



CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION

May 2004

Acad Med 2004 Apr; 79 (4):347-50.

The ethics of cultural competence.

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Cultural competence curricula have proliferated throughout medical education. Awareness of the moral underpinnings of this movement can clarify the purpose of such curricula for educators and trainees and serve as a way to evaluate the relationship between the ethics of cultural competence and normative Western medical ethics. Though rarely stated explicitly, the essential principles of cultural competence are (1) acknowledgement of the importance of culture in people's lives, (2) respect for cultural differences, and (3) minimization of any negative consequences of cultural differences. Culturally competent clinicians promote these principles by learning about culture, embracing pluralism, and proactive accommodation. Generally, culturally competent care will advance patient autonomy and justice. In this sense, cultural competence and Western medical ethics are mutually supportive movements. However, Western bioethics and the personal ethical commitments of many medical trainees will place limits on the extent to which they will endorse pluralism and accommodation. Specifically, if the values of cultural competence are thought to embrace ethical relativity, inexorable conflicts will be created. The author presents his view of the ethics of cultural competence and places the concepts of cultural competence in the context of Western moral theory. Clarity about the ethics of cultural competence can help educators promote and evaluate trainees' integration of their own moral intuitions, Western medical ethics, and the ethics of cultural competence.

PMID: 15044168 [PubMed - indexed for MEDLINE]

Acad Med. 2004 Apr;79(4):351-6.

Personal illness narratives: using reflective writing to teach empathy.

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Reflective writing is one established method for teaching medical students

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empathetic interactions with patients. Most such exercises rely on students' reflecting upon clinical experiences. To effectively elicit, interpret, and translate the patient's story, however, a reflective practitioner must also be self-aware, personally and professionally. Race, gender, and other embodied sources of identity of practitioners and patients have been shown to influence the nature of clinical communication. Yet, although medical practice is dedicated to examining, diagnosing, and treating bodies, the relationship of physicians to their own physicality is vexed. Medical training creates a dichotomy whereby patients are identified by their bodies while physicians' bodies are secondary to physicians' minds. As a result, little opportunity is afforded to physicians to deal with personal illness experiences, be they their own or those of loved ones. This article describes a reflective writing exercise conducted in a second-year medical student humanities seminar. The "personal illness narrative" exercise created a medium for students to elicit, interpret, and translate their personal illness experiences while witnessing their colleagues' stories. Qualitative analysis of students' evaluation comments indicated that the exercise, although emotionally challenging, was well received and highly recommended for other students and residents. The reflective writing exercise may be incorporated into medical curricula aimed at increasing trainees' empathy. Affording students and residents an opportunity to describe and share their illness experiences may counteract the traditional distancing of physicians' minds from their bodies and lead to more empathic and self-aware practice.

PMID: 15044169 [PubMed - indexed for MEDLINE]

Acta Oncol. 2004;43(1):27-34.

Evaluation of quality of life/life satisfaction in women with breast cancer in complementary and conventional care.

Carlsson M, Arman M, Backman M, Flatters U, Hatschek T, Hamrin E.

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The aim was to study the perceived quality of life/life satisfaction in a sample of women with breast cancer who were treated in a hospital with alternative/complementary care and the same variables in individually matched patients who received only conventional medical treatment. A non-randomized controlled trial design with repeated measurements was used. Sixty women with breast cancer treated with anthroposophic medicine (ABCW) and 60 with conventional medicine (CBCW) were included and 36 matched pairs took part on all occasions. The quality of life was measured by the EORTC QLQ-C30 and the Life Satisfaction Questionnaire (LSQ). The comparisons were calculated as effect sizes (ES). The women in the ABCW group reported small or moderate effects, expressed as ES, on their quality of life/life satisfaction compared to their matched "twins" in the CBCW group at the 1-year follow-up in 15 out of 21 scales/factors. It was concluded that the women who had chosen anthroposophic care increased their perceived quality of life/life satisfaction according to the methodology of the study.

Publication Types:

Evaluation Studies

PMID: 15068317 [PubMed - indexed for MEDLINE]

Adv Exp Med Biol. 2004;550:255-62.

Honoring treatment preferences near the end of life: the oregon physician orders

for life-sustaining treatment (POLST) program.
Schmidt TA, Hickman SE, Tolle SW.
Oregon Health & Science University, Portland, Oregon 97239, USA.
Publication Types:
Review
Review, Tutorial
PMID: 15053443 [PubMed - indexed for MEDLINE]

Adv Nurse Pract. 2004 Mar;12(3):61-4.

Kicking butt. A review of smoking cessation strategies.
Cagle BB.
Brenau University, Gainesville, Ga., USA.
Publication Types:
Review
Review, Tutorial
PMID: 15038187 [PubMed - indexed for MEDLINE]

Adv Nurse Pract. 2004 Mar;12(3):69-75.

Advance directives. Vital to quality care for elderly patients.
Butterworth AM.
Charlestown Erickson Retirement Community, Baltimore, USA.
Publication Types:
Review
Review, Tutorial
PMID: 15038189 [PubMed - indexed for MEDLINE]

Aids Alert. 2004 Apr;19(4):43-5.

Medical literacy becoming a bigger challenge. Interventions aimed at disadvantaged populations.
[No authors listed]
Just as HIV prevention programs are not a one-size-fits-all solution, so must adherence interventions be tailored for the particular clinic, community, and population which they serve, some experts say.
PMID: 15074294 [PubMed - indexed for MEDLINE]

Am J Hosp Palliat Care. 2004 Mar-Apr;21(2):116-20.

Dying with dignity: the good patient versus the good death.
Proulx K, Jacelon C.
University of Massachusetts, Amherst, Massachusetts, USA.
Death is a unique experience for each human being, yet there is tremendous societal pressure on a dying person to be a "goodpatient " while trying to experience the "good death. " These pressures shape patient, caregiver, and family choices in end-of-life situations. The purpose of this literature review was twofold: first, to develop an understanding of "dying with dignity" to enhance the end-of-life care received by dying patients, and second, to contribute to a concept analysis of dignity to improve the clarity and consistency of future research related to dignity in aging individuals. Articles pertaining to dying with dignity from the disciplines of nursing, medicine,

ethics, psychology, and sociology were reviewed using a matrix method. A dichotomy surrounding dying with dignity emerged from this review. The definition of dignity in dying identifies not only an intrinsic, unconditional quality of human worth, but also the external qualities of physical comfort, autonomy, meaningfulness, usefulness, preparedness, and interpersonal connection. For many elderly individuals, death is a process, rather than a moment in time, resting on a need for balance between the technology of science and the transcendence of spirituality.

Publication Types:

Review

Review, Tutorial

PMID: 15055511 [PubMed - indexed for MEDLINE]

Am J Hosp Palliat Care. 2004 Mar-Apr;21(2):131-3.

Practical recommendations for ethnically and racially sensitive hospice services.

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Division of Social and Behavioral Sciences, Richard Stockton College of New Jersey, Pomona, New Jersey, USA.

Hospice providers have long understood that hospice services are disproportionately utilized by Caucasians compared with racial and ethnic minorities. In fact, it is clear that this disparity is increasing with time despite the development of literature that recommends making services more culturally sensitive and accessible to minority groups. This suggests a need for more concrete and practical recommendations to make hospice services accessible and amenable to minority groups. For implementation in hospice service organizations, standard recommendations require enhancement to increase outreach, improve understanding of cultural issues related to death and dying, improve communication with non-English speaking populations, and implement cross-cultural training programs. In addition, the self-awareness and ethnic identity of hospice workers themselves are elements of culturally sensitive care that frequently are overlooked when discussing hospice organizations. This article outlines some specific objectives for meeting the goal of improving hospice services for ethnic and racial minorities.

PMID: 15055513 [PubMed - indexed for MEDLINE]

Am J Med. 2004 May 1;116(9):613-20.

Racial and ethnic differences in patients' preferences for initial care by specialists.

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PURPOSE: To examine racial and ethnic differences in patients' preferences for initial care by specialists, and to determine whether trust in the physician and health beliefs account for these differences. **METHODS:** We conducted a cross-sectional study of 646 patients in the waiting room of three academic-based internal medicine outpatient practices. We asked subjects about their preference to see their primary care provider or a specialist first regarding the actual health problem that had brought them to see their physician as well as regarding three hypothetical scenarios (2 weeks of new-onset exertional chest pain, 2 months of knee pain, and rash for 4 weeks). We examined

the relation among patients' preference for initial care by a specialist and their demographic characteristics, global ratings of their primary care physician and health plan, trust in their primary care physician, and other health beliefs and attitudes. RESULTS: Averaged for the three scenarios and actual health problem, 13% of patients preferred to see a specialist first. Adjusting for all other covariates, blacks (risk ratio [RR] = 0.55; 95% confidence interval [CI]: 0.20 to 0.92) and Asians (RR = 0.46; 95% CI: 0.19 to 0.75) were much less likely to prefer a specialist than were whites. Patients with less confidence in their primary care physician and greater certainty about needed tests and treatments were more likely to prefer a specialist. These variables, however, did not explain the difference in preference for specialist care among blacks, Asians, and whites. CONCLUSION: Blacks and Asians are less likely than whites to prefer initial care by a specialist. Future studies should examine whether differences in preference for care lead minorities to underutilize appropriate specialty care or lead whites to overuse specialty care.

PMID: 15093758 [PubMed - indexed for MEDLINE]

Am J Public Health. 2004 Apr;94(4):519-20.

Eliminating health disparities: focal points for advocacy and intervention.

Mail PD, Lachenmayr S, Auld ME, Roe K.

Publication Types:

Letter

PMID: 15053991 [PubMed - indexed for MEDLINE]

Anesth Analg. 2004 Apr;98(4):1099-105, table of contents.

Patient satisfaction with preoperative assessment in a preoperative assessment testing clinic.

Hepner DL, Bader AM, Hurwitz S, Gustafson M, Tsen LC.

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Preoperative Assessment Testing Clinics (PATCs) coordinate preoperative surgical, anesthesia, nursing, and laboratory care. Although such clinics have been noted to lead to efficiencies in perioperative care, patient experience and satisfaction with PATCs has not been evaluated. We distributed a one-page questionnaire consisting of satisfaction with clinical and nonclinical providers to patients presenting to our PATC over three different time periods. Eighteen different questions had five Likert scale options that ranged from excellent (5) to poor (1). We achieved a 71.4% collection rate. The average for the subscale that indicated overall satisfaction was 4.48 +/- 0.67 and the average for the total instrument was 4.46 +/- 0.55. Although the highest scores were given for subscales describing the anesthesia, nurse, and lab, only the anesthesia subscale improved with time (P = 0.007). The subscale that involved information and communication had the highest correlation with the overall satisfaction subscale (r = 0.76; P < 0.0001). The satisfaction with the total duration of the clinic visit (3.71 +/- 1.26) was significantly less (P < 0.0001) than the satisfaction to the other items. The authors conclude that the practitioner and functional aspects of the preoperative visit have a significant impact on patient satisfaction, with information and communication versus the total amount of time spent being the most positive and negative components, respectively.

IMPLICATIONS: Patient satisfaction can serve as an important indicator of the

quality of preoperative care delivered in Preoperative Assessment Testing Clinics (PATC). Information and communication, both from clinical and nonclinical service providers, remain the most important positive components, and the total duration of the clinic visit represents the most negative component, of patient satisfaction in a PATC.
PMID: 15041606 [PubMed - indexed for MEDLINE]

Ann Allergy Asthma Immunol. 2004 Mar;92(3):329-34.

Association between preference-based health-related quality of life and asthma severity.

Moy ML, Fuhlbrigge AL, Blumenschein K, Chapman RH, Zillich AJ, Kuntz KM, Paltiel AD, Kitch BT, Weiss ST, Neumann PJ.

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BACKGROUND: Preference-based measures of health-related quality of life (HRQL) focus on choice and strength of preference for health outcomes. If the value people attach to the health improvement they receive from medical treatments for asthma is known, preference-based measures can be used in cost-effectiveness analyses to aid resource allocation decisions. International guidelines have been developed to guide medical management according to asthma severity defined by lung function and symptom frequency. **OBJECTIVE:** To test the hypothesis that preferences correlate with asthma severity and that the relationships vary among the preference instruments used and the components of asthma severity studied. **METHODS:** Preferences for subjects' health states were measured using (1) a rating scale (RS), (2) standard gamble (SG), (3) time tradeoff (TTO), (4) Health Utilities Index 3 (HUI3), and (5) Asthma Symptom Utility Index (ASUI). We measured level of airways obstruction by forced expiratory volume in 1 second (FEV1) and symptom frequency of cough, wheeze, dyspnea, and nighttime awakening.

Asthma severity was defined by either percentage of predicted FEV1 or symptom frequency. **RESULTS:** One hundred adults with asthma were studied. Preference scores were lowest for the HUI3 (mean, 0.57) and highest for the SG (mean, 0.91). Spearman correlations showed that the strength of the relationship between preference scores and percentage of predicted FEV1 was weak to moderate ($r = 0.14-0.36$). One-way analysis of variance showed that RS, TTO, and ASUI scores were significantly associated with the percentage of predicted FEV1 ($P < \text{or} = .01$). Both RS and HUI3 scores were significantly associated with frequency of all symptoms ($P < .05$). **CONCLUSIONS:** Preference-based measures of HRQL are correlated with asthma severity defined by lung function or symptoms. The RS was significantly associated with level of airways obstruction and all 4 symptoms evaluated, whereas the SG was not correlated with either marker of asthma severity.

PMID: 15049396 [PubMed - indexed for MEDLINE]

Arch Phys Med Rehabil. 2004 Apr;85(4 Suppl 2):S13-20.

Empowerment in measurement: "muscle," "voice," and subjective quality of life as a gold standard.

Brown M, Gordon WA.

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Measurement and assessment, occurring within both research and clinical service contexts, typically involve an imbalance of power between professionals and

persons with disabilities. Power is evidenced in who controls decisions about measurement and whose perspective--the subjective values of the measured person or the objective or normative values of the measurer--is given primacy. The consequences of this imbalance are discussed with respect to both sides of the power relationship. For clinicians, evaluators, and researchers, who typically hold most, if not all of the power in measurement, the process may produce data that meet the highest professional standards. However, the utility of such data is limited in addressing many purposes. For research participants and service recipients, who typically have little if any control of measurement, the measurement process may be disempowering, because measures focus on areas of life that may be of little relevance to what they see as important. In effect, both sides lose, to the degree that resulting data are less revealing than would be the case in a more balanced power relationship. Methods are discussed for reducing power imbalances to improve the utility and efficacy of measurement.

Publication Types:

Review

Review, Tutorial

PMID: 15083418 [PubMed - indexed for MEDLINE]

Arthritis Rheum. 2004 Apr 15;51(2):215-21.

Predicting reports of unmet expectations among rheumatology patients.

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jrao@cdc.gov

OBJECTIVE: Approximately 25% of patients report unmet expectations after their doctor visits. In a longitudinal study of rheumatology patients, we examined whether changes in health status could predict unmet expectations. **METHODS:** Arthritis patients (n = 177) responded to 2 surveys (baseline and 6-month followup). Both surveys contained questions on health status (functional status, pain, helplessness, psychological status) and visit duration. The followup survey contained questions on postvisit unmet expectations. Factors associated with unmet expectations were determined. **RESULTS:** Fifty-eight patients (33%) reported unmet expectations, most often for information (47%) and new medications (31%). Unmet expectations were more common among patients with greater baseline helplessness (odds ratio [OR] 1.9, 95% confidence interval [95% CI] 1.0-3.6) and short doctor visits at followup (OR 5.6, 95% CI 2.4-13.1). Unmet expectations were less common among those experiencing a decline in pain (OR 0.3, 95% CI 0.1-0.9). **CONCLUSION:** Attention to the patient's level of pain and helplessness and duration of the visit may limit reports of unmet expectations.

PMID: 15077262 [PubMed - indexed for MEDLINE]

Arthritis Rheum. 2004 Apr 15;51(2):233-8.

The clinical effect of glucocorticoids in patients with rheumatoid arthritis may be masked by decreased use of additional therapies.

van Everdingen AA, Siewertsz van Reesema DR, Jacobs JW, Bijlsma JW.

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OBJECTIVE: Our previous analysis of patients with early active rheumatoid arthritis (RA) treated with prednisone or placebo revealed the following discrepancy: although a significant retardation of joint damage was observed in the prednisone group compared with the placebo group, no differences in clinical

variables between the 2 groups were observed, due to greater use of additional therapy in the placebo group. We sought to investigate whether this discrepancy would extend to variables of well-being. METHODS: We conducted a double-blind, randomized, placebo-controlled clinical trial of prednisone (10 mg) in patients with RA; the duration of the study was 2 years. Following the placebo-controlled trial, a 1-year open-label followup study was conducted in 81 patients with early (≤ 1 year) active, previously untreated RA. Forty-one patients were allocated to receive oral prednisone, 10 mg/day, and 40 patients were assigned to the placebo group. Analgesics, nonsteroidal antiinflammatory drugs (NSAIDs), local injections of a glucocorticoid (only when absolutely necessary), and use of physiotherapy were allowed in both groups. After 6 months, sulfasalazine (2 gm/day) could be prescribed as rescue therapy in both groups. At the beginning of the study and every 6 months thereafter, 2 questionnaires (the VDF [Dutch version of the Health Assessment Questionnaire] and the IRGL [Dutch version of the Arthritis Impact Measurement Scales]) were administered. A visual analog scale (VAS) for morning pain was administered every 3 months. Disease activity and radiologic scores were assessed. RESULTS: VDF scores in the 2 groups were not statistically significantly different. No statistically significant differences between groups were observed in almost all parameters of the IRGL. In the prednisone group (and only at 6 months), the VAS scores for morning pain and general well-being showed improvement comparable with the transient improvement in some of the disease activity variables. In the prednisone group, use of NSAIDs, analgesics, local injections of glucocorticoids, and physiotherapy sessions was approximately 50% that in the placebo group. CONCLUSION: Although significant retardation of joint damage in the prednisone group indicates better disease control, no differences between the groups for variables of well-being were found. This discrepancy may be attributed to greater use of additional therapy in the placebo group. In future clinical trials, the use of additional therapies should be taken into account when analyzing the differences in effect between drugs.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 15077265 [PubMed - indexed for MEDLINE]

BMJ. 2004 Apr 10;328(7444):864. Epub 2004 Mar 30.

Doctors' communication of trust, care, and respect in breast cancer: qualitative study.

Wright EB, Holcombe C, Salmon P.

Royal Liverpool University Hospital, Liverpool L7 8XP.

OBJECTIVE: To determine how patients with breast cancer want their doctors to communicate with them. DESIGN: Qualitative study. SETTING: Breast unit and patients' homes. PARTICIPANTS: 39 women with breast cancer. MAIN OUTCOME MEASURE: Patients' reports of doctors' characteristics or behaviour that they valued or deprecated. RESULTS: Patients were not primarily concerned with doctors' communication skills. Instead they emphasised doctors' enduring characteristics. Specifically, they valued doctors whom they believed were technically expert, had formed individual relationships with them, and respected them. They therefore valued forms of communication that are currently not emphasised in training and research and did not intrinsically value others that are currently thought important, including provision of information and choice. CONCLUSIONS: Women with breast cancer seek to regard their doctors as attachment

figures who will care for them. They seek communication that does not compromise

this view and that enhances confidence that they are cared for. Testing and elaborating our analysis will help to focus communication research and teaching on what patients need rather than on what professionals think they need.
PMID: 15054034 [PubMed - indexed for MEDLINE]

Bull World Health Organ. 2004 Feb;82(2):115-20. Epub 2004 Mar 16.

Patient advocacy and arthritis: moving forward.

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Patient advocacy is based on the premise that people have the right to make their own choices about their health care. Personal advocacy is centred on the experiential expertise of the individual affected by the condition, whereas group advocacy is grounded on patient-centred strategies and actions. The first patient advocacy groups for arthritis were set up over 20 years ago in the USA and have subsequently spread to many other countries. This paper discusses the growth and impact of personal advocacy as well as recent developments in group advocacy in the Asia-Pacific region, Europe, and North America, in terms of arthritis awareness, research, corporate partnerships, and the Bone and Joint Decade global initiative.

PMID: 15042233 [PubMed - indexed for MEDLINE]

Bull World Health Organ. 2004 Feb;82(2):106-14. Epub 2004 Mar 16.

Comparison of patient evaluations of health care quality in relation to WHO measures of achievement in 12 European countries.

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OBJECTIVES: To gain insight into similarities and differences in patient evaluations of quality of primary care across 12 European countries and to correlate patient evaluations with WHO health system performance measures (for example, responsiveness) of these countries. **METHODS:** Patient evaluations were derived from a series of Quote (Q^Uality of care Through patients' Eyes) instruments designed to measure the quality of primary care. Various research groups provided a total sample of 5133 patients from 12 countries: Belarus, Denmark, Finland, Greece, Ireland, Israel, Italy, the Netherlands, Norway, Portugal, United Kingdom, and Ukraine. Intraclass correlations of 10 Quote items were calculated to measure differences between countries. The world health report 2000 - Health systems: improving performance performance measures in the same countries were correlated with mean Quote scores. **FINDINGS:** Intra-class correlation coefficients ranged from low to very high, which indicated little variation between countries in some respects (for example, primary care providers have a good understanding of patients' problems in all countries) and large variation in other respects (for example, with respect to prescription of medication and communication between primary care providers). Most correlations between mean Quote scores per country and WHO performance measures were positive. The highest correlation (0.86) was between the primary care provider's understanding of patients' problems and responsiveness according to WHO. **CONCLUSIONS:** Patient evaluations of the quality of primary care showed large differences across countries and related positively to WHO's performance measures of health care systems.

PMID: 15042232 [PubMed - indexed for MEDLINE]

Camb Q Healthc Ethics. 2004 Winter; 13(1): 96-104.

Possible limits to the surrogate's role: when a patient lacks decisionmaking capacity, is the surrogate's role absolute?

Hofmann PB, Rubin SB, Brody RV, Rich BA.

Provenance Health Partners, Moraga, California, USA.

PMID: 15045921 [PubMed - indexed for MEDLINE]

Cancer Invest. 2004;22(1):132-7.

National Institutes of Health's Clinical Center sets new policy on use of herbal and other alternative supplements by patients enrolled in clinical trials.

Sparber A, Ford D, Kvochak PA.

National Institutes of Health's Clinical Center, Bethesda, MD 20892, USA.

The nationwide concern over the escalating use of herbal and other alternative dietary supplements is prompting a call for action in health care organizations. Not only is there mounting evidence to support a strong concern for patient safety, but the use of these products by people participating in biomedical research protocols has an added impact on the integrity of the research design and data gathering. These issues are of increasing concern to the National Institutes of Health's hospital for biomedical research, the Warren Grant Magnuson Clinical Center. Surveys completed in 2000 showed that 25-45% of Clinical Center patients reported taking herbal and other alternative dietary supplements. In 2001, the Clinical Center moved forward to develop and implement a policy to guide hospital staff in the management of patient use of herbal and alternative supplements. The policy established the requirement for all patients to be screened for supplement use upon admission or outpatient visit. Continued use of supplement products during hospitalization and/or outpatient enrollment on protocol require a physician's authorizing order. The implementation of this policy has increased awareness and provided an important step forward in protecting patient safety and preserving the scientific integrity of the research at the NIH's Clinical Center.

Publication Types:

Review

Review, Tutorial

PMID: 15069771 [PubMed - indexed for MEDLINE]

Cent Eur J Public Health. 2004 Mar; 12(1): 43-5.

Study on consumers' preferences and habits for over-the-counter analgesics use. Lefterova A, Getov I.

Department of Social Pharmacy, Faculty of Pharmacy, Medical University, Sofia, Bulgaria.

The aim of the present study was to investigate consumers' knowledge, preference habits and use of the over-the-counter (OTC) analgesics. Our survey indicates the preferences of respondents in consultation with medical specialists (medical doctors and pharmacists) and their sources of information about drugs. A questionnaire survey was conducted during the periods March/April and July/August 2002 in 11 community pharmacies situated in Sofia (capital) and two towns in different regions in Eastern Bulgaria. From 250 questionnaires 222 were filled in correctly and analyzed (response rate 89%). Metamizole (dipyrone) is the most popular OTC analgesic--35% of the questioned patients prefer it to

relieve the pain. In the second place is paracetamol (acetaminophen), but patients prefer to use it mainly for symptomatic treatment of cold/flu and influenza-like symptoms. More than 50% of patients have indicated that medical doctor recommended them the chosen OTC analgesic and in case of health problems during the therapy they prefer to consult him. They had more confidence in medical doctors' than pharmacists' recommendations and consultation. The main conclusion is that the pharmacists do not have the main say in the choice of OTC analgesics and their rational and correct use.
PMID: 15068209 [PubMed - indexed for MEDLINE]

Cleve Clin J Med. 2004 Mar;71(3):179, 183.

When and how is it appropriate to terminate the physician-patient relationship?
Santalucia C, Michota FA Jr.
Ombudsman Department, The Cleveland Clinic Foundation, OH 44195, USA.
santalc@ccf.org
PMID: 15055242 [PubMed - indexed for MEDLINE]

ED Manag. 2004 Mar;16(3):30-1.

Satisfaction climbs with smiles, other soft skills.
[No authors listed]
Patient satisfaction can be improved with more attention to interpersonal skills and catering to the concerns that most patients have about emergency care. Staff may resist the idea at first but can be convinced to try it. Simple things such as how a nurse talks to a patient have a significant effect. Managers should role model the changes they want. The environment of the waiting room and other areas also is important.
PMID: 15027339 [PubMed - indexed for MEDLINE]

Fam Pract Manag. 2004 Mar;11(3):14, 17.

When customer service and patient care collide.
Glazer JL, Merris KL.
Publication Types:
 Editorial
PMID: 15045873 [PubMed - indexed for MEDLINE]

Fam Pract Manag. 2004 Mar;11(3):93-4.

Communicating with your patients online.
Scherger JE.
University of California, San Diego, USA.
PMID: 15045883 [PubMed - indexed for MEDLINE]

Health Aff (Millwood). 2004 Mar-Apr;23(2):220-4.

Learning about medicine and race.
Malebranche D.
Division of Medicine, Emory University, Atlanta, Georgia, USA. dmalebr@emory.edu
PMID: 15046147 [PubMed - indexed for MEDLINE]

Health Estate. 2004 Mar;58(3):39-40.

Convincing case for patient-centred buildings.

[No authors listed]

Healthcare buildings that have a significant, positive, impact on both patients and carers may cost more but the extra expense is fully justifiable, Architects Design Partnership LLP maintains.

PMID: 15052894 [PubMed - indexed for MEDLINE]

Health Expect. 2003 Dec;6(4):352-8.

Provider-sponsored virtual communities for chronic patients: improving health outcomes through organizational patient-centred knowledge management.

Winkelman WJ, Choo CW.

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Patients with long-term chronic disease experience numerous illness patterns and disease trends over time, resulting in different sets of knowledge needs than patients who intermittently seek medical care for acute or short-term problems. Health-care organizations can promote knowledge creation and utilization by chronic patients through the introduction of a virtual, private, disease-specific patient community. This virtual socialization alters the role of chronic disease patients from external consumers of health-care services to a 'community of practice' of internal customers so that, with the tacit support of their health-care organization, they have a forum supporting the integration of knowledge gained from the experiences of living with chronic disease in their self-management. Patient-centred health-care organizations can employ the virtual community to direct and support the empowerment of chronic patients in their care.

PMID: 15040797 [PubMed - indexed for MEDLINE]

Health Matrix Clevel. 2003 Summer;13(2):235-96.

Getting what we should from doctors: rethinking patient autonomy and the doctor-patient relationship.

Dworkin RB.

Indiana University School of Law-Bloomington, USA.

Publication Types:

Legal Cases

PMID: 15027422 [PubMed - indexed for MEDLINE]

Health News. 2004 Feb;10(2):16.

Questions & answers. What are geriatric care managers?

Feinberg AW.

PMID: 15032164 [PubMed - indexed for MEDLINE]

Hepatology. 2004 Apr;39(4):903-5.

Comment on:

Hepatology. 2004 Apr; 39(4): 999-1007.
The patient's perspective in hepatitis C.
Fontana RJ, Kronfol Z.
Publication Types:
 Comment
 Editorial
 Review
 Review Literature
PMID: 15057891 [PubMed - indexed for MEDLINE]

Hepatology. 2004 Apr; 39(4): 999-1007.

Comment in:

Hepatology. 2004 Apr; 39(4): 903-5.
Hepatitis C virus-infected patients report communication problems with physicians.
Zickmund S, Hillis SL, Barnett MJ, Ippolito L, LaBrecque DR.
Department of Medicine, University of Pittsburgh College of Medicine, Pittsburgh, PA, USA. susan.zickmund@med.va.gov
We examined the prevalence and nature of perceived problems in the interaction between physicians and patients diagnosed with hepatitis C virus (HCV) infection. This cross-sectional study included 322 outpatients diagnosed with chronic HCV infection and treated at a tertiary referral hospital's hepatology clinic. Patients were asked to provide demographic information and to complete a semistructured interview, the Sickness Impact Profile (SIP) and Hospital Anxiety Depression (HAD) scale. A team of two blinded coders analyzed the interviews. A total of 131 (41%) study patients reported communication difficulties with physicians involved in their care. The main difficulties were the poor communication skills of physicians (91 [28%]), physician incompetence regarding the diagnosis and treatment of HCV infection (74 [23%]), feelings of being misdiagnosed, misled, or abandoned (51 [16%]), or being stigmatized by their physician (29 [9%]). Patients were twice as likely to report difficulties with subspecialists as compared with generalists. Nonresponse with antiviral therapy correlated with perceived physician conflict even after adjusting for treatment in relation to the time of interview, whereas previous or ongoing substance abuse and mode of acquisition did not. In a multivariate model, patients' psychosocial problems were the best predictors of communication difficulties. In conclusion, a substantial number of patients with HCV infection report difficulties when interacting with physicians, which may be due to coexisting emotional or social problems. However, perceived stigmatization by physicians and a sense of abandonment reflect the need for further educational efforts. These should target both specialists and primary care providers to inform them about the psychosocial challenges facing these patients.
PMID: 15057904 [PubMed - indexed for MEDLINE]

Hosp Health Netw. 2004 Mar; 78(3): 52-6, 2.

ACE units take a wholistic, team approach to meet the needs of an aging America. A fresh model for gerontology.
Haugh R.
Even in their senior years, baby boomers will pose an enormous challenge to hospitals, which must find new ways to provide comprehensive, quality geriatric care. A number of hospitals have established ACE units, which take a wholistic, team approach to treating older patients, and appear to improve outcomes,

satisfaction and maybe the bottom line.
PMID: 15061071 [PubMed - indexed for MEDLINE]

Hosp Peer Rev. 2004 Apr;29(4):55-7.

Can you prevent harmful staff from getting hired?
[No authors listed]
PMID: 15069889 [PubMed - indexed for MEDLINE]

Hosp Peer Rev. 2004 Apr;29(4):suppl 1-2.

Patient Safety Alert. Beaumont makes patients partners in safety efforts.
[No authors listed]
PMID: 15069891 [PubMed - indexed for MEDLINE]

Inquiry. 2003 Winter;40(4):343-61.

Does quality influence consumer choice of nursing homes? Evidence from nursing home to nursing home transfers.

Hirth RA, Banaszak-Holl JC, Fries BE, Turenne MN.

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We estimated Cox proportional hazards models using assessment data from the Minimum Data Set to test whether nursing home residents and their proxies respond to quality of care by changing providers. Various indicators of poor quality increased the likelihood of transfer. Residents of for-profit homes or homes with excess capacity also were more likely to transfer. Inability to participate in care decisions and factors indicating frailty limited residents' ability to transfer. The apparent responsiveness to quality is encouraging. Nonetheless, because the absolute transfer rate is low, significant barriers to movement among nursing homes still may exist.

PMID: 15055834 [PubMed - indexed for MEDLINE]

Insight. 2004 Jan-Mar;29(1):22-3.

10 ways to improve patient relations.

Feldman J.

Publication Types:

News

PMID: 15077400 [PubMed - indexed for MEDLINE]

Int J Health Care Qual Assur Inc Leadersh Health Serv. 2004;17(1):47-52.

What is the potential for the use of clinical outcome measures to be computerised? Findings from a qualitative research study.

Hughes RA, Sinha A, Aspinal F, Dunckley M, Addington-Hall J, Higginson IJ.
Department of Palliative Care and Policy, King's College London, London, UK.

Clinical outcome measures are used in clinical audit to monitor the quality of care provided to patients. As information technology (IT) is increasingly being integrated into the delivery of health care, computerising the use of clinical outcome measures has been proposed. However, little is known about the attitudes

of health professionals towards this. Aims to understand professionals' views on adapting one clinical outcome measure--the palliative care outcome scale (POS)--for use on hand-held computers. Concludes that these results reinforce existing research on clinical outcome measures and IT in health care; identify special palliative care issues when considering the use of computerised clinical outcome measures with patients; and highlight the need for further research. PMID: 15046473 [PubMed - indexed for MEDLINE]

Int J Health Care Qual Assur Inc Leadersh Health Serv. 2004;17(1):9-16.

Customer focused health-care performance instruments: making a case for local measures.

Swinehart KD, Smith AE.

Department of Management and Marketing, East Tennessee State University, Johnson City, Tennessee, USA.

In the face of increasing pressure to improve patient satisfaction, the health-care industry must continue to seek improved methods to measure the effects of its continuous improvement efforts. While measurement instruments in this area abound, most are global in perspective and inflexible in form, sometimes leading to less than optimally germane outputs. Patient satisfaction information is critically important to the health-care provider, and this paper presents the results provided by an instrument that was locally designed to provide the most utile aggregation and presentation of patient satisfaction information for individual health-care providers. These results provide substantial evidence to support the notion that local, rather than global, measurement instruments are needed to provide the most relevant and useful results when assessing patient satisfaction as part of a continuous improvement effort.

PMID: 15046466 [PubMed - indexed for MEDLINE]

Integr Cancer Ther. 2003 Sep;2(3):217-24.

Decision-making control: why men decline treatment for prostate cancer.

White MA, Verhoef MJ.

Vancouver, British Columbia.

The purpose of this study was to conduct a qualitative analysis of decision-making control by men with prostate cancer who refuse conventional cancer therapies. The transcripts for 8 prostate cancer patients from a larger qualitative study were analyzed separately to explore in depth the factors related to decision-making control. RESULTS: Most men were newly diagnosed when they made the decision to forgo conventional cancer treatment in favor of alternative approaches. Five areas were identified in which patients took control over the treatment process. These include control over (1) the timing of treatment, (2) information about conventional treatment and risk assessment, (3) designing an alternative treatment plan, (4) coordination of cancer care, and (5) monitoring and evaluation of disease progression. Clinicians can support patients who delay or forgo treatment for prostate cancer by helping them maintain a sense of control over the treatment process. This can be achieved by supporting patients' efforts to integrate complementary therapies into their cancer care, by addressing fears related to treatment early in the decision-making process, and by encouraging open communication about the reasons

for seeking alternatives to conventional treatment. Findings from this study

need to be evaluated in a larger, quantitative study.
PMID: 15035883 [PubMed - indexed for MEDLINE]

Internet Healthc Strateg. 2004 Mar;6(3):6.

Doctors' attitudes about e-mail communications with patients surveyed.
[No authors listed]
PMID: 15071854 [PubMed - indexed for MEDLINE]

J Clin Nurs. 2004 Mar;13(3a):45-53.

Beyond person-centred care: a new vision for gerontological nursing.
Nolan MR, Davies S, Brown J, Keady J, Nolan J.
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School of Nursing and Midwifery, The University of Sheffield, Northern General
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Currently considerable emphasis is placed on the promotion of person-centred
care, which has become a watchword for good practice. This paper takes a
constructively critical look at some of the assumptions underpinning
person-centredness, and suggests that a relationship-centred approach to care
might be more appropriate. A framework describing the potential dimensions of
relationship-centred care is provided, and implications for further development
are considered.

Publication Types:

Review

Review, Tutorial

PMID: 15028039 [PubMed - indexed for MEDLINE]

J Clin Nurs. 2004 Mar;13(3a):39-44.

Concerns relating to the application of frameworks to promote person-centredness
in nursing with older people.

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There is an increasing need to develop a multi-dimensional discussion and
critique around the concept of 'person-centred' in the context of the delivery
of nursing care for older people. As the context of nursing being considered
here, it is primarily nurses who should be leading with this discourse, although
drawing on a broad range of ideas from outside of nursing. The person-centred
movement, commonly believed to originate in the care of those with dementia in
the UK, is growing, especially in the UK and Australia, with signs of it moving
across parts of Western Europe and North America. Person-centredness has a big
emotional appeal to many nurses working with older people, perhaps because it
'has the right feel' for them and nurses believe it 'feels right' for older
people. It has grabbed the attention of many practising nurses in the UK in a
way that humanistic nursing theory and the various associated nursing models
from previous decades, seemed to have missed. This paper contributes to the
discussion by suggesting that there are conceptual frameworks that nurses can
draw on to help them understand and enhance their practice. However, it is
suggested that these frameworks are either in their infancy or incomplete and
they still need to convince nurses of their utility for day to day practice. It
is also pointed out that the underpinning concept of 'personhood' has not yet

been fully clarified by nursing.

Publication Types:

Review

Review, Tutorial

PMID: 15028038 [PubMed - indexed for MEDLINE]

J Clin Nurs. 2004 Mar;13(3a):31-8.

Person-centredness in gerontological nursing: an overview of the literature.

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Person-centred practice is a recurring theme in gerontological nursing literature. While there are many descriptive accounts of attempts at developing person-centred practice, in reality, there are few studies that identify the benefits of this way of working. Thus far, systematic research into person-centred nursing practice is poorly developed. This paper aims to explore the concept of person-centredness and person-centred practice in order to add clarity to discussions about the term in the context of gerontological nursing. This literature-based exploration discusses the meaning of the word 'person' and the way this word is translated into person-centred practice. It is argued that there are four concepts underpinning person-centred nursing: (i). being in relation; (ii). being in a social world; (iii). being in place and (iv). being with self. The articulation of these concepts through existing models of person-centred practice in nursing raises the recurring themes of knowing the person, the centrality of values, biography, relationships, seeing beyond the immediate needs and authenticity. There is a need for further research and development work in gerontological nursing to distinguish between person-centred practice and good quality care for older people.

Publication Types:

Review

Review, Tutorial

PMID: 15028037 [PubMed - indexed for MEDLINE]

J Clin Nurs. 2004 Mar;13(3a):3-10.

Partnership research with older people - moving towards making the rhetoric a reality.

Reed J, Weiner R, Cook G.

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As nursing develops closer partnerships with older people in delivering care, it also needs to develop partnerships in order to create the knowledge base for practice in a way that challenges professional hegemony and empowers older people. However, the process of developing partnerships in research takes place against a background of academic research traditions and norms, which can present obstacles to collaboration. This paper is a reflection on the issues that have arisen in three projects where older people were involved in research at different levels, from sources of data to independent researchers. It points to some of the areas that need further exploration and development.

Publication Types:

Review

Review, Tutorial

PMID: 15028033 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 Apr 1;22(7):1336-40.

Dignity and the eye of the beholder.

Chochinov HM.

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Publication Types:

Case Reports

Review

Review, Tutorial

PMID: 15051784 [PubMed - indexed for MEDLINE]

J Gerontol Nurs. 2004 Mar;30(3):40-5.

Students and senior citizens learning from each other.

Fusner S, Staib S.

Ohio University Zanesville, 43701, USA.

A service learning experience in a senior citizen center was planned for first-quarter associate-degree nursing students at a university. Activities were planned that would benefit both student learning and senior citizen health and well-being. Students had the opportunity to interact with well elderly adults before dealing with ill or frail elderly adults, thus preventing the formation of some negative attitudes about elderly individuals. Students practiced interviewing, using observational skills and taking blood pressures in a relaxed environment. Benefits to the senior citizens included having their blood pressure checked and learning about home safety and nutrition. Interactions made the senior citizens feel valued. Evaluation of the experience was positive from the students', senior citizens', faculty's, and center director's perspective. As a result, this service learning experience has been incorporated into the nursing curriculum for the university.

Publication Types:

Review

Review, Tutorial

PMID: 15061453 [PubMed - indexed for MEDLINE]

J Health Soc Behav. 2003 Dec;44(4):457-69.

The production of understanding.

Link BG.

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While there is little doubt that sociological theory and research has had an important impact on the way people think about health and health care, mental health and medical sociologists are often confronted with challenges concerning the utility of the work that they do. Among the doubters are deans, funding agencies and family members. We are challenged by the ascendancy of biological interpretations of human behaviors, by the incompatibility between the contextual view we prefer and the very strong individualistic orientation of our culture, and by the fact that we do not have an applied arm that trains the professionals who treat health and mental-health conditions. How do we respond to this challenge? The title of this paper gives a short answer: "The Production of Understanding." I propose that a powerful but under-recognized value of our

work is the generation of explanations about health and mental health matters that help people understand the other side of an "us"/"them" divide. We produce understanding in a context in which misunderstanding is regularly constructed by powerful people who offer victim-blaming explanations for the circumstances experienced by people with less power. The production of understanding serves as an important counterbalance to this tendency. Our work shapes the way people think about problems related to health and mental health, limits the power of inaccurate victim-blaming accounts and provides understanding about why health and mental health are mal-distributed among people from different social circumstances.

PMID: 15038143 [PubMed - indexed for MEDLINE]

J Healthc Manag. 2004 Mar-Apr;49(2):135-9.

Developing employee participation in the patient-satisfaction process.
Stavins CL.

Texas Children's Hospital, Houston, USA.

PMID: 15074121 [PubMed - indexed for MEDLINE]

J Nurs Care Qual. 2004 Apr-Jun;19(2):137-48.

Development and testing of patient satisfaction measure for inpatient psychiatry care.

Woodring S, Polomano RC, Haagen BF, Haack MM, Nunn RR, Miller GL, Zarefoss MA, Tan TL.

Department of Psychiatry, Penn State Milton S. Hershey, Medical Center Hershey, PA, USA.

Patient satisfaction is one of the most important indicators for service excellence. Investigations have been done with population-specific patient satisfaction tools for psychiatric patients; however, there are few published measures for evaluating inpatient care. We developed and tested a 15-item instrument to evaluate the interdisciplinary care model and therapeutic interventions. Results demonstrated reliability and validity of the tool.

Publication Types:

Validation Studies

PMID: 15077831 [PubMed - indexed for MEDLINE]

J R Soc Health. 2004 Mar;124(2):63-4.

The potential risks of alternative therapies in the treatment of cancer.

Holmes S.

Publication Types:

News

PMID: 15067975 [PubMed - indexed for MEDLINE]

J Soc Philos. 1999 Summer;30(2):295-314.

Labeling patient (in)competence: a feminist analysis of medico-legal discourse.

Secker B.

PMID: 15072070 [PubMed - indexed for MEDLINE]

J Soc Philos. 1994 Winter;25(3):92-101.

Exploited consent.

Archard D.

PMID: 15083838 [PubMed - indexed for MEDLINE]

Manag Care. 2004 Mar;13(3):36, 39-40.

Consumer-directed plans begin measuring patient satisfaction.

Cross M.

PMID: 15074154 [PubMed - indexed for MEDLINE]

Manag Care Interface. 2004 Jan;17(1):21-6, 30.

Consumer knowledge and perceptions of formularies.

Sansgiry SS, Sikri S, Kawatkar A.

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A study was undertaken to determine consumer knowledge and perceptions of formularies. A prevalidated survey containing 11 scored items was administered to 714 consumers waiting to receive prescription medications at 72 community pharmacies in Houston. Overall, these consumers were satisfied with their prescription insurance plans, but their attitudes toward formularies were negative, and the negative perceptions were significantly correlated with satisfaction scores. However, only 25% of the surveyed population had a copy of the formulary, so that a large majority had no knowledge of their formulary or the types of drugs it covered. Efforts to educate patients may reduce the difficulty faced by pharmacists in explaining formulary issues to consumers.

PMID: 15035596 [PubMed - indexed for MEDLINE]

Med Care. 2004 Mar;42(3):259-66.

How many patients are needed to provide reliable evaluations of individual clinicians?

Nelson EC, Gentry MA, Mook KH, Spritzer KL, Higgins JH, Hays RD.

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PURPOSE: The purpose of this study was to determine how many patients are needed

to provide reliable patient ratings of care at the individual clinician level.

SETTING AND SOURCES OF DATA: The study was conducted in an academic medical center and was based on analysis of 34,985 patients who completed a 50-item survey rating the care received during a recent outpatient visit to a physician or midlevel provider. STUDY DESIGN: Analyses of patient satisfaction surveys was done to: 1) confirm the dimensions of satisfaction with outpatient care in an existing measure, and 2) determine the number of patients required to provide reliable estimates of clinician care for single items and an 11-item composite scale. PRINCIPAL FINDINGS: Factor analysis showed that the survey measured 2 dimensions of satisfaction: 1) clinician care, and 2) features of visiting the office. The 11-item clinician care scale had high reliability (Cronbach's alpha=0.97). The number of patients needed to achieve reliability of 0.80 at the clinician level was 66 for the 11-item scale and ranged from 52 to 91 for individual items. For primary care physicians only, the comparable number of

patients per clinician was 77 for the 11-item scale and ranged from 50 to 147 across items. CONCLUSIONS: For the survey items that we analyzed, the answer to the question "How many patients are needed to obtain useful and reliable feedback?" is at least 50, but varies by item type (global vs. specific) and by number of items (composite scale or single-item rating) and by the conditions of use (for self-assessment and learning or reward and punishment).

Publication Types:

Validation Studies

PMID: 15076825 [PubMed - indexed for MEDLINE]

Med Care Res Rev. 2004 Mar;61(1):64-88.

Decreased home health use: does it decrease satisfaction?

McCall N, Korb J, Petersons A, Moore S.

Laguna Research Associates.

This study investigates differences in satisfaction and quality of life for Medicare beneficiaries using home health care services before and after implementation of the Interim Payment System (IPS) as part of the Balanced Budget Act (BBA) of 1997. Data are from surveys conducted pre- and post-BBA. Multivariate analyses estimate the effect of being in the post-BBA period controlling for beneficiary, agency, and community characteristics. Sixteen dependent variables measure satisfaction with the agency, and two measure life quality. Despite dramatic utilization decreases, differences were not found for overall agency satisfaction, satisfaction with discharge, or with the nursing and therapist care received. Decreases in satisfaction were found for some interpersonal aspects of staff interaction and, for the group of respondents who received services in the agencies that participated in both the pre- and postperiods, with the decreased provision of personal care services. A large increase was found in staff encouraging independence.

PMID: 15035857 [PubMed - indexed for MEDLINE]

Med Law Int. 2000;5(1):25-44.

Genetics and patients' rights: where are the limits?

Laurie GT.

Faculty of Law, University of Edinburgh, UK.

PMID: 15040376 [PubMed - indexed for MEDLINE]

Med Leg J. 2004;72(Pt 1):17-30.

Patients, doctors and the law (1963-2003): a few reflections.

Brooke.

Publication Types:

Historical Article

Legal Cases

PMID: 15038317 [PubMed - indexed for MEDLINE]

Medsurg Nurs. 2004 Feb;13(1):7.

Patient advocacy: the real restraint-reduction strategy.

Roberts D.

Publication Types:

Editorial
PMID: 15029925 [PubMed - indexed for MEDLINE]

Mil Med. 2004 Mar; 169(3):243-50.

Accessibility and acceptability of the Department of Veteran Affairs health care: diverse veterans' perspectives.

Damron-Rodriguez J, White-Kazemipour W, Washington D, Villa VM, Dhanani S, Harada ND.

Veteran Administration Greater Los Angeles Health Care System, Los Angeles, CA 90095-1656, USA.

OBJECTIVES: Diverse veteran's perspectives on the accessibility and acceptability of the Department of Veteran Affairs (VA) health services are presented. METHODS: The qualitative methodology uses 16 focus groups (N = 178) stratified by war cohort (World War II and Korean Conflict versus Vietnam War and Persian Gulf War) and four ethnic/racial categories (African American, Asian American, European American, Hispanic American). RESULTS: Five themes emerged regarding veterans' health care expectations: (1) better information regarding available services, (2) sense of deserved benefits, (3) concern about welfare stigma, (4) importance of physician attentiveness, and (5) staff respect for patients as veterans. Although veterans' ethnic/racial backgrounds differentiated their military experiences, it was the informants' veteran identity that framed what they expected of VA health services. CONCLUSIONS: Accessibility and acceptability of VA health care is related to veterans' perspectives of the nature of their entitlement to service. Provider education and customer service strategies should consider the identified factors to increase access to VA as well as improve veterans' acceptance of the care. PMID: 15080247 [PubMed - indexed for MEDLINE]

Mod Healthc. 2004 Mar 8; 34(10):52, 62.

Partners in prevention. Patient Safety Awareness Week aims to help consumers head off medical errors.

Colias M.

mike_colias@yahoo.com

PMID: 15029825 [PubMed - indexed for MEDLINE]

Monash Bioeth Rev. 2003 Apr; 22(2):9-26.

Rites of consent: negotiating research participation in diverse cultures.

Barrett RJ, Parker DB.

Department of Psychiatry, University of Adelaide, Australia.

The significance of informed consent in research involving humans has been a topic of active debate in the last decade. Much of this debate, we submit, is predicated on an ideology of individualism. We draw on our experiences as anthropologists working in Western and non Western (Iban) health care settings to present ethnographic data derived from diverse scenes in which consent is gained. Employing classical anthropological ritual theory, we subject these observational data to comparative analysis. Our article argues that the individualist assumptions underlying current bioethics guidelines do not have universal applicability, even in Western research settings. This is based on the recognition that the social world is constitutive of personhood in diverse forms, just one of which is individualistic. We submit that greater attention

must be paid to the social relations the researcher inevitably engages in when conducting research involving other people, be this in the context of conventional medical research or anthropological field work. We propose, firstly, that the consenting process continues throughout the life of any research project, long after the signature has been secured, and secondly, that both group and individual dimensions of consent, and the sequence in which these dimensions are addressed, should be carefully considered in all cases where consent is sought.

PMID: 15069953 [PubMed - indexed for MEDLINE]

Nurs Ethics. 2004 Mar;11(2):150-64.

A survey of ethical issues experienced by nurses caring for terminally ill elderly people.

Enes SP, de Vries K.

Princess Alice Hospice, Esher, Surrey, UK.

This study examined the ethical issues experienced by nurses working in a small group of elderly persons' care settings in the UK, using a survey questionnaire previously used in other countries for examining the cultural aspects of ethical issues. However 'culture' relates not only to ethnicity but also the organizational culture in which care is delivered. Nurses working in elderly persons' care settings described a range of issues faced when caring for elderly terminally ill people, which illustrated the different needs of patients, relatives, professionals and society. These issues related to the unique needs of elderly people (such as dementia sufferers) and could have an impact on patients' quality of death.

PMID: 15030023 [PubMed - indexed for MEDLINE]

Prof Nurse. 2004 Mar;19(7):395-9.

Patients as teachers: the patient's role in improving cancer services.

Cushen N, South J, Kruppa S.

Princess Alexandra Hospital NHS Trust, Harlow, Essex.

The NHS Plan stipulates that health care in the 21st century should reflect the needs and expectations of local people, offer greater choice and involve patients in the planning and provision of services. This paper describes an initiative to involve users of cancer services in educating health-care professionals because patients are the experts on their condition.

PMID: 15027406 [PubMed - indexed for MEDLINE]

Qual Life Res. 2004 Feb;13(1):81-9.

Association between patient education and health-related quality of life in patients with Parkinson's disease.

Shimbo T, Goto M, Morimoto T, Hira K, Takemura M, Matsui K, Yoshida A, Fukui T.

Department of General Medicine and Clinical Epidemiology, Graduate School of Medicine, Kyoto University, Japan. shimbot@kuhp.kyoto-u.ac.jp

BACKGROUND: Providing patients with disease- and treatment-related information is an important role of medical staff and is now reimbursed in Japan by the national health insurance system under the rubric 'patient education'.

Evaluation of the effectiveness of patient education programs is necessary to ensure that limited health care resources are used efficiently. OBJECTIVE: The objective is to determine whether educating patients with Parkinson's disease

(PD) is related to better health-related quality of life (HRQOL). DESIGN: A cross-sectional study was conducted. SETTING: Members of the Japan Association of Patients with Parkinson's disease were randomly selected. PARTICIPANTS: A total of 1200 patients with PD were asked to fill in written questionnaires and replies from 762 (63.5%) were analyzed. MEASUREMENTS: The questionnaire inquired about clinical characteristics, comorbidity, symptoms of PD, complications of therapy, HRQOL, and patient education. SF-36 was used to assess HRQOL. The section on patient education comprised one question each on patient-perceived satisfaction with information provided on (1) disease condition and pathophysiology, (2) effectiveness of drug therapy, (3) adverse drug reactions, (4) publicly available financial and social resources, and (5) rehabilitation and daily activities. Patient education score was defined as the sum of the individual scores for these five questions. The relationships between scores on the SF-36 subscales and the patient education score were examined. RESULTS: More satisfaction with patient education was associated with higher scores in all SF-36 subscales except physical functioning and bodily pain. The difference in score between the most satisfied and the least satisfied patients ranged from 8.4 points on the subscales of general health and 16.7 points on the subscale of role limitation due to emotional problems. CONCLUSION: The conclusion that patient education is associated with better HRQOL in patients with PD is drawn. PMID: 15058790 [PubMed - indexed for MEDLINE]

Rehabil Nurs. 2004 Mar-Apr;29(2):62-7.

Support groups: why do people attend?
Purk JK.

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Support groups have become a part of the lives of many people who suffer from illness and injury. Physicians and other healthcare professionals often recommend them to patients and families dealing with medical conditions, and many support groups are diagnosis specific. The members of five support groups were surveyed to determine the factors that influenced their decision to participate. They reported they attended the groups to meet others with the same diagnosis and to gain more information about the diagnosis. The activities they were most likely to attend were those that gave information on the diagnosis, treatment options, and coping strategies. The social aspects of the support groups were more important to those who were married and attended with their spouse. The population of this sample was found to be in close contact with family members. They appeared to view their participation in the group as empowering.

PMID: 15052748 [PubMed - indexed for MEDLINE]

Rehabil Nurs. 2004 Mar-Apr;29(2):45-8.

Dynamic health promotion for the geriatric population.

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The documents Healthy People 2000 and its update, Healthy People 2010, have helped focus national attention on the neglected areas of disease prevention and health promotion and maintenance. Despite increasing awareness and the proliferation of research that demonstrates the effectiveness of a healthy

lifestyle for disease prevention, patients and healthcare professionals continue to struggle with an effective approach to effecting healthy lifestyle strategies. The inclusion of health promotion goals into care plans seldom is enough to create positive behavioral changes in a patient. Understanding what motivates an older individual to adopt healthy habits and what behavioral change process the individual must take to be successful is a key starting point for the rehabilitation nurse dedicated to the promotion of health and wellness. The transtheoretical model of change (TTM) is an approach that can be used to create an atmosphere for the adoption of healthy lifestyle practices, and assist in the behavioral change process necessary to promote older adults' success in this endeavor.

PMID: 15052745 [PubMed - indexed for MEDLINE]

Res Theory Nurs Pract. 2004 Spring;18(1):11-4.

Patient-centered care: an unattainable ideal?

Redman RW.

University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.

PMID: 15083659 [PubMed - indexed for MEDLINE]

VIDEOCASSETTES

Customer service: telephone etiquette and skills. Carrollton, Tx: PRIMEDIA Workplace Learning, 2004. 1 videocassette 30 min.

Identifying customer service opportunities. Carrollton, TX: PRIMEDIA Workplace Learning 2004.

1 videocassette 30 min.