

Tavladaki Georgia.

Greece

Communicating the diagnosis of severe illness (bad news)

Every day, more and more people are diagnosed with severe illnesses around the world. The doctor, is the person that is going to give them the worst news of their entire life, by telling them how they will live, for the time they have left. Giving a patient bad news, isn't a easy for him and his family, ~~As a doctor~~ especially when it comes to this point. The doctor needs to be very careful while telling them about what is happening to them and what they have to do, until they are gone.

First of all, the doctor needs to come to the patient's position and think how he feels and how he would react to such news. ~~After calling him to his office~~ He should take him and his loved ones to a quiet space, in which ~~one~~ no one else except from them, will be there. After that, he ~~should~~ has to tell them that life isn't always fair for everyone and bad things happen to people all the time. Also, that even if ~~there is~~ someone has something very serious he needs to have faith and believe that he is fine and everything will be alright. Furthermore, after ~~calling~~ ~~him~~ ~~to~~ ~~his~~ ~~office~~ ~~to~~ informing them about the patient's situation, he must tell them that he has people that are going to support him, his relatives, his friends and also the doctors and the people from

the hospital, are going to be by his side. Also, that he is going to feel bad sometimes or he won't be able to do a lot of things that he used to. But he has to remember that his loved ones are going to be next to him and love him no matter what. In the end the doctor must tell him that he is going to do the best he can to make sure that everything is okay, because he is a human like him and he can understand everything that he is going through.

Tavladaki Evangelia

Greece, Crete

~~Group~~

~~Terminal phase management~~

~~Spiritual assessment~~

Terminal-phase management

Nowadays, despite all the advances that have taken place in medicine, still more and more people die from fatal diseases. That's why every doctor ~~or~~ should have a specific behaviour to those people at their terminal phases. First of all, at this moment, the patient needs to ~~feel~~^{be} comfortable with himself meaning not to feel pain. This can happen by introducing to the patient analgesic drugs so he can do anything he wants, such as spending time with his family and friends, travelling and generally enjoying his last moments happily. The doctor should also support this person emotionally, as people with those kind of diseases usually suffer from depression, which can make them refuse any other treatment, or become aggressive and not want to ~~can~~ communicate with anyone.

Furthermore, the doctor should urge the patient to take up a new hobby so as he will not remember all his problems. If the ill person is feeling more confident about himself, then he will be ~~more~~ peaceful and not have to think about his treatments and all the time he spends in the hospital all those years. Also the doctor needs to communicate with the family and relatives of the patient to ensure that he is being well treated. It means that they should be advised to be happy around this sick person, so that he ~~will~~ will not be reminded all the time about his situation. Because if the patient ~~lives~~ lives in an environment where everyone is being

depressed and crying •, effects also the psychological situation of the ill person. So the doctor has two jobs - First to take care of the patient and secondly of his family.

Greece

Anastasia Liarta

Group 9, series B

Medical Positions of a patient in bed

It is an undeniable fact that pain is too difficult for the patients. That's why it is very important doctors, nurses and family try provide ~~them~~ ^{patients} with the best positions in the bed ~~so~~ ^{in order} to heal the pain.

There are many medical positions of a patient in bed such as orthopneic position, dorsal recumbent position, Fowler's position, prone position, lateral position ^{and} Sims' (semiprone) position. First of all, in orthopneic position we have to place the head of the bed at 90° . Furthermore, we have to place several pillows, one on top of the other, at the level of the patients thighs, forming a "tower of pillows" against which the patient can lean in an anterior bending position, allowing the muscles sustaining the posture to relax and rest. On the other hand, in dorsal recumbent position, patient supine in a bed in which its segments are horizontally. A pillow of suitable thickness should be under the head and shoulders in order to prevent its hyperextension. In addition, we have Fowler's position where patient supine in a bed in which its cephalic segment is inclined at $15-45^\circ$ (Semi Fowler), $45-60^\circ$ (Fowler), $60-90^\circ$ (high Fowler). A pillow of suitable thickness ^{should be} under the head, the neck and ^{Fowler} the upper back and placed under the lumbar curvature to prevent the posterior flexion of the vertebral column.

One more position, its called prone position.

Especially, patient in prone in a bed in which it is segments are horizontally. ~~It is also~~ A pillow placed under the head to prevent the flexion and the hyperextension of the neck. We have ~~to~~, also, ^{to} place a pillow under the abdomen just below the diaphragm. Finally, we need another pillow to place it under the ^{lower} legs so the toes do not rest on the mattress. Moreover, in lateral position the arm on the mattress should be relaxed, flexed at the elbow, ^{and} placed in a comfortable position. In the end, we have "sims' position", in which we have to place a pillow under the elbow and the forearm of the ^{other} upper limb, which should be in a flexed position, in order to prevent the internal ~~position~~ rotation of the shoulder and the arm.

Everyone knows how the sick people suffer enormously. Even if I can't speak yet as a ~~specialist~~ doctor I know how important the relatives of the patient ^{should} support them to measure ^{the} pain. Patients are poorly psychologically and needs people next to them to help. It is clear that with the right treatment, ^{the} patient will become better quicker.

Anastasia Liouta
1st year Medical Student
GREECE

Burnout Syndrome prevention (debriefing.)

In this day & age ~~the rapid~~ individuals and especially younger ones are ~~hardly~~ ^{over-}trying to follow the quick pace of living. The demands of the society are greater than ever and the way of success seems to be achievable only by hard effort, mental and sometimes physical fatigue. As a result the rates of cases of people happening to face burnout have risen in the last years. Symptoms are obvious, neglected though by the "patient" as well as ~~by~~ the people around him. Complaints of head-ache, over-training as well as unexplainable pains as if we were ill are just a few of them and who-ever ~~finds~~ makes the out in his self or in others, should act rapidly and ask for help by an expert.

As long as some body steps in my office ~~with~~ by-himself or after a third-one's consult with some concerns of recent unexplainable tiredness or excessive ~~massive~~ physical fatigue, I must be able to treat ~~and~~ or hopefully prevent the burnout stage. Burn-out syndrome ~~is~~ usually a result of excessive studying or working in a level that some of the vital needs are neglected and overshadowed. Through questions ~~in~~ about his daily life, his time devoted in ~~house~~ studies ~~or~~ ~~the~~ ~~one~~ devoted to sleeping but more importantly ~~the~~ the part of the day that he rests, exercises, or just entertaining his spirit, I have to be able to understand the source of his problem. Moreover through strict however easily comprehensible points ~~known~~ by the doctor the patient must understand the danger that he has put both his spirit and his body in. Last but not least the patient himself must ~~under~~ realize that some changes have to be made in his life, the importance of leading a healthy lifestyle but not through fear of the possible upcoming consequences since our results may be opposite to our wanted ones.

Michail Kroustalaki,
from Greece

Student of U.M.F Iasi Faculty of Medicine.

The removal of cells

Kypraiou Maria

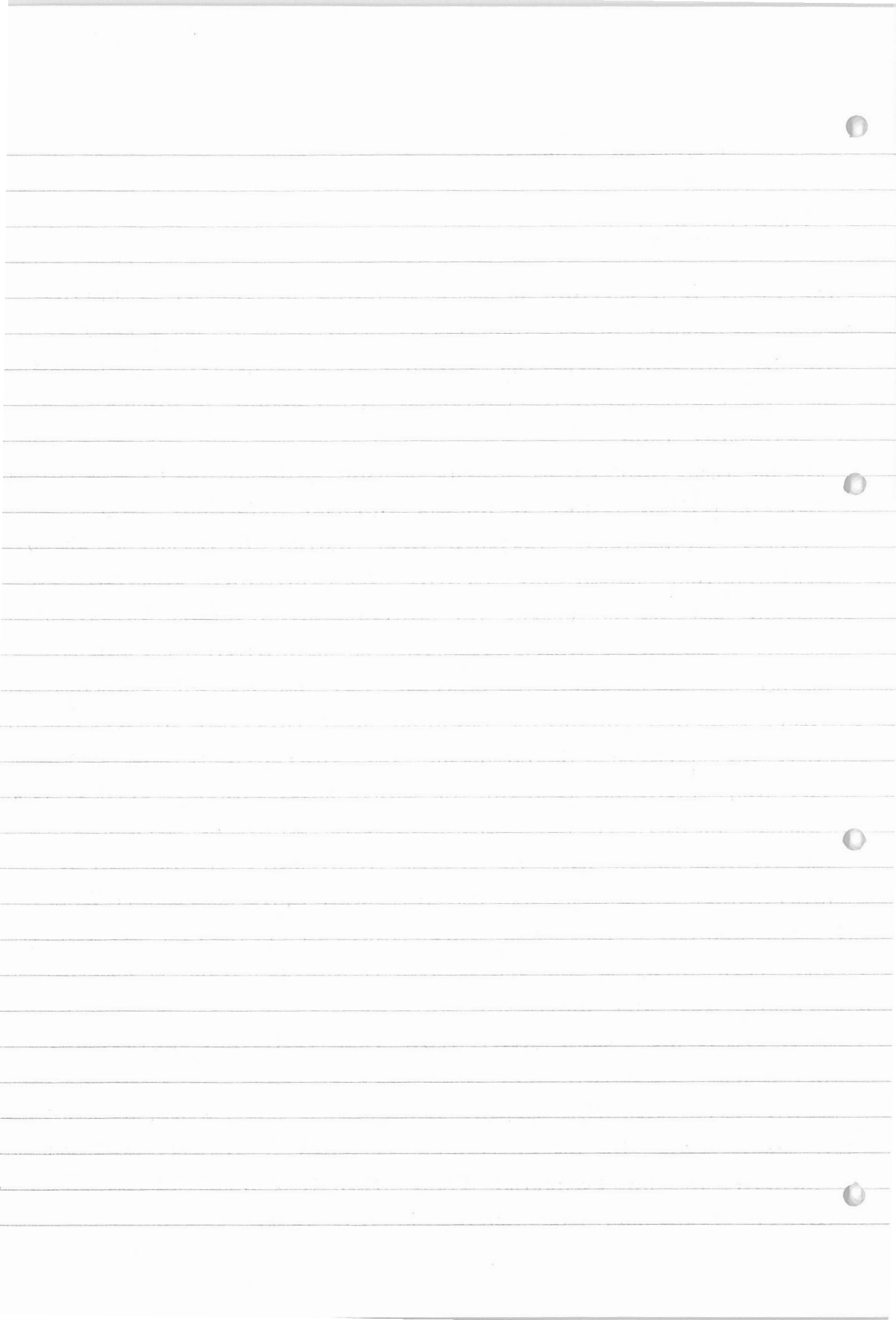
Paracentesis

Paracentesis is a procedure in which a needle or catheter is inserted into the peritoneal cavity. Paracentesis is a form of body fluid sampling procedure, generally referring to peritoneocentesis, in which the peritoneal cavity is punctured by a needle to sample peritoneal fluid.

We are using paracentesis so that we can diagnose metastatic cancer, blood in peritoneal space in trauma, diagnose infections and relieve abdominal pressure from ascites. As doctors we should psychologically prepare the patient by explaining him/her the procedure that we will follow. The patient should inform the doctor whether ~~it~~ he/she is taking any kind of medication. Also ~~the~~ it should be mentioned whether or not the patient is allergic to any medicines, including numbing medicines such as anesthetics. Moreover, the patient should inform the doctor if he ~~has~~ ~~is taking~~ has any bleeding problems or taking blood-thinners, or if it is a woman whether or not she is or she might be pregnant.

The patient might have to consent form that it will say he understands the risks of the test and agree to have it done. If the patient has any questions or concerns regarding the need, risks of the test or how it will be done he should absolutely ask the doctor.

But there are some severe risks from performing paracentesis. First of all, there is a very small chance that the paracentesis needle may poke the bladder, bowel or a blood vessel in the belly. But ~~more severe~~ the major danger is that if cancer cells are present in the peritoneal fluid, there is a small chance that the cancer cells may be spread in the belly.



David Vasiliki - Ferronia
Group 4

GREECE - ATHENS

Topic: communicating the diagnosis of severe illness
(bad news)

Bad news to

Bad news to families of hospitalized patients is one of the most difficult tasks ~~dealing~~ facing doctors.

~~The communication of bad news is facilitated by~~ The delivery of bad news can be enhanced by useful ~~stage~~ strategies such as preparation, environment, time, clarity, empathy, acceptance and follow-up.

To begin with, a full preparation in advance is required. The core professional should ~~be informed~~ determine the information the family already knows and ~~what~~ how ~~it~~ they have been coping with. Also, the presence of a "support person" (relative or expert) is ~~necessary~~ necessary. Thus, an optimal setting for the news delivery must be planned in advance. Moreover, an ideal environment must be ~~established~~ and established for the assurance of privacy, comfortability and the endurance of comprehensiveness. Of paramount importance is the time of the day chosen. Sufficient time should be provided for the discussion of ~~the~~ ultimate patient's conditions (test results, diagnosis, prognosis) without interruptions. Furthermore, the clarity of the ~~information~~ news delivered is crucial for the reliability of the discussion. The doctor should be honest but ~~also~~ also sympathetic. As a health professional, should demonstrate ~~the~~ the way bad news make him feel, - "It makes me ~~be~~ sad to give you this bad news" - and

~~read~~ show empathy. Last but not least, ~~the~~
~~health professional should be~~ ~~be~~ ~~be~~ ~~will~~ ready
~~and willing to answer~~ as a normal response for
bad news delivery is the manifestation of an
inability to accept them ~~and the~~. Subsequently,
the health ~~prof~~ professional should be willing
to deal with extreme emotional reactions and
answer with patience ~~all question~~ and honesty ~~to~~
to all questions. To sum up, the delivery of bad
news should be conducted by a ~~very~~ capable care
team and assure a comprehensive, reliable and
sensitive communication with the family of
hospitalized patient.

Ionas Piteros Group 4 ~~staying~~ studying in Romania

- Prevention / management of pressure ulcers + skin lesions.

~~Patients that stay~~

There exist many kinds of patients ~~others have~~ with different kinds of illnesses. Some of these require the patients to stay in bed without moving. There also exist people that are required to stay many hours lying in bed in a certain position without moving because of old age or other movement impairments. These people either patients or not require care in order to ~~be~~ avoid the beginning of pressure ulcers or skin lesions. Although the two of them do not differ much the one leads to the other. ~~The~~

~~They~~ Although they seem something simple or easily curable for a person that stays most of his time lying on a bed in a certain position for several hours a day they are not. If not properly treated pressure ulcers and skin lesions can easily get infected affecting severely the health situation or treatment a person is going through.

Pressure ulcers make their appearance in areas of the body that ~~are~~ the skin is pressed to a bone process like heels, vertebrae, elbows. They start developing because of the ischemia that starts at these areas due to pressure. First they start as redness then the first skin lesion occurs and it's not long ~~until~~ until they develop to a wound a big one that easily gets infected if not treated properly.

~~The~~

- pressure ulcers have 4 stages from ~~an ischemic~~ ^{microischemic} caused redness to complete lesion of skin (wound) even the appearance of the bony process underneath.

The way to prevent them requires movement / changing the position of the person on the bed, by massaging the area that the ulcers begin to appear so to improve the microcirculation of the area thus preventing them from ever progressing. Washing also helps.

The way to manage a person that possesses stage 3 or 4 pressure ulcers is (in a few words) cleansing of the wound by applying antiseptic ointments or solutions, dead skin tissue removal if needed in order for the wound to close and promote disinfection, covering of the wound with fucidin gauzes, washing the lips of the wound and the area around it and also repeating the position changing routine.

Generally a person that goes through such ordeal will have a bad mood at least to a bad/non existent level of consciousness ~~it is~~ he/she needs ~~all~~ intensive care in order for ulcers and lesions to be prevented and managed and also all the support physical and psychological he/she can get.

Iasonas Piteros a greek studying medicine in Romania.

Armeniakovs Andreas

Greece (Athens).

- Communicating the diagnosis of severe illness.
- How to address the needs of caregivers.
- Evaluate the awareness level of the patient of his disease and illness.
- Burnout syndrome
- Terminal phase management. ←
- Oral care.

One of the most difficult thing, even for the professionals as the doctors and the caregivers, is the management of the patients that are in a terminal phase meaning being in the final stage of their disease. It is a very delicate matter and requires many skills from the doctor as well as willingness of cooperation and understanding from the side of the patient.

First of all the doctor should have the necessary ~~the~~ knowledge and training in order to be able to provide the psychological support to the patient the psychological support that is needed. The patient is facing the idea of the death, being in one of the most difficult phase of his life. So he needs psychological support in order to spend the rest of his life as well as possible. As a matter of fact, the doctor is the most critical person in this particular time of the patient's life. He is the one

who came out ~~with~~ with the diagnosis and the responsible for the ~~life~~ ~~next~~ physical and the mental health of the patient.

Being in a terminal phase is the most difficult and unpleasant fact for the patient, so as future doctors we should take care of the patient and ~~help him to~~ make his life better. ~~no matter the making of~~ We should make him to understand that every moment of his life is precious and should live it as well as possible.

Papapanikolaou Porastaki
Greece

11/4/2016

Topic: Communicating the diagnosis of severe illness (bad news)

Doctors have to be suitable trained in order to announce bad news about the health of the patient to his/her family. They need to act like professionals and in the same time they must be gently. Moreover they have to be able to hide their feelings even if they are sad because they should not influence in a negative way the family.

In a scientific point of view there is a specific protocol that every doctor need to follow in this situation.

The initial step of this protocol is to arrange a place for some privacy like an interview room or the office of the doctor. The doctor need to be calm and explain to the family the medical condition of the patient with all the details, referring the medical treatment and the symptomatology of the patient. After that the doctor should announce "the bad news" meaning the severe disease the patient has. The doctor should allow the family members to express their feelings and be ready to deal with extreme emotional reactions (crying, loss of consciousness). Finally the scientist has to discuss with the relatives all the possible cases for the treatment of the patient even if this means it will be a long time but effective treatment or a treatment that will just give the patient a little more time of living. At any case the doctor should help and support both the patient and his/her family.



~~Emmanuel~~
Emmanuel Kroustalakis

Greece, Creta

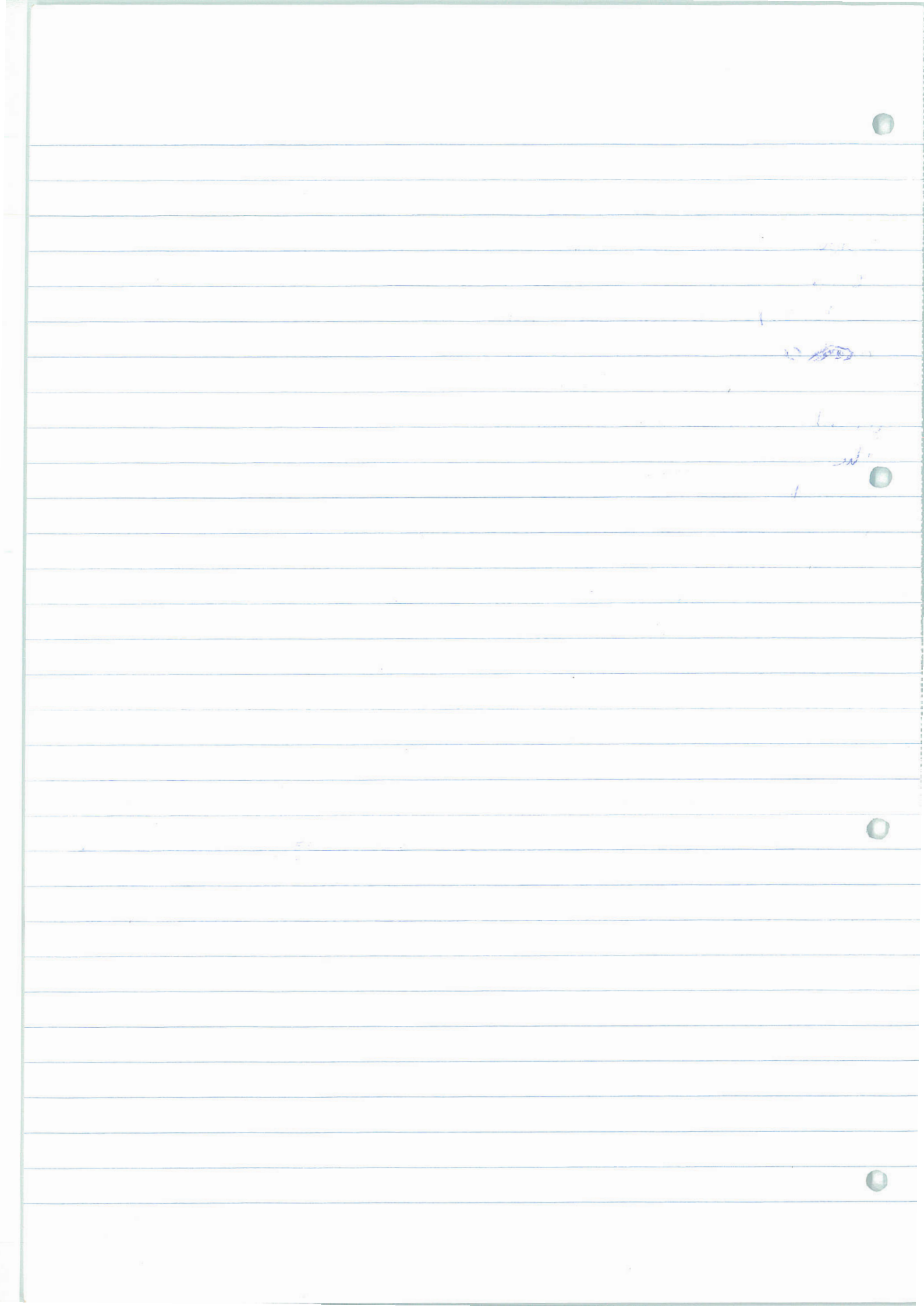
During our careers as ^{future} doctors many times we are going facing very difficult situations, ~~not only~~ not only as the practical part (as ~~do~~ surgeons or doctors), ~~but also~~ is concerned but also the ability to understand ~~different situations~~ the feelings of the patient and try to communicate with them. ~~First of all the communication between the doctor and~~ But there are certain circumstances that we must act as "humans". I am talking about the situations that we have to ^{transfer} ~~the~~ the "bad" news to a patient ^{or to his family} about his health ^{state} ~~to his family~~. This is a very difficult part but with a great importance. Everybody is strained when his health ~~state~~ ^{is interrupted}, but we have to encourage them and give them hope. By this action we are establishing "inside" ^{that will trigger} them ~~patient and to his close family~~ the necessary courage ~~and~~ will to fight as long as they can, to overcome the crucial state of death. And if the death is inevitable we are helping them ~~to overcome~~ to "think out of the box" and enjoy their remaining moments of their life. This is their last hope and by informing them correctly about the situation of the patient they can find different way to improve ^{their} lives and relief them from such a big burden. To conclude their times that a doctor must conduct of his self and ~~become~~ act as a human being.

Bad NewsLavrano Foteini
Group 511/4/16

For a family, that has a beloved person into the hospital the worst news are that the patient is in a ~~worse~~ worse situation than before. The responsible doctor has to break the bad news ~~and~~ gently and with comprehension.

First of all if the family is not at the hospital at the moment, the doctor should call them and tell that they have to get to the hospital as soon as possible. After this the doctor should announce the news with all the details in a way that could cause the less pain to the family. After telling the news the doctor should be near the family for every question they may have but also let them alone to understand the seriousness of the situation. Moreover the doctor should ensure the family that the team of the hospital will do their best and look after their person.

All in all, announcing bad news to a patient's family is always the hardest part in being a doctor. Unfortunately for whoever chooses this job has to cope with it with patience and understanding for the victim's family.



(Koutogiannis Dionysios

Greece (Zanynchos island)

- Evaluate the patient's level of awareness regarding his/her illness.
- Burnout syndrome.
- Terminal phase management.
- Oral care

Terminal phase management.

(The terminal phases of the diseases differ from person to person as they differ from one disease to another. ~~It is a great factor that helps us discriminate between~~

No matter what ~~though~~ the terminal phase is probably the worst phase after the admission of the disease from the patient. ~~At the~~

The terminal phase is not easy to manage so especially without the proper support from the patient's surroundings (such as family, friends ~~and~~ ~~medical stuff~~, etc). The patient needs to feel comfortable ~~and~~ ~~the~~ ~~family~~ and love needs to be showed towards him. His emotional state is most definitely ~~isn't~~ ~~is~~ bad. For that reason the family and loved ones are the ones ~~to carry~~ who have the responsibility to pick him/her up emotionally by being there for ~~at~~ him/her. Of course those ~~few~~ people have many emotional ~~to~~ troubles themselves but the important thing is that the person who is ill comes first.

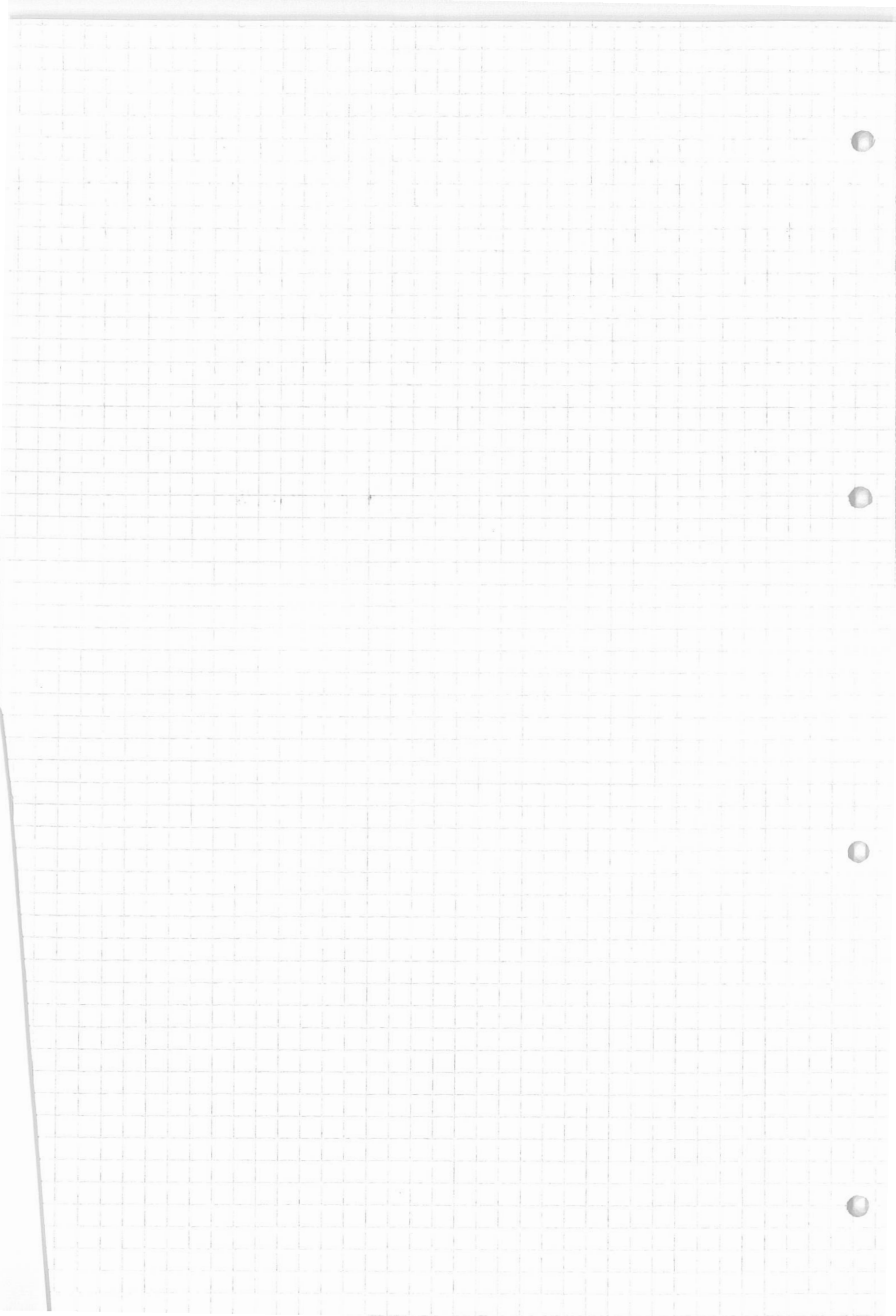
To sum up, the patient firstly needs to accept ~~the~~ his/her condition but he/she has to keep her cool and remain calm. He/she has to make every single moments with his loved ones count. ~~He/she needs~~. At least not having ~~not~~ regrets about his last moments, even more enjoy them and cherish them. ~~To be honest with~~

To be honest with you i don't know if my opinions are correct but it is what i would need. ~~if~~ if i was wearing his/her shoes. ~~I chose this~~ I don't speak as a doctor, but as a human being.

Approach of the conspiracy of silence

Dans tous les pays au monde, le médecin a le devoir de dire aux patients toute la vérité sur le cas. Dans mon pays, bien que les médecins ont des rapports très proches avec les patients, cette règle doit s'appliquer aussi, mais si le patient décide de ne pas connaître (l'état) l'ampleur de sa maladie, à mon avis le médecin doit respecter son souhait, mais doit comme même informer la famille du malade de l'état de ce dernier sans cependant avoir des relations ^{très} personnelle avec la famille et le patient. À mon avis la règle qui concerne la proximité relationnelle et personnelle avec le patient, met en garde contre ce genre de cas.

Nada Mohattane



- 1 Approach to the conspiracy of silence.
- 2 Déjà un médecin n'a pas le droit de cacher la maladie de
- 3 son patient, il doit le prévenir et lui expliquer l'aider si le
- 4 médecin ne prévient pas le patient, ça veut dire qu'il ne fait pas son métier comme il faut, il doit le prévenir pour pouvoir faire des analyses et lui prescrire un traitement. C'est une crime si il lui cache sa maladie, car on ne pas dire disoit qu'il est ce qu'il a il ne peut guérir et venir à sa famille ses amis son entourage son métier. Donc d'après moi il est obligé de prévenir son patient, le médecin doit aider son patient et non pas lui cacher et le tuer. En plus le patient a le droit de savoir qu'est ce qu'il a et doit se guérir...

"A threat to the conspiracy of silence"

Mapping protects network.

Terminal phase - management.

Burn out syndrome prevention (debriefing).

Group 9, note 8

Rita, Filialia

A threat to the conspiracy of silence

Mapping protects network

Terminal phase - management

Burn out syndrome prevention

Terminal phase - management

Si

En tant que médecin, si j'ai un patient qui est sur le point de mourir la première chose que je ferais est de prévenir la famille et les proches du patient. La manière d'annoncer une mauvaise nouvelle telle que celle-ci est très importante car c'est ^{un moment} ~~une scène~~ qui restera à jamais gravée dans la mémoire de la personne et transformera sa vie à jamais. Ainsi, il est primordial que la personne soit entourée de ses proches. Il est aussi primordial de suivre la personne ^{par un} psychothérapeute qui l'aidera à accepter cette ^{situation} ~~situation~~ difficile et y faire face et non fuir ou essayer de mettre fin à ses jours mais plutôt profiter de ses derniers instants. Enfin, les soins palliatifs sont la solution: le patient en souffrance doit être toujours entouré par un corps médical qui le prendra en charge et soulagera ses maux. De ce fait, je pense qu'un patient en fin de vie doit être entouré par ses proches qui lui donneront de l'amour, il doit consulter un psychothérapeute pour accepter la situation et être assez fort pour y faire face, et enfin il doit être ~~est~~ soulagé par des traitements efficaces comme morphine etc...



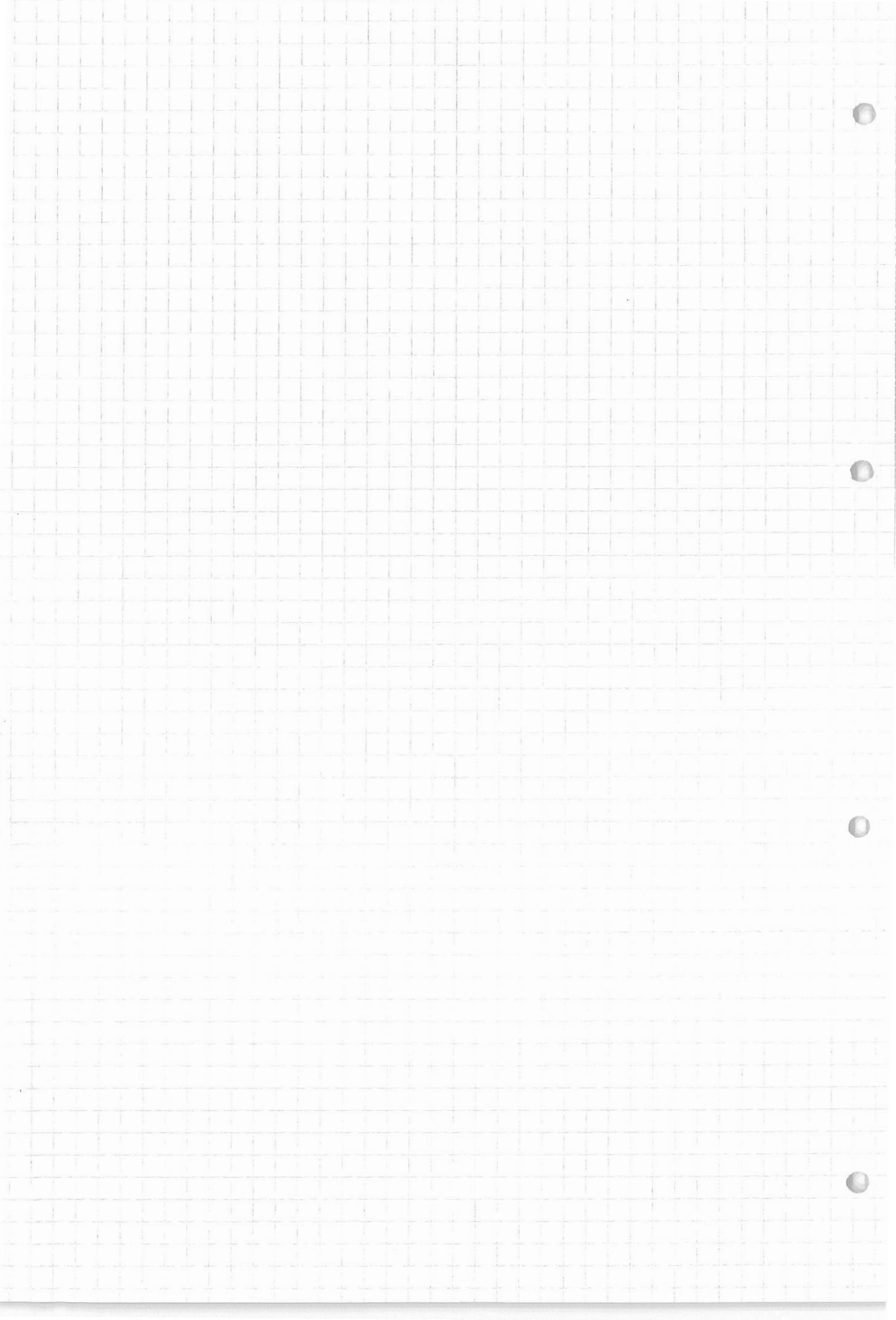
terminal phase management,

Pour gérer la phase terminale, il faut avant tout un suivi psychologique du patient et l'aider à surmonter ses peurs et faire face sans se voiler la face. A être prêt à quitter ce monde un jour et faire ses adieux à sa famille. De profiter du temps qu'il lui reste, il ne faut surtout pas lui donner de faux espoirs. Le patient doit être réaliste, ~~la dépression est un~~
On ne peut parler de phase terminale sans parler de dépression, il faut soutenir le patient et l'aider à changer d'idées.

Je pense que 'il faut aider la personne à et apaiser ses douleurs, les médicaments peuvent atténuer la douleur physique mais pas morale. Il faut préparer la famille du patient à son éventuelle mort.

Je pense aussi qu'il faut légaliser l'euthanasie

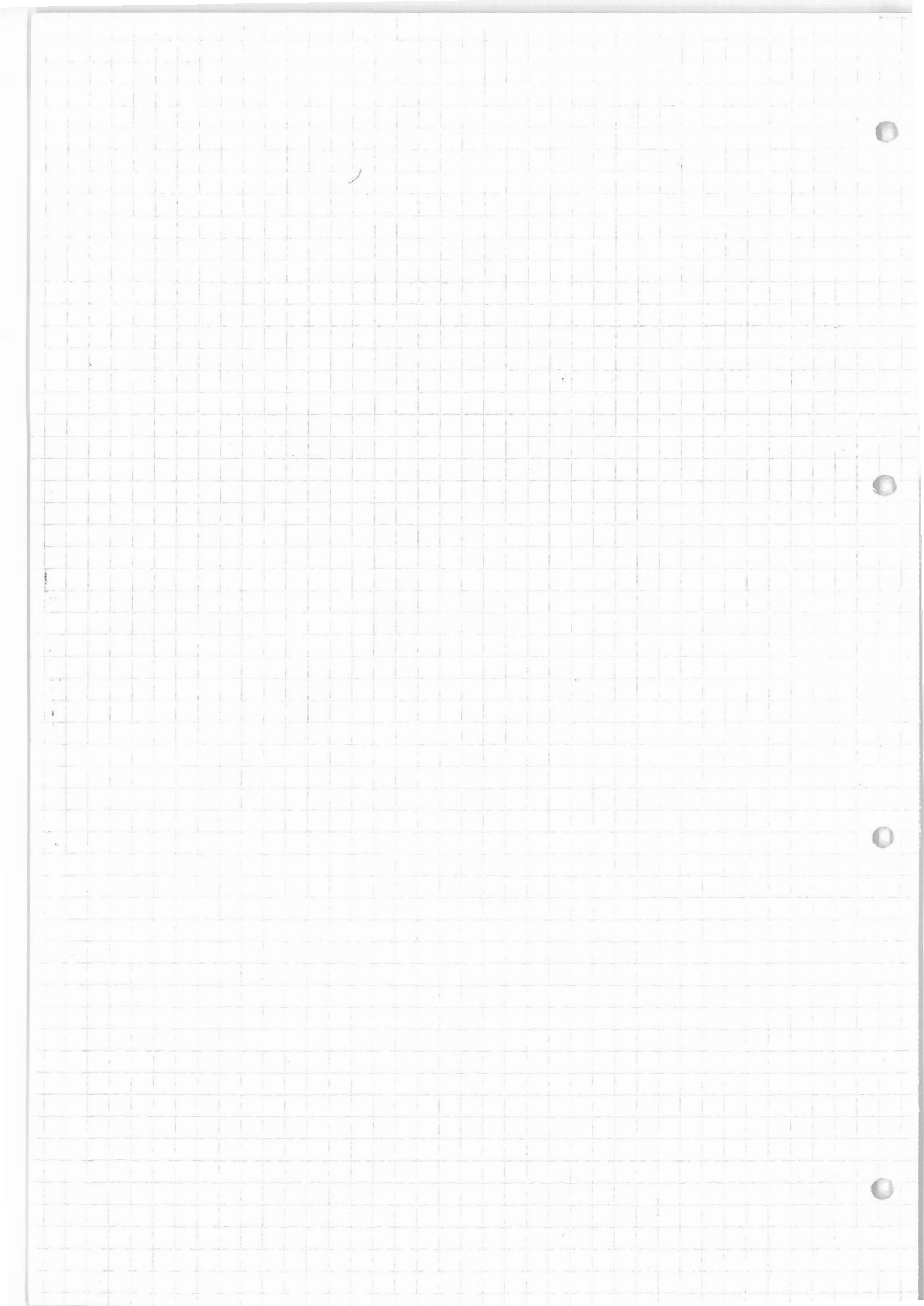
Chorouk Juid . Maroc



* Approach to the conspiracy of silence:

SALOUA
MOUQADEM

Le médecin est obligé d'être sincère avec son patient parce que ~~c'est son~~ il est obligé de l'être c'est son devoir d'être sérieux dans son travail. Donc il doit prévenir le patient. Et dans la plus part des cas, les médecins informent toujours les ~~malades~~ patients sur leurs maladies. Peut être il existent quelques médecins qui n'aiment pas être direct avec leurs patients parce qu'ils ne veulent pas les blesser ou il trouve ça difficile, mais après tout, je trouve que c'est obligé.



Rami Daoud, Tunisie

• D'après moi, il faut établir une sorte de protocole spécial qui va nous permettre de bien gérer nos patients en phase terminale. Déjà même au tout début, il faut prendre des précautions et savoir annoncer la ~~mauvaise~~ nouvelle aux patients et leur familles. Il faut aussi bien s'occuper d'eux et même leur fournir un psychologue et une sorte de guide spirituelle suivant leur religion ou croyances. À mon avis, si ces patients souffrent beaucoup et qu'il n'existe ~~aucun~~ aucun moyen de les sauver ou de calmer leur souffrances, on devrait pouvoir les euthanasier. Je suis conscient que c'est interdit par la loi et c'est considéré comme un suicide mais je pense que certains patients souffrent de choses qui vont au-delà de notre imagination. (Bien-si) Le patient, les médecins et la famille doivent tous être d'accord avant d'appliquer cela.

Pour moi, ce n'est pas un suicide si c'est quelque chose qui va éviter plein de souffrances à un patient condamné.



Prise en charge en phase terminale :

Je pense que lorsque le patient est en phase terminale il a le droit de choisir ses méthodes de prises en charges.

Mais cela doit rester dans la mesure du possible et dans le respect de la vie.

Le patient peut être en souffrances mais les seules manœuvres possibles, d'après moi, sont la facilitation de la vie qu'il lui reste, afin qu'il puisse vivre dans les meilleures conditions possibles en fonction de sa maladie bien sûr.

Malgré un état de souffrance profonde ^{tant} physique que mental le suicide assisté ou une autre forme de mort choisie pour mettre fin aux souffrances du patient sont contre ce à quoi on s'engage en devenant médecin.

Par ailleurs je pense que le maintien en vie de patient dans un état de mort cérébrale est aussi contre ces principes :

BENABDALLAH ABLA MAROC

Burn out syndrome prevention (debriefing)

Anna-Claudia
Suire

Le burn-out est un syndrome qui touche, malheureusement, de plus en plus de personnes. La majorité sont des personnes actives qui travaillent beaucoup et qui se sentent dépassées par la quantité de travail et un sentiment de fatigue extrême les amènent au burn-out.

Prévenir ce syndrome est le meilleur moyen pour l'éviter. Il faudrait essayer d'être conscient de ses propres limites, de ne pas ~~for~~ vouloir en faire plus de ce qui est possible. Pouvoir être à l'écoute de ces personnes et les laisser s'exprimer pourrait être une aide précieuse afin de les soulager.

~~Management~~ ~~Management~~

~~Je pense que c'est plus une attitude que d'être une personne de bien et d'être bien pour certaines personnes.~~

Burn out syndrome prévention.

Il faut prévenir ce genre de syndrome car beaucoup de personnes en souffrent. De nos jours, de plus en plus de personnes en souffrent due aux problèmes rencontrés dans la société.

En fait, je recommande et encourage beaucoup d'institution permettant d'aider ce genre de personnes.



Lumano
Olivier
groupe 3
Série A

Burn out syndrome prevention:

13/04/16

La prévention pour le syndrome du "Burn Out" me semble être très important et d'autant plus dans certains métiers qui sont de fortes sources de stress comme le métier de professeur; chef d'entreprise ou encore médecin.

Pour éviter ce syndrome, plusieurs actions peuvent et doivent être appliquées comme le maintien d'une bonne hygiène de vie; faire du sport et savoir déléguer des tâches ou en tout cas savoir gérer son temps et travail. Dans le cas contraire, il y aura l'accumulation de plusieurs facteurs de stress jusqu'à un seuil limite qui causera de lourdes conséquences sur la personne atteinte du syndrome.

Il est également bien de savoir bien s'entourer, avoir des amis avec qui se confier et qui pourront même nous aider afin d'éviter d'arriver à un point de non retour.

France.

Burn out Syndrome prevention.

Angela
SALMERON

↳ Mise en place d'une cellule de veille afin de permettre aux personnes soumises à un trop grand stress d'obtenir une aide extérieure.

Francis.

↳ Mieux former les managers à la gestion du personnel pour faire passer l'humain avant l'entreprise.

Considérer l'homme comme moteur de la production mais une certaine limite afin de préserver l'intégrité physique et morale des employés.

Il faut impliquer les employés dans leurs entreprises en les mettant dans de bonnes conditions de travail :

- Lieu de travail accueillant.
- prise en compte des pauses et temps de relaxation (idem pause repas)
- Couper les moyens de communication entre entreprise et employé dès la sortie du lieu de travail.

Mettre en place un psychologue ou un psychiatre affilié à un réseau de travail afin qu'il puisse répondre aux attentes de chaque patient.

Une sorte de spéculation type
"Médecin du Travail" à l'image du
modèle français

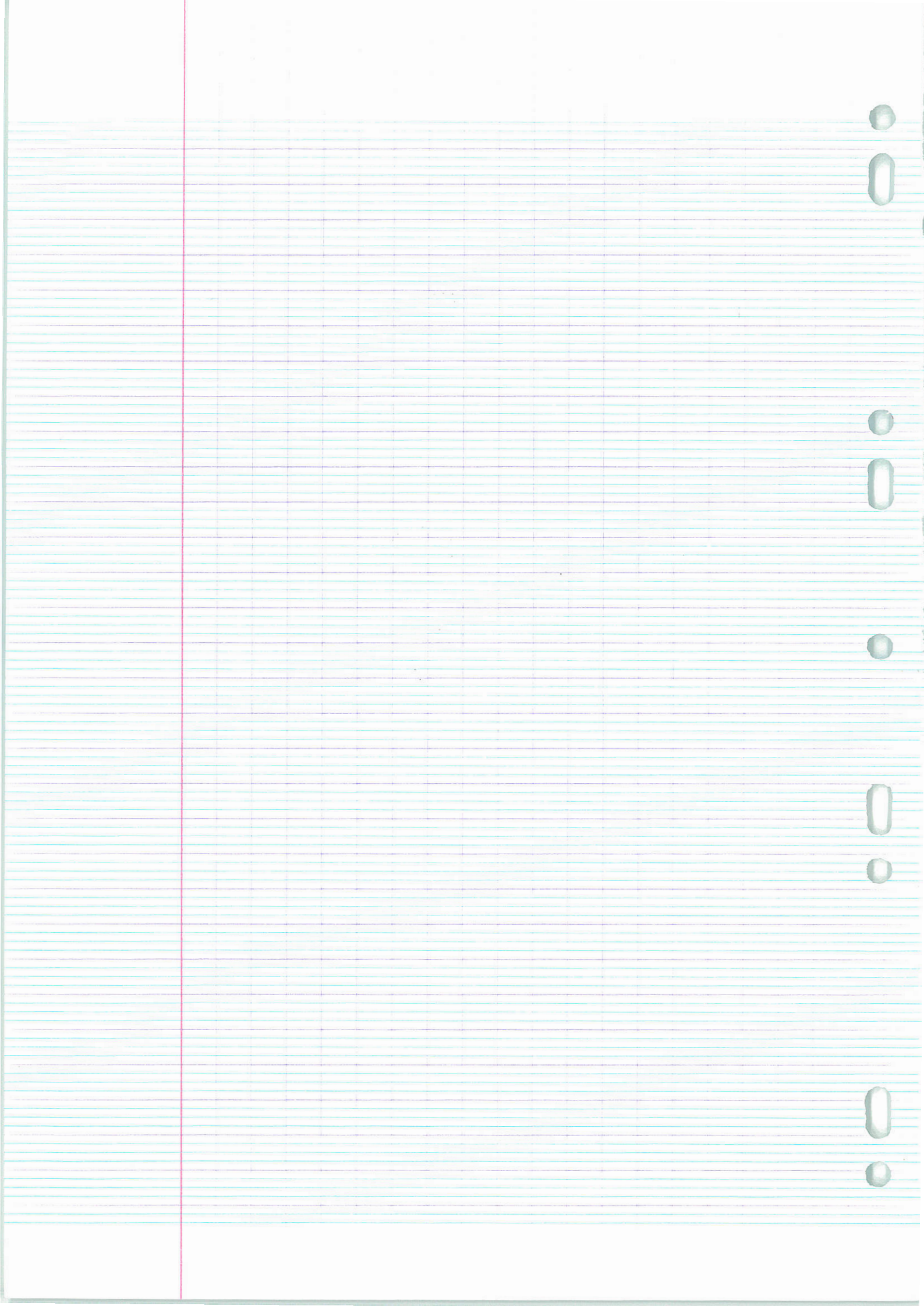
Cependant ce système mis en avant
l'humain et ce n'est pas forcément
la priorité du secteur privé.

Il faut donc mettre en place des
lois afin de protéger l'humain tout
en préservant et maintenant une
productivité bonne.

- 1) Mapping patients network
- 2) Terminal phase-management
- 3) Burn out syndrome prevention (debriefing)

3) Le syndrome du burn-out peut être la conséquence de plusieurs facteurs notamment le stress, le surmenage, la fatigue ... Je pense qu'il est possible de prévenir ce syndrome et d'y remédier le plus tôt possible.

Ayant déjà vu plusieurs personnes faisant des burn-out notamment en milieu professionnel, je pense qu'il est important de dispenser des cours de gestion du stress, de habituer les gens à une pratique régulière du sport dès le plus jeune âge et ~~de~~ il faut ~~assez~~ que les ~~professionnels~~ soient suivis par des coach professionnels. En tant que futur médecin, je recommanderai aux personnes faisant un burn-out de relativiser et de prendre des nouvelles habitudes afin d'améliorer leurs qualités de vie et leurs états de santé (sport, alimentation, loisirs ...)



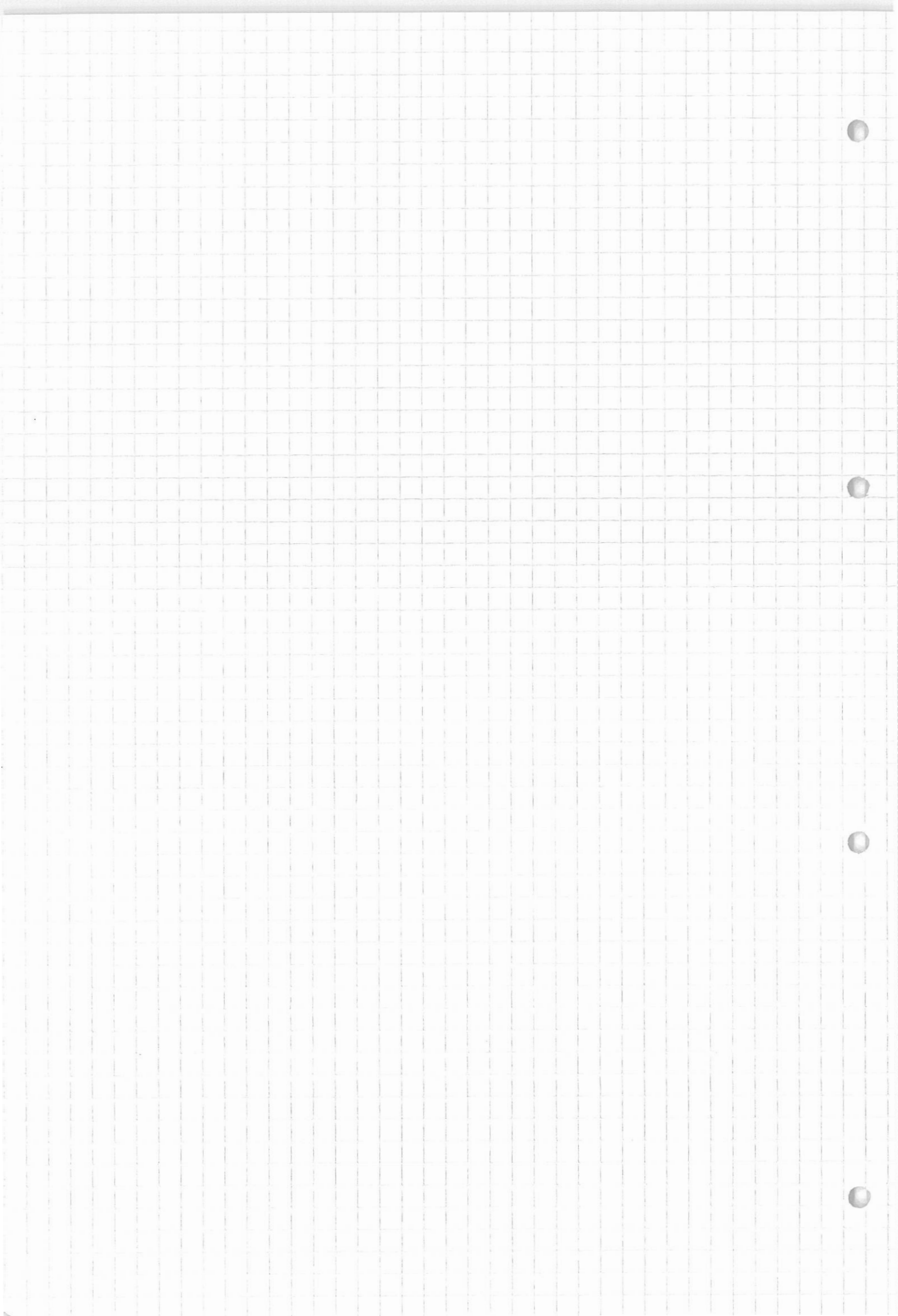
EDDARISSI
Samia.

terminal phase management.

France

Le suivi des patients en phase terminale est très important, car on peut les aider à affronter leur maladie, et accepter les différents traitements, on peut aussi leur apporter un soutien moral, à eux ainsi qu'à leurs familles.

Je pense que c'est une phase très difficile pour n'importe quel humain, et tous le monde a besoin de se sentir entouré, accompagner dans une telle difficulté.



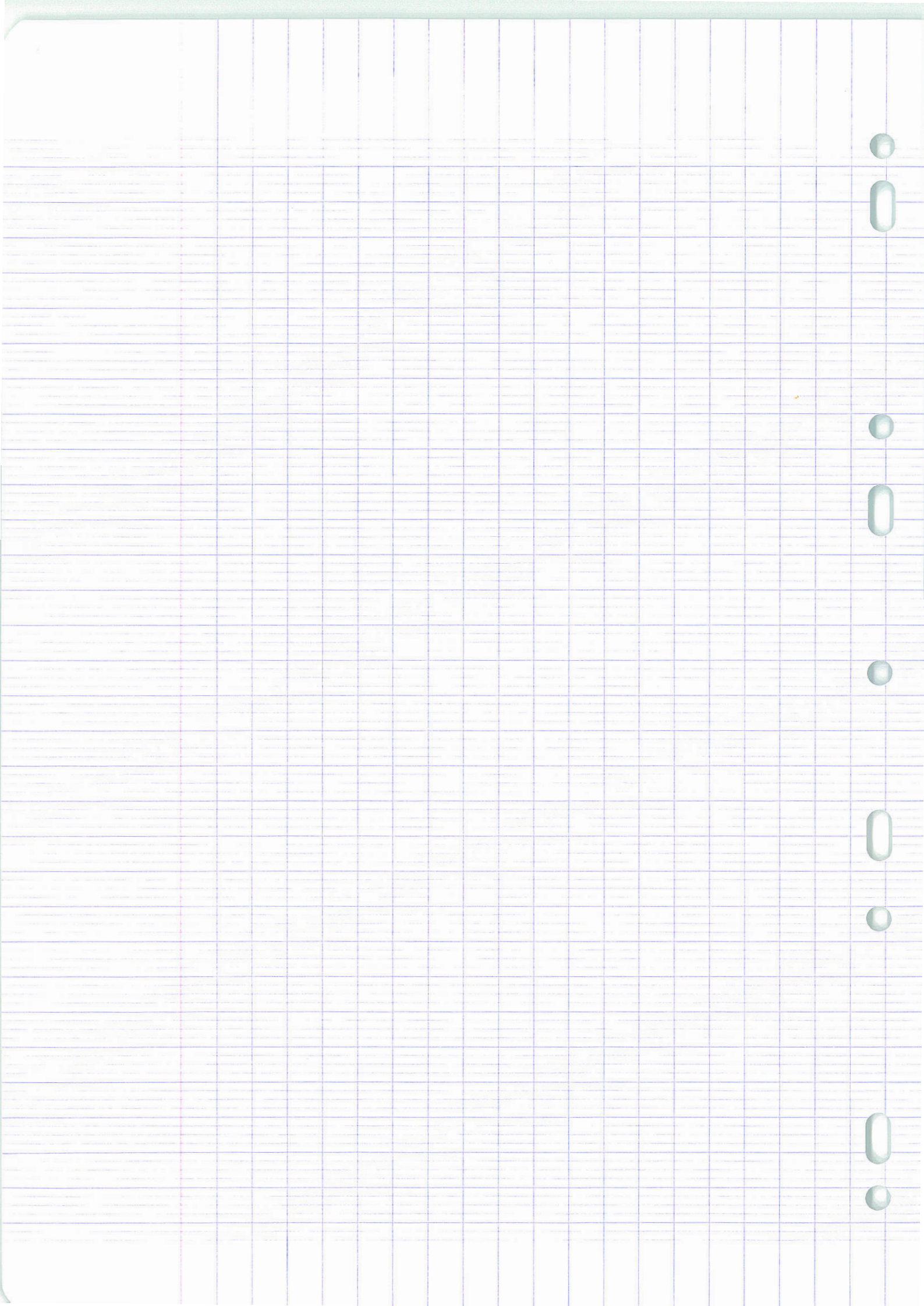
Hawari
Gazan

Mapping patients Networks.

Cela peut être une bonne chose, car ainsi le suivi des patients peut être plus simple, plus sûr, la prise en charge du patient est plus rapide et plus efficace.

Les patients sont ainsi pris en charge, avec une connaissance sûre des problèmes que peut trouver le malade et le patient peut avoir un accompagnement simple.

En tant que médecin, cela peut être être une bonne chose car, ainsi la prise en charge est plus sûre, et le médecin sait ce qu'il fait.



Moufida * Mapping patients network

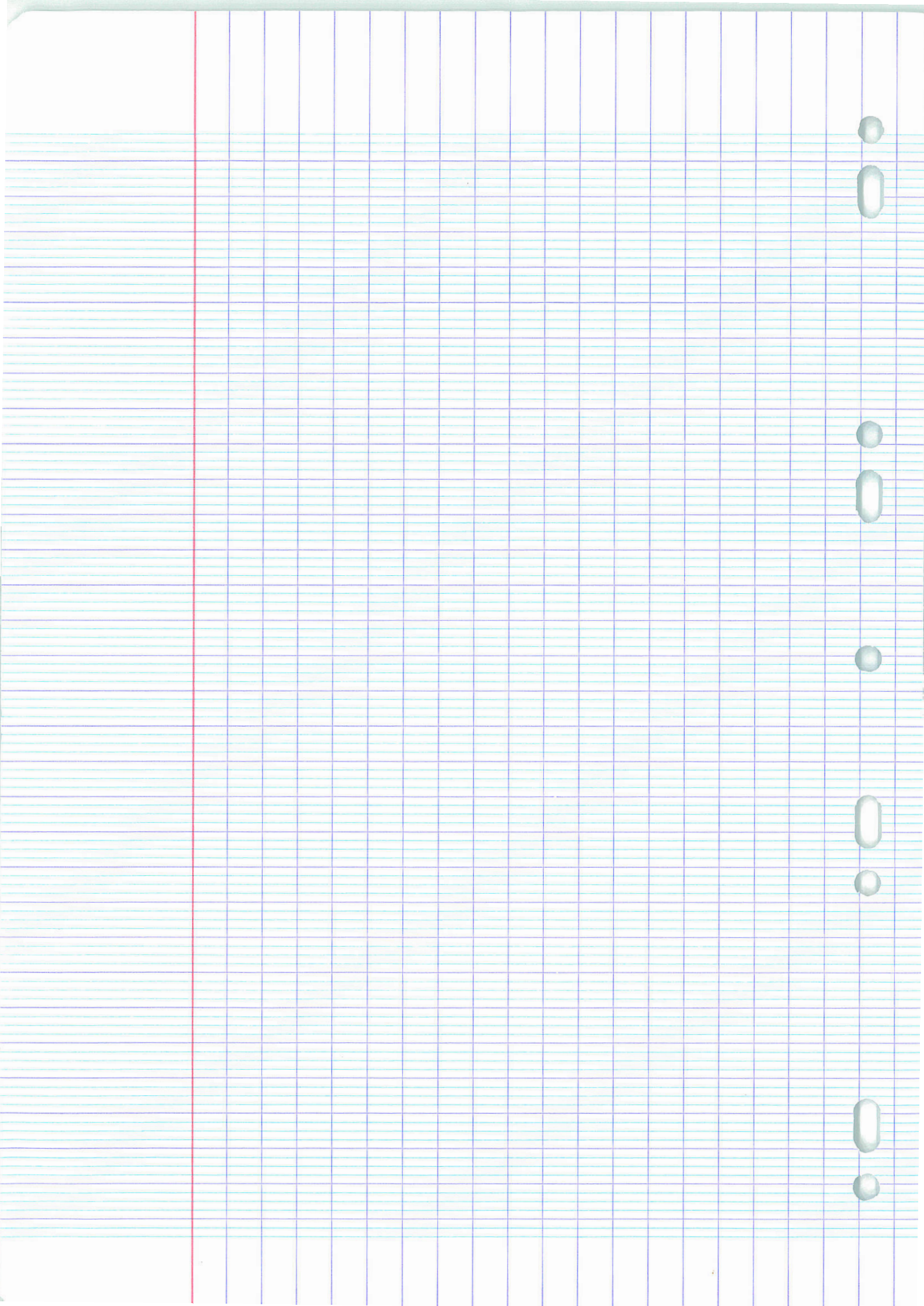
France, * Germinat phase - management.

* Burn out syndrome prevention (debriefing)

Mapping patients network:

Dans un premier temps je pense que ce dispositif est une bonne idée, car cela facilite la vie du personnel soignant et permet ainsi un accès plus rapide aux soins pour le patient.

Mais je pense que d'un point de vue humain, cela n'est pas très bien, car le patient est représenté par une machine, et suivi avec un ordinateur, ainsi l'aspect humain, la discussion est laissé tomber au profit d'une machine, d'une relation artificielle.



Terminale Phase - Management:

Il s'agit selon moi d'une phase très difficile à cerner pour un médecin. La notion du maintien de la vie et celle du confort sont en effet en jeu. C'est pourquoi cette question doit être traitée de façon pluridisciplinaire par une équipe médicale et socio-psychologique afin de prendre la meilleure décision parallèlement aux vœux du patient et de sa famille.

C'est pourquoi il est indispensable d'accompagner le patient et ses proches et d'anticiper la notion de fin de vie. ~~Quant~~ Quant au médecin, il se doit d'être à l'écoute et d'assouvir les douleurs tant physiques que psychologiques.

Pour conclure, le patient se doit de choisir la poursuite de son traitement ou non, la douleur étant intime et personnelle.

Valentin
Franc



BOUCHER-CHANNACHE Naessa
groupe 1

Al Moudjahid pati

- Burn~~€~~ out syndrome prevention

Je pense que ce syndrome arrive lors d'un surmenage trop important.

~~Certaines spécialités~~ On peut penser que certaines spécialités sont plus sujet à ce syndrome. Mais s'investir sans structurer sa journée sa vie professionnelle, personnelle peut amener à ce genre de situation. C'est important de se consacrer à son travail tout en faisant attention à son bien-être.

Je pense que ça passe par une motivation →

différente selon chacun : l'envie de bien faire, de trouver des solutions médicales, d'aider son prochain, l'argent, ...

De plus les structures médicales peuvent aider les médecins à se structurer pour éviter le burn out en mettant en place des aides psychologiques, en contrôlant des nombres d'heures effectuées, un soutien car que chaque participants à la vie médicale se sentent soutenus -

Terminal phase management

Un patient en phase terminal, voir mourant, se retrouve parfois dans une détresse physique, psychique. L'accompagnement en fin de vie est une méthode digne pour permettre au patient de ne pas souffrir lors de sa mort et des jours précédents.

Elle se compose d'une privation en nourriture et en eau associée à un arrêt du traitement médical. Le patient s'endort alors sans souffrance et sans une longue agonie.

Je trouve que cette méthode est très bien car elle diminue les souffrances du patient et de la famille.



Terminal phase management

Le suivi des personnes en phases terminales selon moi, c'est une bonne chose. Cela permet d'aider la personne et aussi de l'aider aussi sa famille. Cette expérience très compliquée

Pour moi l'accompagnement de ces personnes est indispensable car la mort se rapproche. En tant que médecin il faut s'occuper d'avantage de ces personnes pour qu'il puisse partir sans le sentiment d'abandon.

YACOUR

Robared

Abli

Pays : France

El Gana
MARWA
GROUPE 4

FRANCE / MAROC

Burn out syndrome prevention (ole briefing)

Je pense que tout le monde peut-être touché par ce syndrome. Aujourd'hui, il est difficile de dire que l'on a réussi et que l'on est heureux à tout-moment on se sent en échec donc on tombe en dépression et cela peut-conduire à un burn-out.

Un rat -bol de tout, on se referme sur-soi on n'a plus de vie sociale.

→ Moi en tant que Médecin :

je vais dire à mon patient de sortir de son environnement, de prendre des vacances, d'être avec sa famille. Se concentrer sur ce qu'il a de bien dans sa vie et sur ce qu'il a réussi. Faire du Sport et se reposer.

Burn out syndrome prevention (debriefing)

Le burn out est un phénomène auquel sont confrontées beaucoup d'entreprise, et qui me touche car il concerne aussi le domaine médical. Nous entendons, dans les actualités, des internes de médecine qui se suicident, des étudiants qui abandonnent leur rêve, qui perdent confiance en eux et qui détruisent leurs vies, à cause du burn out. Pour des jeunes futurs praticiens, qui souhaitent voter leurs vies et donner leur force au service de la santé des autres, je trouve que c'est scandaleux !

Les jeunes internes et jeunes médecins méritent, en France comme ailleurs, de meilleures conditions pour donner le meilleur d'eux mêmes pour guérir et accompagner les patients et leurs familles. Le stress, la discrimination à l'hôpital, la pression hiérarchique, fait de chaque étudiant en santé quelqu'un de vulnérable, à tel point qu'il devient dangereux pour lui, et pour les autres.

L'écoute et l'accompagnement, ainsi que le respect de chaque classe hiérarchique sont primordiaux pour éviter le burn out, qui peut s'avérer malheureusement mortel.



YANNIS, FRANCE

Spiritual assessment

La spiritualité est généralement l'entretien de l'esprit avec un lien transcendant. C'est une dimension de l'être qu'il faut nourrir, comme le corps. ~~Le~~ Le matérialisme est éphémère mais nécessaire, tandis que la spiritualité est une notion plus profonde et plus intime.

Dans mon cas, l'Islam répond à mes besoins de spiritualités. Ma religion apaise mon cœur face à l'injustice, face à la douleur d'un malade. Ma spiritualité permet de me donner un recul sur les pensées que j'ai, les choix qui s'offrent à moi, ... etc. Elle donne une éthique à mon comportement. Mes prières quotidiennes et hebdomadaires sont des moments purs de spiritualité, que je considère comme vitaux.

1)

2)

3) Spiritual assessment

- 1) Mapping patients network
- 2) Active listening and empathic response
- 3) Spiritual assessment.

3) Spiritual assessment.

Etant athée, je n'ai pas de croyances religieuses particulières. Ma famille est également athée. Nous n'avons pas de croyances spirituelles particulières mais respectons les croyances de chacun. En effet mes parents m'ont toujours laissé le choix de mes croyances.

Je viens d'une île où toutes les religions, toutes les pensées cohabitent. Le respect des croyances d'autrui est très important notamment dans le domaine médical. Si il n'y a pas de respect à ce niveau, il ne peut pas y avoir de respect mutuel entre le médecin et le patient.

Chacun est libre de ses pensées et il faut essayer de comprendre le patient pour pouvoir le soigner.

Accepter les croyances de la personne en face de nous est primordial pour exercer la profession de médecin, pour pouvoir devenir un bon médecin.

MARGUERETTAZ

Sidonie

FRANCE

2. ACTIVE LISTENING AND EMPATHIC RESPONSE

Le rôle du médecin est d'avoir une écoute active envers le patient. Écouter est un acte essentiel en médecine.

D'une part, cela va permettre au médecin d'apprendre à connaître son patient afin de s'adapter au mieux le protocole thérapeutique dans un souci d'efficacité.

D'autre part, à travers l'écoute du médecin, le patient va ainsi pouvoir exprimer ses angoisses, ses questionnements face à la maladie, à la mort.

De plus, grâce à son écoute attentive, le médecin va pouvoir formuler une réponse adaptée à l'état de son patient. Elle doit être avant tout empathique et compréhensive sans pour autant être "sympathique".

Le médecin doit toujours garder la distance nécessaire pour rester un bon professionnel de santé sans pour autant paraître froid aux yeux du patient.

1) Mapping patients network

YEUNG DIN G YEUNG
christopher FRANCE

2) Active listening and empathic response

3) Spiritual assessment.

2) Active listening and empathic response:

Savoir écouter et réagir en conséquence avec les bonnes manières est très important tant pour un médecin que pour une personne lambda dans la vie de tous les jours. Écouter et éprouver de l'empathie sont l'une des bases fondamentales des interactions sociales, elles permettent de nouer des liens, fonder de nouvelles amitiés, ce sont des outils de communication puissants. Dans le domaine médical, la façon d'écouter est primordiale dans la relation soignant-soigné, un médecin négligent, et antipathique ne gagnera pas facilement la confiance de son patient, voire pas du tout; ce dernier aura moins tendance à livrer ses "secrets" ou d'autres signes médicaux pouvant être importants dans la prise en charge médicale. La relation de confiance entre le praticien et le malade est fondamentale pour le processus de guérison, cela joue aussi sur le plan psychologique du patient. Parfois le médecin se trouve être le dernier recours pour un malade, et si la confiance n'est pas établie, le patient n'a personne sur qui compter. Il en est de même pour

l'empathie, il ne faut pas éprouver de la pitié ou de la tristesse car c'est l'état psychoaffectif sur le long terme qui entre en jeu chez le médecin, mais il faut avoir les bonnes réponses au bon moment afin de rassurer le malade et gagner sa confiance en lui montrant qu'on le comprend et qu'on se soucie de lui.

Elizo Céile - France

- 1) Mapping patients network
- 2) Active listening and empathic response
- 3) spiritual assessment

3. Je n'ai pas de croyance particulière. De confession catholique, je me considère plus comme athée que pratiquante. Mon éducation m'a permis d'avoir une très grande ouverture d'esprit.

Je ne considère donc pas qu'une personne vaut mieux qu'une autre, ou que ses croyances ou son style de vie vaut que d'autre.

Dans ma famille les religions y sont très diverses, en effet nous avons des juifs, frères/sœurs de chrétiens et parents de musulmans.

Bien que de là où je viens (Antilles françaises), le christianisme est omniprésent et les points de vue très cadrés par la religion, je ne me laisse pas embrigadée et me laisse me faire mon opinion. L'ouverture d'esprit est mon maître mot.

10074 - 1963 - 2004

Arctostaphylos patula (R.)
Arctostaphylos patula (R.)
Arctostaphylos patula (R.)

1) Mapping patients network

2) Active listening and empathic response

3) Spiritual assessment.

3) Spiritual assessment

- Elle dépend de nombreux critères : croyance religieuse / fantaisiste, les croyances de gens influencent
directement ou indirectement la manière de se comporter socialement, la manière de vivre, le quotidien et même
la santé en fonction de la manière de se soigner ou pas.
^{/aucune croyance /quelconque /culturel}

L'étude spirituelle permet une ~~certaine~~ ^{certaine} compréhension sur les gens. Notamment les croyances culturelles qui expriment le fait que des personnes se ressemblent dans beaucoup de points dans un environnement commun ou pas. Les croyances religieuses qui peuvent ~~dictent~~ ^{dictent} une certaine conduite, respect des règles et lois.

ACHOURI Nada , groupe ② , France .

* Spiritual assessment (évaluation spirituelle)

La spiritualité est un concept qui met l'être humain en relation avec un être supérieur . Elle peut donc être rattachée à la religion , qui se base sur le même concept .

À mon avis, croire en quelque chose qui nous dépasse , croire qu'il y a bien une raison derrière chaque chose - même si nous l'ignorons - permet une tranquillité d'esprit . Une tranquillité d'esprit que , ceux qui cherchent à expliquer l'inexplicable , n'auront pas . Car il y a bien des choses sur cet univers qui restent inconnu .

Ainsi, croire , et même savoir , que là quelque part il y a quelqu'un qui est maître de toute chose et qu'il y a un sens à tous , permet d'être tranquille .

Guillaume

3) spiritual assessment

Ce n'est que purement personnel, mais je pense que le fait d'aider les gens est gratifiant pour soi. On m'a toujours dit de venir en aide aux gens. De plus, je pense qu'il existe un lien avec le karma.

- 1) Mapping patients network
- 2) Active listening and empathic response
- 3) Spiritual assessment

1) Je pense que le res

Mapping patients network

Un site internet pour les patients est très important pour partager des informations médicales entre les différents professionnels de santé mais il ne faut pas oublier le secret médical et le droit à la vie privée des patients. Il est important de ne pas tout détailler sur le patient sur le site internet.

Active listening and empathic response.

L'écoute et l'attention sont très importantes voire indispensable dans le domaine médical. Pour que le patient se confie à nous et nous accorde sa confiance il faut montrer un intérêt pour celui-ci et comprendre ses problèmes. Il est préférable d'être empathique pour que le patient est moins peur si on doit l'opérer ou autre mais il ne faut pas non plus que le médecin s'attache trop car il doit rester objectif dans son jugement. Ainsi je pense que l'écoute et l'empathie sont importantes mais il ne faut pas non plus être trop empathique pour éviter un comportement inapproprié dans certaines circonstances. Il faut s'adapter au patient en fonction de ce qu'il a besoin d'entendre : être rassuré ou avoir la vérité. L'empathie est la réponse la plus attendue, le patient doit sentir qu'on s'intéresse à lui.



Estelle GRAS

FRANCE

1) Mapping patients network.

Je ne sais pas si cela existe déjà mais je trouve que c'est une bonne idée, cela pourrait peut être faciliter l'intervention des secours, et pourrait se préparer au mieux à la situation.

2) Active listening and empathic response.

Bien sûr qu'une écoute attentive de patient est importante, pour pouvoir répondre le mieux possible à ses attentes. Mais cependant on ce qui concerne le réponse elle ne doit pas forcément être empathique, on doit ~~se~~ garder une certaine distance pour que la solution, le traitement choisis soit objectif et le plus efficace, tout en respectant quand même le choix du patient.



Communicating the diagnosis of severe illness (bad news)

First of all, the most important thing for the doctor is to have a very good communication with the patient. This will help the both of them to speak to each other for all the problems that have the patient and after the doctor to say how to manage and treat if the patient has a disease. The second important thing is if the doctor is at the patient's exams that has a very serious problem how to say it to him and to his family. The third, is to how the doctor planning to treat the patient's disease and if this treat is the correct to help the patient to pass this problem.

The communicating of the doctor to how to say the severe illness (bad news) of one patient to him and to his family and how to manage these persons if talked about this illness is very difficult. The doctor must be 100% sure before say about the illness that have the patient and to say the correct answer to ~~each~~ ^{each} of them because if he don't will have a very big problem from the patient's family. One more thing is the doctor to say to the patient and to the family that all will be good and will pass this problem. The family must be informed from the doctor that their person ~~there~~ should be calm and to give him love and happiness only because these are the best things that they have to give to him.

Vasileios Zois

"Prevention / management of pressure ulcers and skin lesions."

As a Greek medical student and former ~~pro~~ nurse, the pressure ulcers and skin lesions ~~are~~ a common health problems, that I have observed many times in my career.

Both terms, skin lesions and pressure ulcers are used to describe the loss of the ^{skin's} continuity, ~~caused~~ due to long term hospitalization ~~and~~ immobility. These two phenomena are well interconnected. The morphology and the appearance of these wounds can be variable; depending the width, depth and length (characteristics that rend the therapy very much different and variable). The profile of ~~a~~ typical patient that may present pressure ulcers is the following: obese, diabetic with mobility issues and usually over 35 years old.

↳ ~~The~~ In addition, a very important issue is the localisation. As previously mentioned, long term immobility and pressure application, on these specific localizations (such as: sacral bone, elbows, back of the head and heels) can affect the treatment ~~develpment~~ and as result, the prognosis of the ^{this} cicatrization. That leads to a very important topic, ~~the prevention~~ ~~that~~ of the prevention. A very well organised and co-ordinated multifunctional team of medical professionals could really make the difference at the ~~life~~ patient's life quality. As a result, obvious and well-defined goals must be set; From the nutrition and medication of the patient, to the pressure relief and aggressive or not treatment of the wound.



- Vanessa Tarawneh
- serea : B G: 19
- ~~19~~

(spitalele din Iordania)

Pacientii

(Cum sunt tratat ~~pac~~ Pacientii La noi in tara :

spitalul sunt elementat Pacientii foarte sanatus din Parta ~~Doctorii~~, Doctorii La noi interzic se fumam se bem alcool pintru ca La noi in ~~religiea~~ religie este (Haram) se bem alcool, in tara noastra se fomaza mult.

- La noi in religiea noastra nu se maninca carnea de porc pintru ca este interzisa de tare si religiea ~~nu~~ Pentru ca este deteriorarea Pentru sanatate iar pintru ~~cherez~~ crestinii din tara noastra alcoolul ~~nu este interz~~ se poate bea.

- ~~nu sunt separat Pacient barbat de femate.~~

- Dintre bolile cele mai cunoscute in Iordania

este : Diabet , tensiune ,

Pentru ca Pacientii nu se' elemntaza foarte sanatus cum sfatuiesc medicii , se maninca La noi ~~si~~ mult elemente care confii carne , orez multa ~~se~~ soda , fumatul si multa ~~cafea~~ cafea .

Din punctul meu de Vedere cu Ved ca in tara ~~si~~ nu se due La contrul mereu Pacientii

- La noi in tara se ofera multe conditea de exemplu ^{boala} Cancerul ~~se~~ este ~~tratament~~ tratat Pe grates Pentru noi , refugiatii din tarele care au razboii , La noii sunt tratat, Pe grates
- acceptam orice refugit care are nevsi de tratare Pe gratis

- Dodorii La noii sunt foarte amabil si zembesc mereu .

Alimentatia pacientului in orse # Jordanu.
spital trebuie sa fie strict
observata cu conditia de a
insemnatosii pacientii,

Din punct de vedere bolilor pacientului.
pacientul trebuie sa ormentasce un
regim alimentar special.

Pentru a revine la normal,
sau in cazul uni ~~bolii~~ boli grele
sa el mentine mai sanatos
la viata.

in relegea ischemica niste alimente
sunt interzise, exemplu carne de porc
sau alcol. ~~pe care sunt~~ ^{sunt} este orcum
mai putin sanatoase.

Depinde si de spital la care
pacientul este internat.

In general orse om bolnav poate
sa fie salvat de bolile orcel
de scump tratamentul este.

~~Alina~~ țara mea este o țară regată conduse
este o țară regată conduse
de regile Abdo Alkatt II.
și este în unele culturi

normal se organizează respectul

~~Page~~

Spital în ~~Iraq~~: Arabia Saudita.

ABU AMARAH
AHMAD

1-situația: este curată și modernă, bun pentru pacienți și are multe aparatură moderne care ajută pe pacienți.

2- mâncarea în spital: este sănătoasă și foarte bună pentru pacienți și nu conține materiale industriale. Exemple de mâncare în spital: orez, carne de pui și de vită, ~~ciupercă~~ ciupercă, Sprite (din băutura gazoză), salată, fructe și legume.

3- Cultura și religie în spital: depre astă influență ~~în~~ în spital, de exemplu separare loc de așteptare dintre bărbați și femei, iar ce care are nevoie se face ceva împotriva culturii și religiei se poate face. Adică ~~de~~ ~~de~~ urgență.

de exemplu se poate mânca pacienții în Ramadan.

și alte exemple că doctor care adrese femeie să fie femeie în ~~gen~~ ^{mod normal} dar dacă nu există un doctor, femeie să fie doctor bărbat nicio problemă.

- ~~Dacă~~ din germania
În spital, pacientului ~~manca~~ ^{respectiva} ce doctorul
a preferat în situație r lui pacientul.
În majoritatea mancară la spital este
ceva (einfaches) ~~cu~~ ^{exemplu} (like soup, rice, etc.)
simplicu ~~și~~ ^{și} supă, sau orez. ~~cu~~ ^{și} apă sau
Dacă pacientului are problema cu mancară
ce a servit ^{în spital} ei, spune ~~la~~ ^{la} asistentă ~~ei~~ ^{ei}.

suc de mere
sau ~~alte~~ ^{alte} su
de
fructe.

* din cauza religiei, sau din cauza personale

• Din punct de vedere spiritual ~~de~~ pacientului
• Va fi respectat, și dacă pacientului are
problema din cauza celelalte, va fi respec-
tata dorința lui.

* Dar ~~este~~ este important că pacientul
mancă mult de legume și fructe, și
mai ales, un iaurt.

Prin urmare nu avem problema cu motive
de religie.

(Sange) Va fi înfapt de auna dorința pacientului
satis face.

Inginjirea pacientului este ^{cea} mai importanta
regula din spitalele noastre.

În țara mea, Siria, pacienții sunt alimentați în funcție de boala lor pe care i-a ~~pus~~ obligat să stea la spital. Majoritatea pacienților nu au voie cu grăsime ~~sau~~. ~~Trăbu~~ Trebuie să bea multe lichide

În țara mea, Siria, pacienții sunt alimentați în primul rând de boala lor pe care i-a obligat să stea la spital. Majoritatea pacienților nu au voie cu grăsime, mai puțină carne și ~~multe lichide~~ multe lichide.

În al doilea rând se ține cont de religie. Religia predominantă este Islamul, și în această religie oamenii nu au voie să mănânce carne de porc sau să bea alcool. Iar ~~la religia~~ adoua religie care există în Siria în număr mare este religia Creștină. În religia această religie este permis mâncatul de carne de porc și alcoolul. În general, sistemele sunt asemănătoare cu cele din Europa și în special România. ~~Sărite~~ Salele de așteptare nu sunt separate. Bolile cele mai întâlnite în țările arabe în general sunt: diabetul, ~~colesterolul~~ și colesterolul. În general, sunt din cauza alimentației ne-sănătoase și care conține multă grăsime.

Din acest caz, la mulți arabi s-au transformat ~~bolile~~ aceste boli în boli genetice ~~și~~ ~~sau~~ ~~sunt~~ ~~Alimentația principală în~~ ^{Pt.} la pacienții aștepta nu este permis grăsimea deloc și se ține un regim special pt. ei. ~~În general, nu puțin oamenii respectă acest regim~~ Lucru care se respectă mai puțin și din cauza asta bolile devin mai grave.

NASSAR AISHA, Grupa 9

Siria

Al hashsh Mohammad.

Alimentatia Pacentului

Vineri

NO.

8. APRIL. 2016

Jordania

Alimentatia Pacentului in spital trebuie sa fie diversificata si in functie de diagnosticul pe care il prezinta respectivul pacient.

Meniul unui bolnav in spital contine cel mai des supă, legume, orez, carne slaba fructe si lactate.

~~ta far~~ ~~est~~ depinde de diagnosticul, ca exemplu, daca nivelul de ~~grasimilor sa~~ ~~fie~~ colesterolul este crescut meniu sa fie mai scazut ~~grasimilor~~.

In legatura cu religia mai special ramadan care inseamna postul din rasarit de soare pînă la apus de ea. ~~fară mănincare~~, in mod normal este obligatur la noi musulman facem postul respectiv dar ~~este~~ ~~este~~ exceptia pentru pacienti ca nu e obligator pentru ei, pentru ca s-ar se afecta in mod negativ, si in aceasta starea sa fie

→ la sanatatea ei

obligator să nu facă postul.

— Uneori este permis la familia pacientului se adauga mâncarea ~~pentru~~ dacă starea pacientului nu este ~~at~~ gravă

— Alimentația depinde și de tip de spital, dacă este privat sau spital de stat, dar tot la același principiu.

NO. _____

Un rol important în îngrijirea bolnavului în spital este alimentația. Regimul alimentar de vindecare a pacientului.

Alimentația se poate face naturală, prin gură sau artificială prin transfuzii.

~~Selecția~~ Fiecarui bolnav se indică o anumită alimentație în funcție de boala sa.

În Jordania sau în țările musulmane în timpul Ramadanului bolnavii nu trebuie să țină post. Pentru a se vindeca ei au nevoie de alimente.

Creștinii de exemplu au voie să mănânce carne de porc, dar totuși în cazul unor boli este interzisă. Alcool este bine de evitat în majoritatea bolilor.

În Jordania fiind interzisă ~~carnea~~ carnea de porc și alcoolul, este bine de înțeles că sunt total interzise bolnavilor indiferent de boală.

Dar în general indiferent de religie sau boală bolnavii trebuie să evite grăsimile, alcoolul și fumatul.

În Jordania de obicei unui bolnav se dă supe, ciorbe, legume fierte.

De exemplu la un bolnav de colon iritabil se indică legume fierte, cartofi, spanac. Sunt interzise condimentele și murăturile.

Cructele pot fi servite coapte sau sub formă de suc.

~~La~~ iaurtul și laptele băut este indicat. Un rol important îl are apa.

Cred că în general alimentația bolnavilor nu este prea diferită între România și Jordania.

Supele, legumele fierte, iaurtul, carnea de vită sau de pui fiartă sunt alimentele principale care se servesc bolnavilor atât în Jordania și în ~~Jordanias~~ și în România.

În America, în spitale, pacienții sunt hrăniți în funcție de condiția lor (în funcție de ce boli au și restricțiile respective). Dacă pacienții au o anumită religie, și dacă din cauza religiei lor respectă o anumită dietă, atunci ei pot anunța spitalul (mai specific, asistenta care se ocupă de ei și de alimentația/hrănirea lor).

De exemplu, o persoană care poate să mănânce numai mâncare kosher ~~care poate să~~ poate să ^{ceară} ~~ceară~~ astfel de mâncare și o va primi. Dacă o persoană este vegetariană, poate să ceară mâncare vegetariană.

~~América, pacientul are dreptul să~~ Spitalele în America, ~~spitalele~~ nu sunt afiliate cu o religie specifică/particulară, și nu ~~au~~ au restricții alimentare din cauza religiei (decât dacă pacientul cere în mod special).

În America, personalul medical se poartă cu mai mult respect față de pacient. La pacienții mai învărstă nu li se zice nici odată "bunicu" sau "bunica". Doctorul în America nici odată nu pare grăbit și mereu stă cu pacientul cât timp chiar îi trebuie pacientului. Doctorul în America întotdeauna examinează pacientul în mod privat, și niciodată nu în fața altor pacienți. (În America, fiecare pacient are de obicei camera lui personală, și din cauza asta, ~~nu~~ nu simte o jenă ~~și~~ și nu →

se simte rușinat când este examinat de doctorul lui.)

Eu cred că condițiile pacientului sunt foarte bune în America. ~~În general, tot ce are pacientul de obicei aici primește~~
~~la noi primește~~ În America, pacientul are toate drepturile.
Pacientul poate să ceară orice mâncare vrea și o va primi.
Pacientul are ~~un~~ o cameră privată, în care se găsește un
televizor, un telefon și un aer condiționat foarte puternic.
Personalul medical se poartă cu pacienții cu mult respect
și cu bun simț.

În Grecia, alimentația în spital ținând cont pacient și tratamentele care face. În primul rând, de obicei, nutriția, la primele zile și dacă situația pacientului este periculoasă, este simplă și cantitatea ei este mică. De exemplu, pacient mănâncă doar supă fără sare și mănâncă doi ori pe zi. În plus, pacient dacă ia medicamente și mai exact cortizon nu trebuie să mănânce sare și zahăr deloc pentru că ^{provocă} reacții negative. Dar dacă pacient nu are problema serioasă la sănătate și a venit la spital doar pentru examen, alimentația lui este normală.

În Grecia suntem christiani ortodoksi asta înseamnă ca avem post înainte de crăciun și Paște. Dar nu este obligatoriu ~~ca~~ cinera să îl facă. Asta înseamnă ca la spital nu are loc postul. Adică poți ~~fi~~ mânca orice este bun pentru sănătatea lui, orice poate să ajute la progresul ~~la~~ sănătății lui. De exemplu dacă pacient are nevoie de ~~atunci medicul să-i dea~~ ~~atunci medicul să-i dea~~ ~~atunci medicul să-i dea~~ atunci medici să-i dea lapte sau brânză, sau ca să ia organismul al substanței necesare. Deci spitalul are scop să facă pe pacient bine cu fiecare mod.

În case grecoase, ~~postul nostru~~ alimentatia noastră este bogată cu pește, ou, fructe, leguminoase și legume. ~~Alina~~ ~~manca~~ la dimineața lapte, pâine cu miere, ~~și~~ la perioada a postului ~~nu~~ după religia nu trebuie să mâncăm carne deloc și lapte și brânză. Dar ~~asta~~ nu este obligatoriu. De exemplu dacă într-o familie ~~și~~ sunt copii ~~de obicei~~ sau bătrâni, ~~postul~~ care au nevoie de lapte sau de ~~alte~~ ~~substanțe~~ alte substanțe pentru ~~supraviețuirea~~ sau pentru ~~creșterea~~ ~~lor~~ ~~respectiv~~ creșterea sau pentru sănătatea lor respectiv, ~~și~~ postul atunci nu are loc. Înșă, ~~multe~~ ~~de~~ ~~și~~ nici adulți nu postesc întotdeauna ~~asta~~ ~~asta~~ are funcția de cât cinera vede la domneșcul sau la post (dacă este important sau nu). În viața noastră). ~~În conclusion~~ Cred că greci crede că important nu este ce mâncăm dar e spui despre alți oameni și ce faci pentru ei. Pentru asta nu postim. ~~postul~~ în conclusion nu cred că postul este ceva ~~neindicat~~ ~~neindicat~~ dar cred că trebuie să

postim numai ~~când~~ ~~am~~ ~~ne~~ ~~si~~ când ne simțim ca o avem nevoie
și când vrem bineînțeles sa postim.

u

u

u

Alimentarea pacienților în Grecia ~~la~~ spital ~~este~~ este
multe supe, legume, multe fructe, oțet ca pri, oțet cu
carne ^{de porc} și multe lichide. Această alimentația pacienților trebuie să respecte
pentru zilele care este în spital. Alimentația este
diferentă pentru fiecare pacient pentru că au
~~o~~ diferite probleme sănătății. Pacienții să nu
bea alcool.

Religia influențează alimentația dar nu în spital. În Grecia
~~majoritatea~~ oameni sunt creștini ortodocși și alimentația lor
este

VASILEIOS AKRIMIS

religia Tufkecează