

# Discharge option



Discharge option is an important part of health care must be integrated for the benefit of the patient. This is not the same as the concept of consent. In consent there is already a preferred procedure which only requires the adherence of the patient or his representative. With choice, the patient is offered the available and suitable options on which he must choose from. This also involves a planning process as elaborated by Jackie Birmingham in her article " Patient Choice in the Discharge Planning Process." There are factors that must be considered in providing for the best array of discharge options to the patient such as federal regulations that will ensure the full recovery of the patient. The process of discharge planning is imperative " in order to ensure a timely and smooth transition to the most appropriate type of and setting for post-hospital or rehabilitative care" (p. 296- 297). The case of John Doe is a good example of the application of the importance of discharge options to a patient who has obvious psychological and facultative impairments with respect to how this must be facilitated. Mr. Doe is clearly a man who needed medical attention. The amputation that had to be performed on his foot because of frostbite clearly establishes the degree of care that he requires. It would not be far-fetched to say that Mr. Doe is a mendicant who has no immediate family to answer for him. What makes this worse are the fact of his advanced age, hearing impairment, malnutrition and dementia induced by alcohol when he was brought to the hospital. His demeanor is also a complication to the attention that he requires as he had been cited to be disorderly with his medical history remaining unknown to the health care administrators because of amnesia. The problem now arises on the fact that he cannot stay in the orthopedics ward for over two weeks but he still needs post-hospital care on matters of recovery and eventually

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the granting of prosthetics. Dr. Nancy Boniel's answer, on my interview, gives a very realistic view on the discharge options of Mr. Doe given the situation he is in. Dr. Boniel suggests that he will first be taken to the psychiatry ward but the problem is they would only be able to address psychiatric problems. That he has no charge would mean that the government will have to take care of him. This is the usual case among homeless people. She discloses that there is a vicious cycle among such types of patients as there is no real rehabilitation among them. Mr. Doe's alcohol problem also needs to be addressed. In such case, he will undergo signs of withdrawal which could take its toll. Then it is the job of the social worker. Dr. Boniel points out that the physician does not decide on his discharge, this is instead the right of the patient or on his incapacity, a decision maker. This includes putting him in a special care home to avoid the more expensive option of hospitalization. In general, providing discharge options is indispensable. There are factors that must be considered and the health care officer must plan this with thought. "The patient has a right to participate in the care plan to the next level of care and the right to be informed of the plan and to participate in choosing among available and appropriate options" (Birmingham, p. 303). In the case of John Doe, it is apparent that providing him with options and making him choose would be a moot endeavor unless he shows lucidity. In this case, it is important that procedures, such as those illustrated by Dr. Boniel, must be followed. This varies according to the law and the government agencies' capacity from state to state. With Mr. Doe, it might be best to leave the decision to the hands of those are better to discern what's good for him. The advice and opinion of his medical attendants is much appreciated. Ultimately, care must

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be given that the patient is provided with options that will ensure his recovery. Bibliography Birmingham, Jackie. " Patient choice in the discharge planning process." Professional Case Management (2009): 296-309.