



PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE (BMHP5002_LON)

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**MAY 6, 2021
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Introduction

This essay will focus on theoretical, ethical, benefits, and limitation of underpinning person-centred care for the people living with Cancer under Macmillan care.

Person-centred care is among of the 13 fundamental standards of care that Care Quality Commission (CQC) compels all healthcare workers and health services to be linked with these standards. It helps people to see health and social services as equal partners in planning, developing, and monitoring care to ensure their needs has been meet, and help them feel more satisfied by receiving help and support that are appropriate for their needs (Finset, 2011).

Person-centred care requires care provider to make sure that care is coordinated, and things are carried on ideal manner and not creating an opportunity of gaps in peoples' care. Hence, they must see services user as equal partner in their care by putting them at the centre of the decision, and not create unrealistic or sort of hierarchy where the service provider is at the top and a service user are at the bottom. Therefore, any interventions that a person receives, the care provider must make sure that care, support, or treatment are personalised; bestowing people dignity, compassion, and respect; offering coordinated care, support, or treatment; and supporting people to identify and develop their own abilities and strengths enabling them to have self-determining and fulfilling life. (Finset, 2011).

Macmillan is UK is primary source of cancer support, which help people living with cancer to live independently. Based on the principle of person-centred care, Macmillan identify cancer patient as an individual. Therefore, because Macmillan believe that everyone's cancer journey is unique, so they tried to provide support, inspiration, and tools that can meet every individual preference and need (Macmillan Cancer Support, 2021).

Theoretical and ethical underpinning of person-centred care, and main benefits and limitation of person-centred care in people with cancer under Macmillan care services.

Holistic approach is a base of Macmillan care, so, they put all their attention beyond the patient's medical condition as well as incorporates the patient's social situation and emotional in care. This means, the relationship between care providers and care users goes beyond the restricted professional relationship. Therefore, the care provider used this relationship to get patient's narrative, thus, through patient's narrative, care provider can obtain broad of information about their patient. And based on these natives, both the care provider and patient jointly participate to make the decisions about the treatment (Michaelson et al, 2019).

In the recently few years, there is outstanding innovative improvement in the delivery of care and cancer treatment. However, this improvement occurs along with significant inequalities

that affect people's opportunities of survival which is against the recommendation of the core principles of the health and social care system, which put emphasis that everyone have the right to access the appropriate and best quality care services delivery irrespective of age, race, gender or gender identity, sexual orientation, religion, income, or disability (Macmillan Cancer Support, 2021). Despite of this recommendation, the health care services on the cancer treatment always continues to be the great focal points of inequality as well as a key concern in public health policy. So, the differences in the quality and speed of diagnosis, rates of survival, and the availability of the range of treatments are some of the reasons for these inequalities. Hence, the inequalities clearly seen in the quality relationship between patients and professionals, allocation of resources, inequality of voice and inadequate health care for those people who coming from disregarded and disadvantages communities, and inequality in access to involve in patient self-management and support peer activities. (Sociological Assignment Help, 2019).

According to Karl Max on his Conflict Theory, there is social inequalities between the quality of health and quality of health care in the society between the ruling class and working class. He argues that, due to the race, class, and gender inequalities in the society affect people ability to obtain health care. Therefore, those who are in ruling class, who are affluent, have received high-quality medical care, either in public or private medical services, because they can afford the cost of the services than those who below the poverty level, who are more likely to become ill. So, the people who below the poverty level have facing difficulty in gaining access to health care in public as well as in private because they do not produce enough income to manage to pay for private health care. This can cause some areas to have lower life expectancy than other area (Sociological Assignment Help, 2019). Also, there is hierarchical relationship between the care providers and care users, whereby the providers act as dominant who have influence to control heath practice as well as identify social problems as health problems. Moreover, there is a power struggle between the government and middle-class people, this power struggle occurs due to the imposition of policies and rules (such as increase the cost of medication, lack of health facilities to the area that these middle class live) that government formulated which impacted the lower-class and middle-class group (Juth, 2015).

However, Macmillan can overcome these inequalities and obstacles to the cancer patient. The inclusion department of Macmillan's believes that if they can concentrate on confronting inequality and understanding its root causes, they can reach outstanding cancer care services by improving patient experience for all, not just for some. Therefore, Macmillan is committed to safeguarding, and protecting the well-being of all service users from all kinds of harm, irrespective of their identity, gender, age, religious belief, disability, racial heritage, or sexual

orientation (Macmillan Cancer Support, 2021). So, the care users have right to be treated with respect and dignity. Therefore, they committed supporting the National Health Service (NHS) Long Term Plan to everyone diagnosed with cancer by making sure that they have access to personalised care, including receive, either on paper or electronically, a Holistic Needs Assessment (HNA) and a Personalised Care and Support Plan (PCSP) , thus, care user will be at the centre of decision, not may be because they have a cancer, and their time are numbered but it is about collaborative work as well (Déruaz-Luyet, 2018).

Macmillan will work to ensure all people living with cancer can properly have access to their need from their peers and community by establishing and maintaining mutual relationships between patients and healthcare workers that go beyond the professional relationships. This relationship centred of the patient's narrative and improved by continuing interactions and partnerships. Therefore, this relationship can be useful for the patient (Askitopoulou and Vgontzas, 2018).

Macmillan will make sure all people are able to co-design and co-decide what they want and need, to live well with and beyond cancer (Macmillan Cancer Support, 2021). The concept of shared decision-making has progressively viewed as an important element of patient-centred care. Therefore, the care providers employed it as technique finding common ground with user, whereby both the care providers and users participated in the care decision-making by sharing information with each other and participating in the decision-making process as well as implementing their agreed care (Juth, 2015).

Macmillan will make sure that elder people with cancer have access to quality and appropriate support equally as other people in the community. They can provide appropriate communication and delivery sensitivity by considering of the needs, abilities and circumstances of the person who need care and their carer. For instance, if patients want their last life to have their family around them, surrounding them, the Macmillan personnel will accept that wish. Therefore, the workers provide constant communication to make sure the support and care is well organized and quickly responding to changing circumstances and priorities. (Macmillan Cancer Support, 2021).

Inquiring patients for a narrative of their live is just like to persuade them to reveal their privacy and sensitive information about their private and day to day life. Hence, it is difficult for them to know the purpose and amount of information that healthcare workers need, and mistakenly they may believe those information are medically important and decided to share although they should prefer not to say. So, placing them in expose their sensitive information can increases the over-sharing risk as well as intrude on the patient's privacy, and for some

patients can progress into an upsetting and worrying experience that may cause patient dissatisfaction. (Behrendt, 2017).

Despite of being the fundamental beliefs of healthcare workers are not allowed to be judgmental with respect of the user's ethical behaviour and the ethical standard of their arrangements, knowledge of the patients' narrative can lead to nurses make harsh and negative moral judgments, and risk of victim-blaming (Entwistle et al, 2018).

Moreover, for the patients to receive adequate treatment is one of the ethical principles of health care. Therefore, the health care workers are not allowed treating care users differently, so if happen the patients treated otherwise, so it must be for purposes and on ground of their health needs and desires and not on the bases of their social reason, economic, or the contacts they establish with their care providers. Though, many patients are risk being exposed to unfair and biased care because they are seen as unsympathetic, over depending, irresponsible, or blameworthy. Also, there is unjustly favoured for those patients who are can be easily identified by the health care. However, this equality is unavoidable because of the relationship that patient and health care worker formed which go beyond the professionalism bound. So, this relationship encourages more personal relationships than professional relationships (Hansson and Fröding, 2020).

Additionally, the approach of shared decision-making between the health care workers and the patients sometime creates difficult for the workers are not able to turn down patients' request and desires which sometime can cause major risk to their patients (Juth, 2015). As a World Health Organization advised that there are some patients especially patients with chronic diseases like cancer, they overuse antibiotic and other painkiller medicine by requesting their health care worker to prescribe them even if their doctor consultant stop them to use. However, some of health care worker due to the empathy as well as the desire of maintaining a good relationship with the patient decided to make unjustified prescriptions which most of the time contribute to confrontation with the patients. therefore, there are some patients do not need these medications, but others need them, so overuse of this medicine can reduce and delay access for the patients who need them the most which can contribute to the inequality of health care services (World. Health Organization, 2020).

Therefore, due to the improvement of health and social care, now a day, many patients have a desire of playing an active role in their health care, so through person-centred care patients can be able to improve the patient experience of their care that can contribute to the quality health outcomes. Because when people become more collaborative on their health and care, they are more satisfied with their care and they will not often use emergency services as well as they can be able to take their medicine correctly and sticking to their treatment which can

save the money for their treatment. So, if the patient can do all off that, it will be for health care worker too, because the more the patient engagement in their care the more the staff morale performance increased and the number of complaints will decrease (The Health Foundation, 2016).

The person-centred care is highly optimist because the care is primarily based on human perspective and the ability of people to change. So, since it does not require structure system of treatment, the problem may arise for client with chronic circumstance like cancer, due to their situation sometimes they are not able to control the process instead their provider become the controller of their treatment, and the care would not meet their need. Also, since the therapist cannot intervene and the objectives turns out to be inadequate, thus treating individual without challenging them or posing judgment on some of their behaviour would make the care useless (The Health Foundation, 2016).

Recommendation and conclusion

In everyday practice, nurses and care organisations have explained a clear desire for more knowledge and understanding of person-centred care. Because most of them have little knowledge and they want to know more how to put into practice person-centred care, because most of them are hindered by obstacles such as workload and time-pressure, they mention an inability to express person-centredness. Therefore, there is a demand for more interpretation and explanation of the ideas for purpose of educational as well as translating them into concrete skills, knowledge, and attitude.

Obtaining patient information is important and a helpful exercise in delivering appropriate care to the care users. So, healthcare professionals must be trained on how to obtain patient narrative by using of appropriate and meaningful language to explain the aim of that narrative which will help the patient to disclose their information in proper way. (Boeckxstaens, 2016).

Also, through person-centred the health care worker must take into consideration of the social system of every patient, also they must improve both health status and the quality of life. Therefore, the health systems must be designed and coordinated with adaptable health care workforce ability and supportive workers to adjust and modify new competences and communication, for both patients and the people around them (Zill et al, 2015).

Moreover, person-centred care requires both the care health care worker and patient interaction, and the experience and knowledge of the patient has in interacting to reform, whereby broader healthcare arrangement particular weight on the structural improvements are required enabling person-centred and care-continuity developments (Britten et al, 2020).

Therefore, Person-centred care based on patients' need, values, experiences, preferences and in which equality and respect were central. So, it is the right thing to do because it is a fundamental human right to be treated with respect and dignity whatever their circumstances are.

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