

PROBLEM STATEMENT

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CASE SCENARIO

It was just another regular day for Anupamma Desai a 45 yr old woman, like most days she woke up, cooked breakfast for her family, packed lunch boxes for her kids and husband and sent them off to school and office respectively. After finishing all the house chores like sweeping, mopping, dusting and washing clothes, she proceeded to go take a bath at leisure. As she was making a mental list of groceries she had to buy from the market and the food to be prepared for lunch, while in the bath, she spontaneously felt a small lump in her breast. She immediately came out of the bath and dried herself off and started feeling for the lump again to confirm what she had felt during bathing. A few minutes passed as she stood in front of a mirror palpating for the lump and at last, she was able to localize the site. She then decides to go consult a doctor the next day. The next day, she goes to the hospital to get it checked. The doctor examines the lump and then advises her to get a mammograph and some other investigations done. She returns home and discusses this with her dear friend Meena.

Meena Chaudary, a woman in her mid-fifties and a neighbor of ten years tells Anupama that she had the same complain a few years ago and she spent a lot of money on a panel of investigations worried that it might be cancerous but that lump turned out to be nothing of significance. She advises Anupama to not worry about the lump and leave it be and not to spend any more money on hospitals. She tells her that it's just a small lump and it'll disappear on its own. Anupama finds her friends advice tempting and she decides to take her advice and stops worrying about the lump and neglects it for months. A few months pass and the lump grows in size and she develops others symptoms as well. She visits the hospital once again and consults the doctor only to find that she has an advanced stage of breast cancer which has metastasized, which could have been detected during her last visit and cured. Much to her dismay there's nothing much the doctor can do at this point. Only if she had trusted her doctor over her friend and the media, she'd not be in this situation.

At the same hospital, Ranjini a trans woman has been finding difficulty in getting an admission into the ward. She wishes to get admitted into the female ward, but the authorities, classifying her biologically, direct her towards the male ward, justifying their choice by stating the possible discomfort the residents of the female ward would feel in her presence. After many requests she gets an admission into the female ward. No sooner than she settled in, she notices that she's being treated differently and people have been scowling at her. She enquires if there's a different ward for people like her but she is shunned and neglected by the people. Owing to the lack of dignified treatment she was receiving she decides to leave the hospital without getting her problem addressed. She walks out of the hospital as she didn't feel welcome there.

Susheela, a 65 yr old woman, mother to Mahesh and Suresh aged 40 and 37 respectively walks into the outpatient department with her son Mahesh. Susheela was diagnosed with diabetes 10 years ago and was advised to take antidiabetic medications and to monitor her blood glucose levels. Now Mahesh, her older son in his forties, has been diagnosed with diabetes, the doctor prescribes Mahesh some antidiabetic drugs and asks him to monitor his blood glucose levels. Susheela asks the doctor if her other son Suresh has a probability of developing diabetes and what they could do to prevent that.

Comprehending this scenario:

1. In the age of social media, misinformation is unavoidable, people believe forwarded messages and their friends over their physician. Even though these platforms have demonstrated usefulness for health promotion [1,2], recent studies have suggested that false or misleading health information may spread more easily than scientific knowledge through social media [3,4]. Patient compliance is paramount in the effectiveness of therapeutic regimens Without compliance therapeutic goals cannot be achieved, resulting in poorer patient outcomes [5]. Thousands of articles on “noncompliance” have appeared since 1975 [6].

How to curb spread of misinformation on health and how to address negligence of health by patients?

2. Lesbian, gay, bisexual, and transgender (LGBT) individuals experience poorer mental and physical health relative to their heterosexual and cisgender counterparts [7]. In part, these health disparities have been attributed to repeated exposure to stress, stigma, and discrimination both at the interpersonal level and at the institutional level (e.g., policies that allow discrimination) [8]. Many people like Ranjini, belonging to the LGBTQ community face discrimination even at the health settings, which usually have heteronormative facilities.

How will you address lapses in healthcare provided to LGBTQ community and reduce the stigma associated with them and provide them with dignified care?

3. Health care usually clusters around curative services at great cost, neglecting the potential of primary prevention and health promotion, which can prevent up to 70 percent of disease burden [9]. Our system focuses on disease, specialty care, and technology rather than preventive care. Doctor is the first teacher and it is his/her responsibility to advice patients on preventive health. In the above scenario, If Susheela had received health education on how to prevent diabetes, then her son Mahesh would probably could have prevented being affected by it.

Suggest ways that can be utilized in the existing healthcare setting to bring a change in the misdirected healthcare to change the focus to primary prevention?

References

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