The problems of seeking continuous medical care
of patients with paralysis in Nonmuang village T.sila A.muang Khon Kaen

Thodsapon Deelek, Nattaporn Putthimathee, Napasorn Jaroonsrichotkamjon, Piyakan Patanawong, Ratrawee Patana Ratamanolee, Walee Chokchaichamnankij
Fifth year medical students

ABSTRACT

Background
The number of patients with paralysis is increasing. When these patients are discharged from the hospital, they have problems seeking continuous medical care to prevent complications. Therefore, studying the problems in seeking continuous medical care can establish the way to solve them.

Objective: To study the problems in seeking continuous medical care of the patients with paralysis in Nonmuang village.

Research design: Descriptive study and informations are gathered by interview process.

Population: 11 patients living in Nonmuang village during 28June-12July 2004, 2 officers of Srinakarin hospital and 2 officers of Nonmuang Prinary Care Unit.

Results
Of the 11 patients, 5 are men and 6 are women. 9 patients has hemiplegia caused by stroke and 2 had spinal cord diseases. 6 patients get better, 2 are stable and 3 are worsened. 3 patients believe they can be cured or get better, 3 believe they will remain stable and 4 believe they will get worse, 1 has no opinion. For relationship with neighbors, 9 have worsened relationship and 2 have good relationship. 6 patients have dramatic impact on there economic status, 5 have lesser impact. A caretaker is absent for 1 patient, 7 patients goes well with their caretakers and 3 do not. All the immobile patients (5 patients) has not adapted a proper environment. Among the patients with walking aids, 2 has adapted their environment and 1 does not. 3 mobile patients haven't adapt any of their environment. 3 patients have never been visited, 8 have been visited, but only for some conversations. Srinakarind hospital has a policy for patient referring, but has no responsible unit. It is also lack of good coordination inside the hospital itself, and lack of coordination between it and the primary care unit for follow-up. The primary care unit has its programme to visit 4 patients each day but never be able to act according to the programme.

Conclusion
1. The hospital & PCU ‘s programs for the patients are neither suitable nor effective.
2. Many patients seek other improper treatment or abandon the rehabilitative programs due to their lack of knowledge. Solve the problems by fixing the causes. Hence developing a more proper programs also include education in the programs. For knowledge yields compliance & understanding.

Return to CM5 Homepage