

Rights of old people in new zealand



Nirpreet Kaur Brar

ABSTRACT

The main purpose of the report is to tell about the rights of the old people with common geriatric health conditions. It tells about the needs of the individuals and how they can meet with them. It also describes the codes of the practice and standards related to common geriatric health conditions for example Dementia etcetera.

INTRODUCTION

All the countries are facing the problems with elderly related to geriatric health conditions. In New Zealand ageing population placing an increased demand of support services. DHB's have a need to provide the services for the older people in which they are treated so that they can make the best use of staff and high cost facilities. To provide good services to the old people it requires all the services and practitioners who are working with the old people should have holistic and client centred approach and also should have the understanding about the work.

THE TASK

Question 1

Critically review and discuss the principles involved in the person-centred approach to dementia and other common geriatric health condition's care, with respect to the following:

ANSWER: - (1) Individuality: - Culture change is a very long-term effort. It starts when analysing individual, team or organisation practice for identifying areas which requires development. About individual assumptions should never be made. They should never have to be fit in with you or your employer. Individuals should be supported and allowed for make their own choices. For every individual support and care needs should be tailored. This shows respect by preserving the individual's dignity and individuality. Their personal beliefs should be respected.

(2) Independence: -You should allow the individuals to whom you are supporting to do things for themselves. You should take time to enable the individuals you are supporting to be independent. Don't do things for them because it is quicker. Support them for doing things that they can do or almost they do because independence makes the people feel in control of their lives and gives them a sense of self-worth.

(3) Privacy: -you should understand the needs of the client related to privacy and support them in a way you work.

(4) Choice: -Every individual to whom you support and give care should allow making their own choices. They should be given information so that they can make choices.

(5) Dignity: -Dignity is that when we respected then what we feel that is important in society and in their lives. When individuals are eating, shopping, sleeping they should be dignified. The support workers should help them to do so.

(6) Respect: –You should support an individual in a way in which they are comfortable and what they believe is important related to their age, culture, sexuality etcetera. When you are working with other people or professionals you should not ignore your clients to whom you support. You should always include them in your conversation.

(7) Rights: – The individuals to whom you are caring and supporting should have the same rights as they were having at the time when they were independent. Each individual have the right to say no and the right to ask about the way in which you care and support them. They should have the right what to eat, what to wear and how to wear. They should have the right to make the friends of their own choice and how much time and how they spend with them.

(8) Autonomy: – With other professionals for working in partnership with colleagues, families and carers is an essential part to provide care and support. Person-centred care and support is about a whole range of people who are working together for improving the lives of individuals.

Question 2

Critically review the non-person-centred approach to dementia and other common geriatric health condition's care, from the

Answer: – (1) Institution perspective: –People are not disease-specific.

Through a quality and safety perspective, there is good reason for arguing for healthcare to be centred on patients or on people. It was argued that from medical error major reason for the high level of morbidity and mortality

in many nations is due to healthcare being system-centred and doctor-centred. The involvements of patients and their families in healthcare, or patient-centred and family centred care, are now recognised to be an important partnership approach in ensuring the quality and safety of healthcare delivery . However, people with the highest health needs are often those who miss out on healthcare and, thus, can be identified neither as patients nor consumers. We argue that people-centred care ensures that healthcare is not only safe, but appropriate and accessible for all people

(2) Bio-medical perspective: -For scientific inquiry traditional approaches in a positivistic paradigm are relied on to maintain a distance between the phenomenon of interest and the researcher in a quest to reveal “ truth” or a high degree of certainty. The researcher designs a study carefully for maximizing the distance through maintaining a neutral context-free approach and degree of objectivity. In the essence, the researchers attempts to hold themselves over and against a phenomenon, assuming a bird’s-eye view from a predetermined vantage point. Methodologically, control and manipulation of determinants of study variables are emphasized. By using such experimental approaches, a handful of neuroscientists have launched the AD movement in the 1960s, which results in rapid growth in four major areas of dementia research and practice.

Question3

Critically evaluate and discuss at least five of the following range of techniques used to meet the fluctuating abilities and needs of individuals with dementia and other common geriatric health conditions to maintain

their health and wellbeing.

Answer: –(1) Reality-orientation approach

Reality orientation has helped in declining the popularity over many years. Validation therapy emphasizes on the feelings that are behind the behaviors and statements. It emphasizes on the persons for talking about the reality in which they are in. Good reality orientation can result in a harsh imposition of the real reality and a good response to a question. Poor reality response results in bad response. The people using reality orientation must apply sensitivity and wisdom. In clinical experience both reality orientation and validation therapy understanding is immensely beneficial. Most beneficial response can be used according to person's emotion state, personality and situation.

(2) Validation approach: –Validation is a method to interact with people who have dementia in the last stage of Alzheimer's disease. People with last stage of Alzheimer's disease exhibit abnormal behavior. For example they think that they are living in a different place or they may continuously repeat a physical gesture. Many people for example professionals think that caregivers should stop this type of behavior by stopping it or by correcting it. According to validation method this behavior is an attempt by the Alzheimer's patient for communicating and expressing their needs. The main aim of the validation approach is to understand and emphasizes on the needs of the person trying to express. So the theory behind this method is the belief that the people with dementia do and say something for a reason. The validation in their words and actions is a way to encourage them to keep

communication open with rest of the world. Other principle of validation states the older people are to be valued as is and those who have dementia should not be changed. Principles behind the validation approach:-

- Validation is the method to communicate with and to disorient the very old people which results in reducing the stress, enhancing dignity and increasing happiness.
- Validation practitioners are taught to be caring and judgmental and open to the feelings expressed by patient.
- This theory understands the patients who are in final stage of life they try to resolve unfinished issues in order to die in peace.

(3) Holistic Approach:-When someone who reaches the later stages of a dementia-related illness such as Alzheimer s disease, to give care to them can be much for one person, even if others pitch in. People with dementia lose their ability to function in a certain progression, although there may be individual differences, First is the inability for doing independent daily living activities such as driving, paying bills, or taking medications. After that, essential daily functions such as eating, bathing, or using the bathroom independently become very difficult for them. This loss of function happens in different ways for different people, but in some instances, it can occur very quickly. Before your loved one reaches the point to need full-time care, you need to have a firm plan in place. That s where Memory Care comes in. The memory care is the third component of Erickson Living comprehensive Memory Support program. The first component is memory fitness designed for the people wanting their memory sharp. Memory health is a third

component which is for the people who are in the later stage and who need support.

(4) Assistive technologies: -Assistive technology refers to a device or system which enables an individual to perform a task which they cannot perform independently and it increases the ease in which they can perform their task safely. It includes the device for helping the people who have problems in:-

- Speaking
- Hearing
- Eyesight
- Moving out
- Getting out and around
- Memory
- Cognition
- Socialising
- Daily living activities for example dressing and preparing meals

Assistive technology helps in:-

- Promoting independence and autonomy to the person with dementia as well as to whom who are around
- Helping to manage potential risks in and around home
- Reducing early entry into care homes and hospitals
- Facilitating memory and recall
- Reducing the stress on carers, improving quality of life for them, and also with the person who have dementia.

The technology available is:-

<https://assignbuster.com/rights-of-old-people-in-new-zealand/>

(1)Memory aids

- Reminder messages
- Clocks and calendars
- Meditation aids
- Locater devices
- Aids for reminiscence and leisure

(2)Telecare

- Floods
- Extreme temperatures
- Gas
- Falls
- Absence from a bed or chair
- Getting up in the night
- Leaving the home

(5) Alternative therapies: –The term complementary and alternative therapy includes many diverse forms of treatment. Complementary and alternative therapies are a high range of treatments that are outside of conventional medicine and which are used for treating and preventing illness and promoting health and well-being. Practitioners of complementary therapies are not much trained for diagnosing disease. The area of complementary and alternative medicine is controversial and it changes regularly. The therapies that are considered complementary or alternative in one country that may be considered conventional in another. Therapies that are now considered alternative that may become more mainstream over time, as researcher

discover their effectiveness and become integrated into mainstream health care practice. Some of the complementary and alternative therapies are now available on the NHS, although this varies from region to region.

Question-4 Critically analyse and discuss the impacts of equality, and cultural and diversity issues on the provision of the person-centred approach to individuals with dementia and other common geriatric health conditions within

Answer (1) public health and health promotion

Cultural competency is at the core of high quality, patient-centered care, and it directly impacts how care is delivered and received. According to the Institute of Medicine's report, *Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare*, a consistent body of research indicates a lack of culturally competent care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services and systems available. In addition to improving care quality and patient satisfaction, delivering culturally competent care increases job satisfaction and contributes to staff retention.

Impacts include:-

- Families may not know the right questions to ask regarding service offered within the organization, limits on what the organization can do for the residents/patients, resources that are available, or how they engage those resources.
- Families do not or cannot—for cultural or linguistic reasons—discuss their expectations with the organization.

- Families may find it hard to visit and participate in programs with residents, especially if they do not have access to transportation.
- Volunteerism is not part of the value system in some ethno-cultural communities, and adult children may not be interested in participating in social and cultural activities with residents.
- Without the encouragement and support of community partners, organizations face challenges in meeting the needs of residents from recently arrived or smaller ethno-cultural or religious groups.
- Regulatory requirements may restrict the degree to which organizations can adapt their current practices to accommodate ethnic groups with different perspectives and backgrounds.

1. Attitudes to health and demand for healthcare

- Staff expects promptness
- Staff expects compliance
- Staff takes paternal approach
- Staff disrespects non-traditional healing practices
- Staff does not consider residents'/patients' conflict regarding familiar belief systems and current practices
- Staff does not keep an open mind

Question-5 Critically analyse and discuss the impacts that health sector standards and codes of practice, and other published standards have on the person-centred practice approach for individuals with dementia and other common geriatric health conditions.

Answer: –Healthcare Quality Professionals are defined as a standard of conduct deep-rooted in commitment, confidentiality, and relationships. By <https://assignbuster.com/rights-of-old-people-in-new-zealand/>

committing to improvement of performance and by integrity maintenance, the Healthcare Quality Professional can recognize the personal accountability and moral obligation to all customers which are served—clients, employers, employees, organisations, physicians, and the public. Healthcare Quality Professionals promote the profession’s dignity are committed to practicing the profession with integrity, honesty, and accountability. To respect all laws and to refuse to participate in or conceal any unethical, false, fraudulent, or deceptive activity:-

- to practice the profession with honesty, integrity, and accountability
- maintaining the level of competency as outlined in the Standards of Practice for Healthcare Quality Professionals
- seeking the trust and confidence of all customers
- supporting the Standards of Practice for Healthcare Quality Professionals
- respecting all laws and avoiding involvement in any false, fraudulent, or deceptive activity
- promoting the right of privacy for all individuals and protecting the maintenance of confidential information to the fullest extent permitted by law
- using expertise to inform employers or clients of possible positive and negative outcomes of management decisions in an effort to facilitate informed decision making
- giving credit for the work of others to whom it is due

- aiding the professional development and advancement of colleagues
- using the Certified Professional in Healthcare Quality (CPHQ) designation only after passing the written examination, adhering to standards established by the Healthcare Quality Certification Board (HQCB) and continuing to maintain those standards through the recertification process
- maintaining membership in professional organizations as a means of promoting quality and professional growth and avoiding the use of such membership for the sole purpose of solicitation of business or for personal financial gain.
- Healthcare Quality Professionals' primary commitment is to the health, wellbeing, and safety of patients. They must take appropriate actions regarding any instances of incompetent, unethical, illegal, or impaired practice. They work to promote cultural change that encourages the reporting of events that may result in actual or potential harm to patients or others.

Standards of practice:-

- maintains active personal and professional development programs in the field of healthcare quality and exhibits a broad range of knowledge
- creates and supports an environment that fosters teamwork, emphasizes quality, recognizes the customer, and promotes learning

- maintains a commitment to the improvement of the professional through participation in, and active support of, the local, state, and national professional organizations
- addresses concerns and takes formal actions to resolve or report the unethical or questionable practices to the appropriate channels.
- Supports the Code of Ethics for Healthcare Quality Professionals

RECOMMENDATIONS

Good services should be provided to the patients suffering from dementia and other geriatric conditions. There should be good codes of ethics and standards of practice for the people and they must be followed.

Conclusion

The group believed that good management services are necessary for every patient. There should be suitable principles for providing care and support to the patient.

REFERENCES

- Ministry of health: guideline for specialist health services for older people (2004). Retrieved from <https://www.health.govt.nz/system/files/documents/...guidelines.doc>
- Person centre support retrieved from <https://www.health.vic.gov.au/Dementia-friendly-environments.Strategies>

- The international journal of person centered medicine (2012) Retrieved from https://www.tpk.govt.nz/_.../wo-nzjourneytowardspeoplecentredcare.pdf
- Using reality orientation in the treatment of people with Alzheimer's disease (may 2014) Retrieved from <https://www.alzheimer's.about.com>...> Treatment options>
- Diversity and culture competency in healthcare settings Retrieved from <https://www.matherlifewaysinstituteonaging.com/.../Diversity-and-Cultural-Com...>
- Codes of ethics and standards of practice Retrieved from <http://www.nahq.org/uploads/files/about/condestandards.pdf>