

# **Do you know your patient's family situation and lifestyles?**

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Julie Martin's husband Tom had been diagnosed with a malignant brain tumor. After a 2 week hospitalization followed by 10 days in a rehabilitation facility, Julie was told she could take Tom home. She was also told that, although physically he could perform activities of daily living, he would require 24 hour supervision. For example, the therapist said, "if your home were to catch on fire, Tom would not know to call 911". And so, ill prepared and without resources to face life's new challenges, the Martins went home. Tom was not the only one now that needed help, so did Julie. How would she be able to go to the grocery store, or pick up the kids, or walk the dog or even take a shower alone? No one had talked about these things with her.

If care is to be truly patient-centered, consideration must be given to the patients' family situations, and their lifestyles. How many patients leave the hospital or the doctor's office without the help they need at home to be able to follow the advice, treatment instructions or discharge orders given to them? To put responsibility for important aspects of self-care and monitoring in patients' hands, they must have the tools and support they need to carry out that responsibility. Do they live alone? Are their caretakers capable of providing all the help needed or will the caretaker also need help? Can the patient decipher pill bottles, cook dinner, or even negotiate the route from the bed to the bathroom? Will help be needed to pick up prescriptions or return for doctor visits? Does the patient even think you care about such things? Do you?

Understanding a patient's life and daily routine can help you to understand how your patient's lifestyle might affect his or her health care. This is especially important with older patients. Understanding the level of functioning and learning about any recent significant changes in their daily routines or patterns of life is basic to providing appropriate health care. Such information could influence which treatment regimens are suitable. For example, knowing your patient's living arrangements, such as his or her access to transportation or whether support is available from family members, might prompt you to order a home health nurse or aid or perhaps provide a referral to social services.

Even the delivery of medical instructions should be done in a way that demonstrates an understanding of the patient's physical and emotional state. Patients are often better able to comprehend aftercare planning and other treatment instructions before treatment or surgery. They are likely to be less distracted at this point, and it may give them time to make important new arrangements to accommodate their anticipated condition. It can also be useful for older patients to have a caregiver or friend with them when ongoing treatment or aftercare planning is explained to them, someone who can perhaps take notes or simply be another set of ears to hear and verify the physician's instructions.

It is not always the diagnosis, surgery, or treatment that causes the biggest worry for the patient and the patient's family, but rather how they are going to manage the follow up

care. Understanding the patient's living circumstances and helping to provide resources when necessary will strengthen the clinician – patient relationship by showing your interest not only in the medical care, but in the person as a whole. It may also make the difference between patient compliance with medical instructions and an uncomplicated recovery on the one hand, and a less positive outcome with the need for unplanned clinical interventions on the other.