

# Disease management



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Experience with Disease Management Chronic disease management is a challenging issues and merits importance from all corners of medical profession. This is because; human suffering is related to an individual on the whole and not to a single part or system, and hence, it is very important to provide holistic care towards a patient involving all aspects of life like physical, emotional, psychological, financial, cultural and spiritual perspective. During my postings in palliative care wards, I came across several patients who were suffering and were in end-stage of chronic diseases like cancer and multiple sclerosis. These patients suffered from pain and other symptoms like nausea, vomiting, tremors, constipation and malaise. Controlling the symptoms with just giving medicines, did not give them any relief and they were in distress. They wanted some one to talk to them and address other aspects like taking them to church or asking some dear one to meet them, etc. However, the wards were full and nurses could not spend much time with each patient. They were working mechanically with no emotional aspect in their care. The ward incharge who realized this suggested an increase in staff to the management. However, in my opinion, what the ward needed was different case management and not just increase in staff. According to Smith (2003), " case management involves an approach and an organizational attitude to achieving these ends, not simply a team of nurses." Schifalacqua et al (2004) opined that in order to realize individual fiscal and clinical outcomes, it is very important to implement community-based advance case management program. This is because, one of the keys for self-management outcomes appears to be a personalised partnership. References MacKinnon-Schifalacqua, M., O'Hearn-Ulch, P., & Schmidt, M. (2004). How to make a difference in the health care of a

population: One person at a time. *Nursing Administration Quarterly*, 28(1), 29. Smith, A. (2003). Case management: Key to access, quality, and financial success. *Nursing Economics*, 21(5), 237.