

Answer key

Medical Confessions

2

- 2 The following factors might have influenced their responses: gender of doctor, type of organisation they work for, their specialisation, own professional and personal experiences, their beliefs about medical care.

Dignity and the Essence of medicine: the A, B, C and D of Dignity Conserving Care

1c

A = Attitude, B = Behaviour, C = Compassion, D = Dialogue

2a

- 1 Healthcare workers need to offer a positive image and attitude towards the patient to encourage the same in the patient.
- 2 Small acts of kindness personalise the treatment and give them a sense of value and importance when they are feeling particularly vulnerable.

2b

Examples:

What is leading me to draw those conclusions?

Have I checked whether my assumptions are accurate?

Am I aware how my attitude towards the patient may be affecting him or her?

Could my attitude towards the patient be based on something to do with my own experiences, anxieties, or fears?

Does my attitude towards being a healthcare provider enable or disable me to establish open and empathic professional relationships with my patients?

4

- 1 For some compassion might be intuitive but according to the author it is possible to develop a sense of compassion over time. This comes with life experience and clinical experience.
- 2 You can improve your level of compassion through the arts, social sciences and humanities - by exploring the portrayal of the human condition through the arts.
- 3 By not dialoguing with your patient you may misunderstand the role the patient's illness plays in the context of their life as a whole, e.g. the boy with a broken ankle that has just been selected to represent his school in a football tournament.

5

1 Examples:

This must be frightening for you.

It's natural to feel pretty overwhelmed at times like these.

2 Examples:

What are the things at this time in your life that are most important to you or that concern you most?

Who else (or what else) will be affected by what's happening with your health?

Who will be here to help support you? (friends, family, spiritual or religious support network, etc)

Who else should we get involved at this point, to help support you through this difficult time?

(psychosocial services; group support; chaplaincy; complementary care specialists, etc)

Against the Odds

3

- 1 The nurses were possibly reluctant to hold his hand because it steps over the boundaries of professional conduct, or they were genuinely too busy.
- 2 Touch reminds us we are alive, that we exist as human beings, in the physical sense, that we have some worth, especially when we are suffering.

Verbal cues

- 2 There are two possible answers here; one from the doctor and one from the patient. The doctor's statement "You know, you relate to this crazy cat exactly as battered women relate to their partners", can be seen as a suggestion to which the patient responds later with "You know, doctor, when my husband hits me it hurts less than the wounds inflicted by my cat."
- 3 Using an open question gives the patient more of an opportunity to respond and the doctor more of an opportunity to observe the response. For example:
So, what happened to this arm then?
So, how did you do this then?
- 4 The patient is not forced to respond and it allows communication to take place in a more indirect way.

Communicating with elderly patients

- 2 Because the patient was still trying to carry on as normal, even though his past experience of near death, both as a pilot and when having a heart attack gave him a clear understanding of what the risks were.
- 4 Get the patient to repeat the risks that you have advised them of, and the implications for them, in their own words. Also get them to confirm that they are willing to take those risks and accept the possible consequences.
- 5 While the risk of an adverse event occurring can be evaluated objectively, the implications of that event vary significantly between individuals, to some extent based on their life histories.

Communicating with children

2

Advantages

- Information is coming from a character that children already know and trust and they are therefore more likely to accept the information.
- By not being tied to health information only, the character is likely to gain wider acceptance among children and not be restricted to a health context. This can then be used to disseminate the information more widely.

Disadvantages

- Establishing an animated character as a commercial venture can be very expensive and is not always successful. By giving it a health information role from the beginning, it gives the character a better chance of succeeding.
 - By creating the character as a doctor, there is an expectation that he will be involved in medical issues.
- 3 Yes. If the character is intended to prepare children for what they encounter in the health service, a white male in a white coat does not reflect the reality. The gender breakdown of doctors in the UK means that it is increasingly likely that the patient will see a female rather than a male doctor. The proportion of non-white doctors is also increasing. In addition, GPs do not wear white coats and most hospitals have adopted an approach where doctors (and other health professionals) working with children are relatively casual in the way they dress.

- 4 This is a valid issue as doctors are likely to work in a team, whether in primary or secondary care. Much of the child's interaction with the healthcare professions is likely to be with someone other than a doctor, e.g. a practice nurse, and this needs to be reflected. One possibility is to have a number of different characters in a team, possibly including two doctors reflecting a mix of gender and ethnic characteristics.

Group Therapy

- 1 What matters to patients is a better quality of life, improved communication with healthcare professionals, to be more involved in their own treatment and care. Alternative therapies might contribute towards all of these.
- 2
- 1 The aim of the therapy was to encourage patients to express their feelings and talk to others, especially if they had problems with communication (lack of self confidence, English was not their mother tongue). It was hoped the patients would be engaged in an enjoyable activity, distract them from their pain and enable them to better manage their treatment.
- 2 Patients attending a pain clinic in a hospital in Eastbourne, UK were invited to attend the art therapy sessions. Funding for the project came from the League of Friends and the Pain Management Trust Fund. An artist, clinical psychologist, physiotherapist and a clinical nurse specialist made up the team. The approach was an open one. Staff also took part in the activity – this was an important factor. Their artwork was displayed in the outpatient clinic area to inspire other patients to attend the clinic.
- 3 The impact of the therapy on the patient was not as successful as the team had hoped. It did not noticeably decrease levels of pain, or improve the overall quality of life of the patient, but it did improve their mood. Patients cite the following: time went by very quickly during the sessions, able to express themselves through art, meet people with similar problems, gave them something to look forward to, inspired them.