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Introduction

Some patients, especially those facing life-threatening illnesses, choose to avoid certain procedures or treatment or medication and may leave the hospital or clinic before they are treated. Regardless of this, it is the role of discharge staff to make sure that these patients are well-informed and that they are willing to pick a particular course of action by their own free will. Informed consent is based on the common law, which has the basic idea that all adult human beings have a right to determine what shall be done to their own bodies. Patient consent is the permission, which must be sought from patients by nurses and doctors before they perform any form of treatment, examination or care. Consent involves a communication of all the risks and benefits of the method of care, treatment or examination, the available alternative procedures as well as the benefits and risks if the patient chooses to do nothing. Written information should also be availed for the procedures and treatment that is planned (Stern, Silverman, Smith & Stern, 2011). Discharge planning staff, while performing their duties, are faced with situations where patient treatment consent should be considered. Discharge planning should be done with the full knowledge and participation of hospital representatives, such as the discharge planning staff, the patient, and where possible, the next of kin. Research shows that as a result of time constraints. discharge sessions that should be undertaken are not always done, and some of those that are undertaken are done through phone calls. This may lead to several negative outcomes which will be discussed in this paper. This paper presents information on patient treatment consent for a cancer clinic discharge staff, with the objective of raising awareness.

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Discharge planning is a crucial element of hospital-based palliative care. Patients hospitalized with illnesses that are life-threatening such as cancer and their families, palliative care personnel should be provided with critical support through information on prognosis, management of symptoms, clarifying the goals of care and addressing spiritual and psychosocial concerns (Stern, Silverman, Smith & Stern, 2011). The goal of informed consent is to obtain patient self-determination or autonomy. The process of acquiring informed consent is a contentious one in hospital settings. There are three major issues surrounding the issue of informed consent that should be taken into consideration by discharge planning staff in a cancer clinic. The first issue is the involvement of the patient in the processes of making decisions about their treatment, discharge from the hospital or appeal against discharge. Discharge planning staff members must have proper information on patients and the treatments they are undergoing. This information enables the staff process different patient cases correctly (Stern, Silverman, Smith & Stern, 2011). Discharge planning staff in a cancer clinic should have information on whether a given patient has consented to a particular treatment method or procedure, whether they are ready and willing to be discharged, and when they are expected to leave the clinic or hospital, and the circumstances involved. This calls for collaboration with other caregivers in the institution such as physicians and nurses involved directly or indirectly with the given patient. These staff members should provide the patient with a written discharge plan as well as a written description of how they may appeal their discharge.

The second issue is on discharge that happens against medical advice. This

may be defined as the patient discharges from the clinic or healthcare facility prior to recommendation of discharge by the treating physician. Patients may withdraw consent for routine as well as potentially life-saving procedures against medical advice for varied and individualized reasons. In a cancer clinic, one of the reasons why a patient may withdraw from treatment is because of the inability to cope with the effects of medication (such as in the case of chemotherapy) financial reasons, dissatisfaction with the quality of care, for medical and other reasons. Cancer patients who wish to withdraw from medication or treatment should be permitted to do so after they indicate their wish. They should never be held against their wishes. Discharge planning staff should ensure that patients receive a full disclosure of information regarding the procedure of treatment and disclosure of risks and benefits involved if the procedure is done or not done. The third issue involves respecting the preferences of the patient regarding discharge as well as post-discharge care arrangements. The discharge care staff in a cancer clinic has the ethical obligation to make sure that the receiving environment for the patient after they are discharged is

discharge as well as post-discharge care arrangements. The discharge care staff in a cancer clinic has the ethical obligation to make sure that the receiving environment for the patient after they are discharged is appropriate and that it is favorable to their health and general well-being. Patients should be facilitated by the discharge planning staff to give their consent on discharge arrangements. This is important because it helps mitigate the harms associated with undue constraint on the individual's ability to practice self-determination. The responsibility of the discharge planning staff in respecting the right of a patient to self-determination acknowledges that this right is not an absolute one, but one which is appropriately constrained, to some extent, by the options presented by

various social factors. Respecting this right leads to a safe discharge. Discharge should be treated by the planning staff as an important social and medical transition for patients. Some patients may fully recover and return home, while others, who have a wide range of needs, enter a new stage of care at home or another care facility. For this group of patients, discharge is fraught with stresses of trying to adjust to a new environment of care. By enabling patients make a decision with regards to these arrangements; discharge planning staff can help patients prepare for a safe transition in a better way.

Conclusion

Patient treatment consent is the involvement of patients in making decisions that pertain to treatment. For discharge planning staff, it is very important to inform the patient of the benefits and shortcomings or risks of a certain procedure or treatment approach. This is based on the common law idea that every adult human being has the right to determine what should and should not be done to their bodies. The discharge planning staff should gather information on the patient with regards to whether a given patient has consented to a particular treatment method or procedure, whether they are ready and willing to be discharged, and when they are expected to leave the clinic or hospital, and the circumstances involved. The patient should consent to the discharge and informed that they can appeal against it. They should also be shown the methods which they can use to do so. The patient should also be allowed to choose one of the available post discharge options.

Overall, the importance of patient consent to discharge planning staff cannot be underestimated.

References

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