THE PURPOSE OF HOME VISITING THE PATIENT IN THE EDUCATION OF THE DOCTOR AND PROPER INDIVIDUALIZING OF THE TREATMENT

ANDREEA SĂLCUDEAN[1]

County Emergency Clinical Hospital Targu Mures

Keywords: *patient, diagnosis, therapy, heredity, prognosis*

Abstract: *In this paper, the authors make references relevant to the important role of doctor to patients' homes, which method contributes to the professionalism and knowledge of clinical and precise delineation of the diagnosis, therapy and bio-psychosocial classification of the patient. In this regard it concluded that the visits and conversations with family members must clear the atmosphere, reduce or eliminate the tense-family conflicts and mobilize the therapeutic process and overcome unavoidable, helping to rebalance the "homeostasis" of the family.*

Cuvinte cheie: *bolnav, diagnostic, terapie, ereditate, prognostic*

Rezumat: *În prezenta lucrare autorii fac referiri pertinente la importanţa rolului medicului la domiciliul bolnavului, metodă prin care se contribuie atât la profesionalismul clinic cât şi la cunoaşterea şi delimitarea mai precisă a diagnosticului, terapiei şi încadrarea bio-psiho-socială a pacientului. În acest sens ei concluzionează că vizitele şi convorbirile cu membrii familiei bolnavului trebuie să limpezească atmosfera, să diminueze sau să înlăture stările tensional –conflictuale şi să mobilizeze membrii familiei în procesul terapeutic şi în depăşirea unor situaţii inevitabile, contribuind la reechilibrarea "homeostaziei " familiale.*

SCIENTIFICAL ARTICLE OF BIBLIOGRAPHIC SYNTHESIS

The main objectives of the visit to address, confine not only to the knowing of the in-family relations, the role of the patient in these relationships, socio-economic conditions and it's deficiencies but also to the transverse and longitudinal analysis of patient's personal development and the accurate and comprehensive family involvement in the therapeutic process.

Knowing the in-family relationship not only allows to discover how they influence personality development during the formative years and adulthood but rather that these influences are transmitted from one generation to another, justifying the concept of "social heredity", which enlarges and reduces the effects of biological heredity on personality development. The argument of this assertion, is that adopted children from an early age eventually behave in a manner so similar to the adoptive parents, that sometimes we are surprised that among them there is no direct genetic link.

Therefore visiting the family of the patient by the doctor has a special significance in comparison with the examination at the doctor's office or territorial polyclinic. In their family may be more objective about the suffering of those who require medical aid, or assistance with reviewing patients - can detect elements of lesser or greater sanogenic or pathogenic importance, with which they could find the best measures of therapeutic individualization.

Currently, beginning from the premises of creating new bases of modern preventive and curative health care, these visits must regain value, the important place in the healthcare of the population expanding to both the patient and family's and place of work.

During home visits, the physicians must apprize with tact and spirit of observation the dominant in-family relationships, psychosocial status of individual members in particular and the patient, the family's goals and joint actions, the behavior and pre-aid in difficult situations.

Seldom, in a paradoxal way, the improvement or healing of the patient is accompanied by the emergence of somatic-emotional disorders at other family members, as the family tries to maintain homeostasis, would require one or more sick. The functioning of a unite family can not be inferred only from the study of individual members. Provided each member of the family's behavior is different from outside the family, which explains why some family members of anxious, depressed, psiho-pathogenic patients, as individuals function normally in society, while the family - all working as a pathological form or reverse.

To illustrate this assertion, we quote the case of a child with mitral stenosis who was carefully groomed by his family and spared of any effort, so addicted to his own family. Under these conditions, the family functioned in a harmonious balance, the parents and his brothers felt useful, until he was operated successfully. Him not being disable anymore, the family members had to change the system to adapt. If the family is flexible, its members will be able, after a while to accept the qualitative change occurred and to help children build confidence in himself, being aware that they have less need and adapting it to new situation. If the in-family relationships are rigid due to fear facing this new situation, family members are inset above to restore balance and treat the child as an invalid, a situation in which the child can accept this status, requiring parents to treat him as such, satisfying thus their need for dependency.

As you can see the patient adapts to his own health conditions and still retain the status of disabled and dependent, relies heavily on dynamical family communication interactions that may favor or disfavor the bio-psycho-social rehabilitation.

[1]Corresponding Author: Andreea Sălcudean, 16 Mitropolit Andrei Şaguna street, Târgu Mureş, România; e-mail: andreea.salcudean@yahoo.com; tel +40-0721264572

Article received on 02.07.2010 and accepted for publication on 26.07.2010
ACTA MEDICA TRANSILVANICA September 2010; 2(3)312-313

If mentally ill, home visits must monitor the removal of apato-aboulic phenomenology or the contrary, the concerns of hiper-acknowledging of the disease, also boosting initiative directed towards activities and concerns that detach him of the parological phenomenology. To achieve this goal, in addition to the initiation, it is also needed the training of doctors and nurses from the "Family Practitioners" in psychiatric assistance. Moreover, piho-pathological phenomena may manifest both within and outside her family and to avoid misinterpretation of the disease must not forget that, sometimes, the patient expresses his own pathology patronized and enganced in more or less defective family interactions. Interactions and mutual dependence between family members are the so called "family homeostasis."

Under normal conditions most famous roles of the family are those of father, mother, daughter, sister, brother, etc., but in abnormal situations we meet other roles such as "parent" black sheep, or family treasure, there are "one guilty "seen as" responsible "for all the family troubles and sufferings, like if it's disease, if not consumed alcohol in excess, whether it would be too harsh and aggressive, too soft, too fragile, if not be heard, if they learned whether or not it would be "X" or "Y" etc. "I would have no problem in the family."

Other in-family aspects are linked to the so-called "family myth", made up by increasing the extremes of positive traits accepted without criticism, distorting the reality as "Dad never gets tired from anything," his mother is never angry, she never complains, "our baby is the smartest and will succeed in all", etc.. this "myth "may lead to the establishment of rules and rigid in-family conducts, even pathogenic because those people are working to identify themselves with their myth, and when they lose the possibility to continue the myth of the family emotional imbalances occur.

Maintaining human and family relationships is based on communication, transmission of messages through verbal language with which to communicate the significance they know. At the same time, communication acts on the condition of individuals (pragmatic aspect) and thus the non-verbal communication and the meta-communication plays an equally important role as the transmission of verbal messages. In fact, the first axiom of the communication theory is that "any behavior is communication and therefore it is impossible not to communicate."

Mostly, the patient's home and household give us conclusive evidence of the disease. Arranging your home can be a sign of lack of heat, for psychological tension or existential difficulties, the doctor easily recognizing if the patient is alone or surrounded by loving carers. Along twith the patient's home visit, it is exposed an intimate part of his life, revealing himself easily, as in his home is tempted to honest communication. Family members are less retained than in the offices of the clinic or hospital, often not having the outburst that they desire. Within the family, even in the presence of the doctor, the communication and behavior patterns do not change. Careful observation may uncover deep divergences, critical or other substrates, we can approach the core issues quickly, thus leading to a new therapeutic-diagnosis vision.

The link between medicine and the world the patients live in is maintained by both doctor visits at home and the carer visits to hospitalized patients. Doctors who make periodic visits to patient's homes are very well informed about the nature and extent of their health problems. Knowing the patient's family situation requires a delicate insight into family homeostasis, requiring an ethical-moral stance and fairness from the doctor. In general, family homeostasis are based on the balance of the relationships and the communications between family members, among whom the is established a mutual dependency .

Home visits should not only contribute to clarification, comforting and loosening the atmosphere within the family, but also to alleviate family fears and worries, which effectively lead to a therapeutic process to stimulate the patient to regain self-confidence in his own forces and his capacity to reclaim his previous role in the family and previous position at work.

It should not be overlooked the fact that you can not always delete events and risk factors of life and nor the chronic or fatal development of the disease . In these cases physicians should intervene in order to a more effective rehabilitation of the patient or remodeling existential conditions of functional-dynamical and balanced family homeostasis .

Home visits have both a ellementary human act and a maximum evidence of professional dedication by the doctor, confering to the patient faith in healing and the feeling that he is not alone in facing the disease.

BIBLIOGRAPHY

1. Black, D M, & Townsend, CS – Inequalities in Health, ed., Townsend, P & Davidson, N, Penguin Books, London, 1982 .
2. Bloschi Lilia – Psychosoziale Aspekte der depression ; verlag hans Huber, bern, 1978.
3. Buda, E. Y – Allgemeinmedizin International General Practice, 2 : 51 – 54, 1984.
4. Dietrich R & SHABAD, C. – The problem of loss and mourning .Int. Univ. Press, New York, 1989.
5. Disertori B. & Piazza M. - Trattato di psichiatrica e Socio-psichiatrica . Liviana Editrice in Padova, 1970.
6. Fleming M. – Allgemeinmedizin int. gen. practice, 2 : 45 – 50, 1984.
7. Fleming M. – Allgemeinmedizin int. gen. practice 1 : 5 – 11, 1980.
8. Gordon C., Beresin E, Herzog B. - J. Acad. Psychoanal. 17: 29 – 43, 1989.
9. Grecu G. – Revista medicală (Tg. Mureş) 1 : 9 – 19, 1989.
10. Grecu G. – Rolul vizitei la domiciliul bolnavului în formarea mediculuişi individualizarea adecvată a tratamentului, Rev. medicală română, 1993 nr. 3 – 4 : pp.145 – 151 .
11. Hesse E. - Allgemeinmedizin int. gen. practice, 2 : 59 – 63, 1984.
12. Hogben L. - Brit. Med. 7, 1 : 632 – 635, 1984.
13. LARGE T. - Fam . process, 28 : 25 – 35, 1989.
14. Sturm E. - Renaissance des Hausarztes, Springer Verlag, Berlin, 1983.
15. Sturm E. - Allgemeinmedizin int. gen. practice , 2 : 36 – 39, 1984 .
16. Wegscheider A. - Allgemeinmedizin int. gen. practice 2 : 40 – 44, 1984.
17. Whewell J. - Brit. Med. J. – 286 : 1259 – 1261, 1983.