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Reflective Report on Principles of Health and Social Care

Case Study 3: Terminal Lung Cancer Patient

Introduction

Health and social care practice in the UK is underpinned by core principles that aim to deliver high-quality, safe, and compassionate care. Among the most significant of these principles are person-centred care, partnership working, and ethical practice. These principles are particularly critical in end-of-life care, where decisions are complex, emotionally challenging, and deeply personal.

This reflective report explores these principles within the context of a case study involving a 60-year-old man with terminal lung cancer, referred to as John to maintain confidentiality. John has chosen to discontinue aggressive treatment and instead focus on comfort, dignity, and quality of life. The report is divided into three tasks. Task 1 reflects on the importance of the principles of health and social care. Task 2 applies these principles to practice using the case study. Task 3 provides a personal reflection on how these principles influence my current and future professional practice as a health and social care worker in the UK.

Task 1: Reflection on the Importance of Principles of Health and Social Care (≈500 words)

Person-centred care is a fundamental principle in UK health and social care and focuses on recognising individuals as active partners in their care rather than passive recipients. According to the Department of Health and Social Care, person-centred care respects an individual's preferences, needs, values, and beliefs, ensuring that these guide all care decisions (DHSC, 2021). In the context of terminal illness, this principle is vital as it enables individuals to maintain dignity, autonomy, and control during the final stages of life.

The importance of person-centred care is strongly supported by Abraham Maslow's Hierarchy of Needs, which highlights that once basic physiological needs are met, individuals seek psychological, emotional, and self-fulfilment needs (Maslow, 1943). In palliative care, meeting emotional, social, and spiritual needs becomes as important as managing physical symptoms. This demonstrates how theory underpins practical care delivery.

Partnership working is another essential principle that supports quality care. Effective partnership working involves collaboration between healthcare professionals, social workers, patients, families, and voluntary organisations. In the UK, partnership working is promoted to ensure seamless, coordinated care and to reduce fragmentation between services (Glasby & Dickinson, 2014). For individuals with complex needs, such as those receiving end-of-life care, partnership working ensures continuity, safety, and holistic support.

Ethical practice is integral to both person-centred care and partnership working.

Ethics in health and social care involve principles such as autonomy, beneficence,

non-maleficence, and justice (Beauchamp & Childress, 2019). Respecting a patient's right to make informed decisions, even when those decisions involve refusing life-prolonging treatment, is a core ethical requirement. Ethical decision-making ensures that care is lawful, compassionate, and morally sound.

UK legislation reinforces these principles. The Care Act 2014 places a duty on professionals to promote individual wellbeing, choice, and control, while the Health and Care Act 2022 strengthens integration and partnership working across services. Together, these principles and policies support high-quality, ethical, and person-centred care within the UK health and social care system.

Task 2: Practical Examples of Concepts in Practice (≈500 words)

The case of John, a 60-year-old man with terminal lung cancer, provides a clear example of how person-centred care, partnership working, and ethics are applied in practice. After careful consideration and discussion with healthcare professionals, John decided to discontinue aggressive treatment and focus on palliative care aimed at improving his quality of life.

Person-centred care is demonstrated through respecting John's wishes and involving him in decision-making. Healthcare professionals provided clear, honest information about prognosis and treatment options, enabling John to make an informed choice. This aligns with guidance from National Institute for Health and Care Excellence (NICE), which emphasises shared decision-making and advance care planning in end-of-life care (NICE, 2021). John's care plan focused on pain management, emotional support, and maintaining dignity, reflecting his personal priorities.

Partnership working was essential in meeting John's complex needs. His care involved collaboration between hospital consultants, palliative care nurses, general practitioners, social workers, and hospice services. This multidisciplinary approach ensured that physical symptoms, psychological wellbeing, and social needs were addressed holistically. Family members were also included in discussions, enabling them to understand John's wishes and provide emotional support. Such collaboration reflects best practice within the National Health Service, where integrated care systems aim to improve coordination across services (NHS England, 2022).

Ethical principles were central to John's care. Respect for autonomy was upheld by supporting his decision to stop treatment. Beneficence and non-maleficence guided professionals to focus on comfort rather than interventions that could cause further harm or distress. Ethical practice also required professionals to act within legal frameworks, such as the Mental Capacity Act 2005, ensuring John had the capacity to make decisions and that his choices were documented appropriately.

This case highlights challenges such as emotional strain on families and professionals, communication barriers, and potential conflicts between life-prolonging treatment and quality of life. However, adherence to person-centred care, partnership working, and ethical principles helped overcome these challenges and ensured compassionate, high-quality care.

Task 3: Self-Reflection as a Health and Social Care Professional (≈1,000 words)

Reflecting on this case has deepened my understanding of how person-centred care, partnership working, and ethics shape everyday practice in health and social care. As a current or aspiring health and social care professional, I recognise that these principles are not abstract concepts but practical tools that guide interactions, decision-making, and professional behaviour.

Person-centred care influences how I communicate with individuals and their families. I have learned the importance of actively listening, showing empathy, and respecting individual choices, even when those choices differ from my personal beliefs. In my day-to-day practice, this means involving individuals in care planning, explaining options clearly, and adapting care to meet their unique needs. The case of John reinforces that respecting autonomy is especially important in end-of-life care, where dignity and comfort take priority.

Partnership working is equally influential in my professional role. I recognise that no single professional can meet all aspects of a person's needs. Working collaboratively with colleagues from different disciplines allows for more holistic and effective care. In practice, this involves clear communication, sharing information appropriately, and understanding the roles and responsibilities of others. I see partnership working as a way to improve outcomes, reduce duplication, and ensure continuity of care.

Ethical practice underpins all aspects of my work. I am guided by professional codes of conduct, which emphasise respect, confidentiality, accountability, and integrity. Ethical dilemmas are inevitable in health and social care, particularly in situations involving end-of-life decisions. The case study has highlighted the importance of reflecting on ethical principles and seeking guidance from policies, legislation, and senior colleagues when faced with complex decisions.

In terms of my current skills and strengths, I believe I demonstrate good communication skills, empathy, and a willingness to learn. I am able to build rapport with individuals and work cooperatively with colleagues. However, I recognise areas for improvement, particularly in developing confidence around ethical decision-making and increasing my knowledge of palliative care policies and legislation. To enhance my knowledge and skills, I plan to engage in continuous professional development through training courses, reflective practice, and supervision. I aim to deepen my understanding of legislation such as the Care Act 2014 and Mental Capacity Act 2005, and to stay updated with NICE and NHS guidance. Reflective models, such as Gibbs' Reflective Cycle, will help me evaluate my practice and identify areas for growth.

Ultimately, applying the principles of person-centred care, partnership working, and ethics will shape my professional identity and support my development as a compassionate, competent health and social care professional. The case of John has reinforced my commitment to providing care that respects dignity, promotes wellbeing, and supports individuals and families during some of the most challenging moments of their lives.

References (Harvard Style)

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