is available. Services will have to change and become **more flexible** and **adapt to the needs of the patient**. They must work with the patient and their family to find the best way to care for them and meet their needs. It could be a partnership where the individual works with the care providers on a **one-to-one** basis and take an active part in their care and decision making. It can also be in a collective group method where the public is actively involved in the creation and delivery of services. The basic and **underlying idea** and principle is the same, it is about **doing things with people** and not about just doing it **to them**.

To **analyse further**, there are several aspects of person-centred care that are important like respecting the values of people and placing people at the core of

care, integrating and coordinating the care given, giving importance to the preferences and wishes of people, collaborating to ensure good communication, information and education; giving emotional support, the inclusion of family and friends, addressing the need for comfort and safety of people, ensuring that within and between the services there is a continuation, and taking steps to ensure that people have the care they need when they need it. (Health Innovation Network, 2016) To digress into the **theoretical underpinning** of person-centred care one must understand why person-centred care is important, and the answer is that it lends a hand to the patient to develop the skills knowledge and confidence that they need to effectively make decisions about their care (NHS, 2019). **How** it is applied is also important in determining the overall result. **Findings** have suggested that patient- centred care encompasses the service user with their family being duly respected, given total information, actively involved in decision making, and to be supported physically, psychologically, socially and in their existential needs. **The conclusion** based on a particular finding was that person-centred-care must give value to the social connections of patients, help to promote their quality of life and to structurally reform and adapt to improve patient experience of interaction with the health care system. Care givers must be lent a hand to adapt their skills, environments, routines, and communication for patients (Giusti et al., 2020).

Comparing and contrasting person centred care with **disease centred care suggests** that person centred approach is beneficial to the patient because it focusses on their needs and how to achieve them. **For example**, a patient is someone that is sick and is receiving medical attention (Cambridge Dictionary, 2021) **on the other hand** a person is a human being and an individual, while centre relates to the point that an activity is focussed or directed (Oxford Learners Dictionary, 2021)

An **example** is when a man in his late 80s diagnosed with Alzheimer's was moved to a care home because his spouse could not take care of him. **The traditional medical approach** would be to be only concerned with how much he ate in his breakfast, making sure he meets his daily target of walking along the hallway and if he states that he is tired the nursing staff might call on another staff to assist in moving him, and this can cause his irritation and refusal to move. **In contrast** the person- centred or holistic approach would be instead of serving the same breakfast to everyone ask George or his spouse about his type of breakfast before he came to

the care home. Also, he would be encouraged to walk and if he is exhausted and resists then it can be tried later. The approach can find out that he prefers a hot bath other than a shower, his bath time might be shifted to a particular time to suit him. (Heerema, 2019).

Ethics relates to standards that dictate to us how we should act in certain situations and the way we should live with one another as human beings. Age UK has a **code of conduct** that spells out the standards, ethics, and morals that the charity desires for itself and what is expected from those that it works with (Age UK, 2021). There are several ethical principles, concepts and values that govern the health and social care sector, some of which are autonomy, beneficence, compassion, conscience, familism, discernment, narrative, humility, integrity, justice, and equity. Other factors to be considered include non-maleficence, trustworthiness, virtue, vulnerability etc. (Alzheimer Europe, 2016) **A real life practical example** is when a **doctor decides to have a relationship of a sexual nature with a patient** and eventually get married to two of his patients that suffered from depression, his actions were deemed unethical, and he faced a disciplinary panel for it (Collier, 2016) it is deemed inappropriate behaviour and professional misconduct if a doctor exploits the emotions, trust, knowledge and influence obtained from the former doctor patient relationship (American Medical Association, 2021). This is a universal position held by the medical profession worldwide. **The underlying ethics** that should be adhered to by practitioners in the health and social care environment revolves around several key factors. The idea of the patient being the centre of care is driven and guided by the ethical principle of **autonomy**, which means that the patient's personal preferences, cultural traditions, values, the situation of their family and their lifestyle will be considered in decision making (Sine and Sharpe, 2011).

An example is Consent to sexual activity for a person diagnosed with dementia, as was the case of a husband accused of having sexual relations with his wife who was diagnosed with Alzheimer's, he was found not guilty at the end, part of the argument was that having dementia did not prevent consent, and sexual activity is an important part of the quality of life but the challenge is to protect the right to

sexual activity and how to protect the person from abuse (Belluck, 2015). but Half of people with dementia are not told of the diagnosis, (Savva and Arthur, 2015) Another **example** is a doctor not wanting to trigger a state of emotional distress in the patient and therefore skip the diagnosis by telling the patient that they have just a little problem with their memory, but the **early stages is important** to take care of **future financial and legal matters** before **they lose capacity**, deception and lies is prevalent in dementia care(Turner et al., 2016) . **Autonomy** is important in person centred care therefore enacting the **power of attorney** due to progressive dementia becomes an ethical dilemma because the person no longer has autonomy, and his decisions are passed over to whom they identified on their power of attorney papers. Furthermore, health care professionals irrespective of the foundational ethic of beneficence, must strive for the greater good and they have a duty to the patient, professional colleagues, and the society (Kinsinger, 2019). A **practical example** of ethical way of decision making is a man in his early 80's who resides in his daughters house and has been fiercely independent all his life but now suffers from moderate to severe AD/DRD but detests people taking care of him, his daughters spoke about the situation, and they took the decision to support their father to continue staying in his cottage. The decision was based on the lifelong desire of their father to live independently, the principles of **autonomy and beneficence** was used by his daughters to reach that decision (A Train Education, 2012). **Other examples** are **therapeutic lying** to avoid causing distress, **genetic testing for the APOE gene** (Rodriguez et al., 2020) blood tests that predict the onset of Alzheimer's, **halting dementia medications** with possible distressing consequences, **concealing medication in food** when progressive dementia causes refusal etc.

The **benefits** of applying person centred care are that it allows **the patient to be able to take part in the things that they enjoy**. It can also be a very good way of **managing and preventing the psychological and behaviour related symptoms of dementia**. Applying person centred care allows people to be treated with dignity and respect and aids the carer to see things from the **point of view of the patient**. It also aids in the understanding of the history, culture, and preferences, what they like and dislike and their interests and hobbies. **Further benefits** include creating an avenue for the person with dementia to have meaningful conversations with others, allowing family members to be involved in the development of a care plan so they

can bring **valuable knowledge** to the development of the care plan. (Alzheimer's Society, 2019) **studies using real life situations** have revealed that some of the **barriers to person centred care** can be that older care workers possess a reasonably incomplete knowledge of personalised care, care workers not having sufficient time coupled with the behaviours exhibited by the person suffering from dementia made it difficult to carry out person centred care. (Oppert et al., 2018) In **interviews and research** conducted with 18 researchers from different healthcare settings it was found that other limitations to person centred care are traditional practices and the structures, professionals having sceptical and stereotypical attitudes and organisational impediments to interventions being implemented (Moore et al., 2016) **further disadvantages** can be exclusion of the personhood of the care giver and risk of having compassion fatigue. **For example**, giving too much compassion to a patient can lead to compassion fatigue., it can also lead to excessive engagement in the care of a patient. It can also create a situation of unfairness based on empathy because care that is based on empathy can be unfair because the person giving the care is guided by emotions and not rationale or fairness. Differences can arise relating to some patients getting more care in comparison to others. (Summer Meranius et al., 2020) Also they can suffer burnout and stress from too much emphasis on PCC (Barbosa et al., 2014).

An **example of Age UK's person-centred care** is their **Maintenance Cognitive Stimulation Therapy (MCST)**. The weekly hourly to two hours long programme is for people **suffering from mild to moderate dementia**. Another example of Age UK person centred care is their **personalised integrated care programme** that uses risk stratification strategy to identify a specific group of vulnerable older people at risk of unplanned hospital trips. Then a personal independence coordinator writes out identified and important goals of the older person, a plan is then created that is appropriate to the older person's needs. Volunteers, care plan reviews and safeguarding protocols are then put into place to ensure success (Age UK, 2018). The **no place like home pilot project** of Age UK targets older people with dementia and older people in general who are at risk of homelessness. they hold **one to one sessions** with the person and group sessions with family members to raise awareness about financial problems and for home improvements. Other forms of person-centred care by Age UK includes **Warm and well, get going together, falls**

prevention resources, building resilience, better late lives, one step at a time, think digital etc. (Age UK, 2019).

Further examples include:

- **Counselling for people with dementia:** this support service is offered to people experiencing memory loss and those anxious about a diagnosis.
- **Living Together with Dementia: Couple focussed** psychosocial Intervention programme to better the quality of life of partners with dementia.
- **Circles of Support pilot programmes:** This programme helps dementia patients to think of how they want their life to be now, and, in the future, it usually consists of professionals, friends and family.
- **Buds' volunteers:** Buds volunteers adapt their undertakings around the interests of **the patient**.
- **Shake Your Tail Feather:** This service involves dancers and acrobats, who visit care homes and support a personalised activity by utilising little or no sign language. (Age UK, 2018b).

RECOMMENDATION

It is **recommended** that Age UK should raise more awareness as regards why one in three people having dementia do not have a care plan in place, bearing in mind that one third of people over 65 years in the UK will die from dementia (Denning et al., 2019). Portraits can be created to assist the patient (Webster and Fels, 2013).

Further research needs to be carried out regarding the employment of lies and deception in dementia care by health care personnel and this could be achieved by reviewing the processes of making decisions for health care personnel. A certification programme could be implemented with input from the patient, family members, care staff and stake holders to identify and improve person centred care (Guastello and Jay, 2019).

CONCLUSION

In conclusion, Person-centred healthcare should advance the quality of living of the patient and must hold to high regard the social fabric of the patient including the

family network. Organisations like Age UK should seek for improvements and innovation in their approach to person centred care while also drawing attention to the need for their staff and health care staff to adapt to new skills and routines and communicate effectively with patients.

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