

# [Discussion forum #5 envm 510](https://assignbuster.com/discussion-forum-5-envm-510/)

[](https://assignbuster.com/)[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/)

Health Screening Introduction Screening programs have become popular health strategies in many parts of the world; this follows the fact that prevention is always better than cure. Earlier diagnosis for an individual is essential in treating some of the diseases and complications arising (Armstrong 2012); however, the process can be a consequent harm for other people because of the anxiety, stigma and the perceived side effects that may come about.   
Medical screening can be described as a selection procedure that is done for purposes of further investigation of health problems, it is usually applied to a population of asymptomatic individuals, who have no clear personal or family history of high-risk diseases or complications. Screening is usually taken to be a special form of secondary prevention, which has the aim of detecting diseases or health complications in pre-symptomatic individuals in order to administer effective treatment of the realized diseases and health complication (Hackshaw 2012). At the same time, it can also be a form of primary prevention, here, it is administered with the objective of identifying risk factors or carrier status in individuals.   
Despite the perceived benefits of screening, many people still fail to take up the exercise for various reasons. This has led to the continued problem of screeningities among other health problems that would otherwise have been detected and prevented.   
Reasons why some people do not take part in screening   
One of the reasons why many people are still hesitant in taking screening relates to the fact that the effectiveness of screening largely relies on the principle of self-disclosure. In this understanding, even the use of quality and reliable instruments administered under optimal circumstances can only produce information to the degree that the individual involved gives honest information. In this case, people feel that going for medical screening is not sufficient in detecting any medical complications in the body so that effective treatment and intervention mechanisms can be administered.   
Secondly, denial is often assumed to be an important characteristic of substance use denial, in this case, it is hard for individuals and families to comprehend effectively and acknowledge that their patterns of substance abuse is an actual representation of substance abuse or addiction. At the same time, some people do not prefer the option of screening unless information got from the process is part of a continuum that is designed for identifying, assessing and treating certain diseases and medical complications.   
Public health officials have the task of ensuring that these and other issues arising from screening are effectively addressed if health goals and objectives are to be achieved effectively. People should be made to know and understand the importance of medical screening. In as much as there are weaknesses and drawbacks associated with this medical process, there are still several advantages that arise from it (Morris & Wald 2007). For this reason, the drawbacks ought to be dealt with, and necessary public campaigns carried out to address the need for screening in an people and families.   
Screeningities   
Screeningities continue to remain a curable medical condition in all people; however, effective intervention strategies to address this problem can only be realized of people take steps towards its early detection. By detecting it when still in early development, it is always easy for public health officials to administer treatment and follow-up schedules that can essential towards full treatment and recovery from the disease. Just as any other medical conditions, it becomes severe if it is not diagnosed in its early stages, for this reason, screening still remains a successful and reliable approach towards screeningities treatment.   
References   
Armstrong, N. (2012). The sociology of medical screening critical perspectives, new directions. Chichester, West Sussex, U. K.: Wiley-Blackwell.   
Hackshaw, A. (2012). The benefits and harms of mammographic screening for breast cancer: Building the evidence base using service-screening programmes. Journal of Medical Screening, 3(5): 1-2.   
Morris, J. & Wald, N. (2007). The effect of correlations between screening markers on screening performance. Journal of Medical Screening, 10(5): 151-157.