

Overcrowding in hospitals

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The paper "Overcrowding In Hospitals" is an outstanding example of an essay on health sciences and medicine. Hospital Overcrowding in today's healthcare facilities is an issue that has increasingly become obvious to the healthcare providers but remains elusive to the patients. From the outlook, overcrowding appears as an intrusion of the physical space, an impression that is justifiable. However, the real issue underneath is that of human dignity to which a patient is entitled to whilst acquiring their treatment at the facility. According to surveys and the ethical standards by which providers have to comply, the dignity of patients has anything to do with information, autonomy, respect and above all, physical privacy. Understanding this, anyone is capable of pin-pointing actions and trends that demean patient dignity as a result of overcrowding. The drastic impact of overcrowding at the various sections of healthcare facilities is quite alarming. But what primarily is the cause of overcrowding is still a puzzle. The slow systems on which healthcare facilities operate may be to blame. Or a large number of patients suffering from chronic diseases forcing their prolonged stay is also very unfortunate. New figures on hospital overcrowding by Ontario NPD reveal that in the local hospitals, patients are being attended to along the hallways in the patient lounges and the TV rooms (Drummond 2002). Surprisingly, this case does not portray the severity of the matter. You will only sympathize and get moved when you visit a hospital and witness very ill and weak patients sharing a hospital bed. In some other hospitals, patients die while awaiting consultation at the emergency department. Drawing from this, overcrowding inflicts on human dignity by the denial of privacy of patients. Patients are entitled to personal space and high quality of services which is intricately related to their dignity. In this context, granting due

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respect to patients through timely treatment, check-up and a quality patient-physician time is a matter of dignity as much as it related to quality healthcare. In the mention of this, there is a new terminology that healthcare facilities in the risk of overcrowding have brought to light. The Alternative level of Care (ALC). Basically, ALC refers to the situation where patients have to wait for hospital space but have their treatment at the nursing homes or receive it at their homes (Shih et al., 2009). This measure does not preserve respect for human dignity or offer the kind of quality treatment that patients need. However, it is a lead on to what solutions might remedy the situation. Anyone who has experienced the overcrowding situation I'll admit that having sufficient space, be it at the wards or the emergency unit boosts their confidence in the quality of services of the hospital and the ability to uphold their dignity. The space factor is paramount when seeking solutions to overcrowding. In this line of thought, it is recommendable that healthcare facilities evaluate their capacities. For instance, a local clinic cannot accommodate as many patients as a district hospital. A manageable patient population means patients have enough space in the wards, better patient-physician relationship to safeguard information and above all high-quality service, a package that provides the required levels of patient dignity. After thorough research and analysis in several hospitals, one specific area seems to be heavily impacted. This is the Emergency Department. Typically, the role of ED is to attend to acute conditions that require urgent attention. However, many hospital facilities use this unit for any kind of illness as long as it is convenient for the staff. The Institute of Medicine released a publication cross-examining this situation and the argument put forth is quite compelling. One the move to expand hospital capacities is central. This not

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only reduces overcrowding at the ED but also provides a specialized treatment where it is needed. Also, it increases the inpatient hospital bed to population ration meaning more physical privacy which is an essential need for human life (Derlet and Richards 2000). The other perspective one would borrow is that of too much regulation limiting a hospital's authority to admit and take charge of the patient population. In California, the patient: nurse ratio is fixed at 4: 1. Well, the judgment of whether this ratio is good or bad for the dignity of the patient depends on a myriad of other factors. Nevertheless, such fixed ratios limit hospitals to act in regulating population. These generalized rations may favor some hospitals while impacting the quality of services offered at others because of differences in patient and staff population. Legislating bodies need to work with the healthcare facilities and prioritize human dignity over other factors to restore the value of human dignity in healthcare.