PATIENTS ARE PEOPLE!

A Medico-Social Approach

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It is very well recognised that the present day practice of total medical care is predicated on the appreciation of the inter-relationship of social, emotional and pathological forces in the care of the sick. This philosophy corresponds with the Biblical injunction that "the care of the sick is a sacred task" and as new as the contemporary approach of medical care. In our times, the World Health Organisation placed the following definition in the preamble of its constitution. "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity."

Thus, illness is as damaging from the physical point of view as it is disturbing from the socio-psychological point of view. This has broadened the concept of illness as both medical and social problem is a development of recent years and reflects the general tendency of modern medicines to consider the influences of social (including psychological) forces as contributory to pathological phenomena.

Prolonged Illness

Chronic, or better still, prolonged illness has been receiving attention in recent years as the major medical-social problem of our time. In the present era, which is characterized by dramatic victories over disease, the increasing incidence of prolonged illness presents a challenge to those concerned with the provision of adequate care for the sick. The decreases of mortality rate, the reduction in the fatal outcome of many of the infectious diseases, the practical eliminations of epidemics, all these mean that more people live longer. The longer prople live, the greater the likelihood of their developing one of the slow moving, degenerative, or malignant illnesses which frequently accompany the process of ageing and the longer the period that these illnesses will persist.

The challenge that confronts us now is how to provide adequate care for a large number of patients over a prolonged period of time and how to succeed where we have hitherto failed, both in prevention and treatment. Because long term illness is viewed as a continuous and changing biological process with serious social implications showing periods of remission, recovery, and acute exacerbation, each stage of the illness requires a different kind of care. The type of care is determined by the patient's physical condition, the degree of activity he is able to assume and the amount and kind of help which must be supplied by others.

The social implications of prolonged illness cannot be separated from their medical implications, and the problems which they jointly present seriously affect the patient, his family, the professional groups concerned with his care, and the community of which they are all a part.

The family doctor with his limited medical knowledge in the care of the long-term sick, could do little for the patient except to administer psychological stimulants from time to time. Family members, unable to give the ill person even the most elementary physical care that his condition requires frequently demanded that some provision be made outside the home. In this demand, the families expressed not only their difficulty in meeting the physical burden imposed by the illness and the feeling of helplessness evoked by the presence of the constantly sick person.

Step by step, as discoveries and methods of treatment of illness in general increased, an attempt was made to test their effectiveness on the permanently afflicted. The advent of twentieth century brought with it far reaching changes in the mode of living and consequently, changes in the practice of medicine. The changes in the physical and social atmosphere of the new century brought with them profound changes in the concept of what constitutes an adequate programme of medical care. The earlier philosophy of the survival of the fittest was replaced by a concern for the rights of the individual and the acceptance of responsibility for his welfare, no matter what his physical and intellectual endowments. Worthiness was no longer considered the only criterion for extending help when needed, for it was out of keeping with the philosophy of a democratic society to neglect even its least productive members. Keeping pace with this awakened social consciousness, the medical and nursing profession moved toward a more active medical programme for the care of the sick.

We witness the development of the specialized hospital for the care of the sick as part of this growing concern. The fate of the forgotten "chronic" patient had become a stench in the nostrils of society which could no longer be tolerated. At the same time, changes were occurring in the physical setting in which the medical man practised his art. Practising in the small, rural community, the doctor knew his patients intimately, as well as the community in which they lived. But the development of the urban

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community caused a separation alongwith the rapid growth of specialization. This confined many doctors to the treatment of a specific area of the body. Such a specialization with its concentration on the sick organ served to obscure the fundamental concept of the patient as a total human being. As a result we find the doctor is less apt to know that his patient is really like a person who has family, what his children are like, where he works, his job satisfaction, how he lives, etc. There is much talk about psychosomatic medicine and the influence of emotions on the patient. And yet the concept of the patient as a whole person is, in reality, not new.

The complexity of modern living makes it impossible for the medical practitioner to be knowledgeable in all the factors which impinge upon the lives and health of his patients. The profession of medical social work thus evolved as a direct response to this desire on the part of the doctor to know the social pathology, economic and family problems, as well as his need to get help with these problems so as to make it possible for the patients to maintain the benefits he derives from medical treatment. "Medical social work is the practice of social work in a health agency for the enhancement of medical care and treatment." The presence of professional social worker into the medical team symbolizes the concern of the community in general and the medical profession in particular, with the patient as a whole. His services have grown in quality of care of patients whose problems cannot be dispelled through the scientific magic of penicillin or sulfa therapy.

In order to gain a better understanding of the patients as a whole, it is essential to know: Who is he? What are his problems? How do they affect him, his family, his community? What help does he need? How can it best be offered? How can we use our facilities in order to build for the future? What needs to be added to assure a well-rounded medical-social programme?

The problems can be lessened only through the development of a philosophy which stresses interest in the person who is sick, his dignity and worth as an individual, and embraces not only treatment of disease, but the whole person, no matter to what point the disease process may have progressed.

No adequate solution for dealing with the vastness and complexity of the problems created by illness has as yet been found. Our knowledge is limited, our facilities woefully inadequate. So much more needs to be known, so much more needs to be done. The greater awareness of its social implications will of necessity give impetus toward a more inclusive programme of care. Such a programme can be of value only if we think of it as a beginning approach to bridge the existing gaps, an approach which must change and grow and evolve as our understanding changes and grows and evolves.