

Patient Vulnerability, Health Inequality, and Paramedic Protection

Posted on October 29, 2019

A vulnerability is a state of helplessness, of being exposed to harmful conditions without an immediate way out due to the prevailing conditions. It is closely associated with poverty. However, the two are distinct, and the latter creates the former. Inequality, on the other hand, is the state of being unable to receive an equal measure of standards as do others of the same need. Inequality comes as a result of discrimination among individuals. Discrimination and inequality are generally due to the 'heartlessness' of the service providers in the health sector due to the current status of the patient. There are, however, many factors that have contributed to patient groups experiencing these challenges of discrimination and being a victim of inequality (HCPC, 2016). Though cases of health inequality and discrimination have been witnessed in many of our health centers, it is a vice that should be dealt with as soon as possible in order to save human rights.

The factors that are associated with discrimination and inequality in the healthcare sector can be a result of social, economic and religious factors. Social factors, however, are the most predominant factor that has caused vulnerability, inequality, and discrimination in the healthcare provision facilities. This factor is affecting both the developing and developed countries. In developed countries, not everyone is a benefactor of good health care. The less fortunate an individual is in the arena of a socio-economic field, the more liable an individual is to poor health (HCPC, 2016).

The level of education is one of the social factors that has made many individuals victims of discrimination and inequality in receiving healthcare facilities. They are, therefore, vulnerable to poor health conditions. The higher the level of education an individual has attained, the more privileged he is in receiving better health facilities (Brookes, 2014). This is partially actuated by the respect he has earned in society but, above it all, by the fact that the individual is able to pay for his medical bill. It is a common trend in our society that even the economic status of an individual is measured in terms of 'how learned' that person is. For the individuals who bear certificates with low levels of education, fewer job opportunities with good payments are left at their disposal and thus less income to pay their medical bills (Brookes, 2014). As a result of this, this class of individuals will opt for cheap healthcare facilities, hence leading to poor health. They, therefore, become vulnerable to poor health conditions.

Employment status is another factor that has recently been of great concern in creating and promoting the level of vulnerability to poor health and discrimination. Through employment, one is able to generate income for both the domestic bills and even the medical bills (Brookes, 2014). The less income-generating job an individual is engaged in, the fewer chances of obtaining good healthcare facilities. Patients with poorly paying jobs are usually discriminated against, and the priority and the service due to them are given to their counterparts from well-paying jobs. For

instance, a craft man and a government official, when diagnosed with the same sickness, would not receive similar treatments with the same facilities. The government official will be considered as a very important person, and as many would say, (VIP) and better services would be given him. This would also suggest that every job has respect accorded it, and the more respected a job is, the more respected the employers are. This is most often referred to as job reputation (Brookes, 2014).

The income level of individuals is another factor leading to vulnerability, discrimination and service inequality among patients. At any point in the health centers, there must be individuals from different backgrounds with different earnings. Poor patients, that is, the group that is poorly paid, are often discriminated against and given poor services (Brooke, 2014). The discrimination also comes as a result of these patients being unable to pay their bills or purchase the required prescription, which may be slightly more expensive than their income. A typical example is given when an old woman once visited a clinic, and one of the pharmacy attendants literally insulted her because of her inability to pay for the full prescription. It is very true, however, that an individual who has more income than that woman would not have received the same insults. In this case, the woman became vulnerable to poor health and was a victim of discrimination (Brookes, 2015).

Gender is a factor promoting vulnerability and discrimination in the health sector, however, its effect is not heavily felt in the society (Hampton, M, 2010). This factor, though numbered among the factors that have led to discrimination and inequality in the sector of health, is not a global factor. In some countries, the issue of gender is not a concern. We cannot again generalize that a particular gender is a victim of discrimination and inequality in service provision in the health field since, in different countries, different genders are treated differently. However, in many instances, the feminine gender, over the ages, has been a victim of discrimination and inequality in health provision. Many societies believe that the feminine gender is less inferior and that services due to men are not meant for them. But later in the development of the human race, many non-governmental organizations have sprung up to fight for the rights of the female gender (Hampton, M, 2010).

Racial factor. Racism is a crime that has given birth to too many other crimes, including discrimination and inequality in service provision, and thus, racism is nearly the mother of all crimes. This factor is majorly experienced in areas where different people of different racial origins live together. Some races believe that they are superior to others in their thinking, their conduct and even their civilization and hence discriminate the others (Hampton, M, 2010). Most often, the white have for a long time looked down on the blacks- the Negroes to the extent that even the services provided to these groups of people vary in quality. A typical example is given in South Africa during the colonial era when the British government launched apartheid laws that brought a line of separation between the whites and the Negroes. The whites had their own healthcare facilities where the blacks could not seek medication. This perpetuated discrimination among the blacks since they were considered less important in society; in fact, they were regarded as monkeys who deserved not equal treatment as human beings whites (Jones, I, 2009).

Religion has, of late, become a factor that has contributed to the rise of discrimination and

vulnerability in service provision in the health sector. Some faiths have been denied access to better health facilities as a result of the superstition many people have against them (Jones, I, 2009). For instance, in the United States, Muslim Americans are generally stereotyped with bombing, especially since the occurrence of the terrorist attack of 9/ 11. Since then, these people have been denied access to better facilities the normal citizens; health facilities are one of the factors. Hence, a patient from the Muslim faith in the United States would be lightly treated compared to their Christian counterparts due to this event.

This factor has, therefore, created a chance that a group of patients from the Muslim American community is highly vulnerable to a poor health condition (Jones, I, 2009). On the other hand, there are some religious groups that do not believe in the treatment of professional doctors. They entirely believe that for any sick person, prayers are enough! Yes, it is true for an individual to exercise his faith in God, but this should not go to the extent that one is unable to seek medication. Trust in God is the only way a sick patient can get healed and this will encourage an individual even to seek better medical checkups. Such beliefs, when practiced, may render an individual more vulnerable to poor health (Jones, I, 2009).

Traditional practices have, in great magnitude, become a major factor that can make a group of patients become highly vulnerable to poor health conditions. There are some traditional beliefs of a given society that may not allow an individual to seek better medication in the hospital (Martin, J, 2015). These beliefs, when strongly held by the community, would increase the chances of deaths since there are a number of new diseases that cannot be treated using the traditional methods and thus the need to seek the attention of professional doctors. With the increase in human wickedness, there has been a proportional increase in the number of fatal diseases which cannot be treated by traditional means. This factor, however, depends on the level of civilization of a given country and is thus majorly witnessed in developing countries like African nations (Martin, J, 2015).

Disability is another factor that can lead to discrimination from the service provider in the health facilities, however, this should not be the case. People with disabilities in some communities are regarded as outcasts and thus are not considered worthwhile to receive better medical attention (Martin, J, 2015). This factor can make a group of patients from this category more vulnerable to poor health conditions. Many times, the members of a community may not be willing to take someone who is physically challenged to seek for better medication, instead, they are usually left on their death beds to 'heal up' may be from some natural healing powers (Quinn, Humphreys, 1998). By this, this group of individuals is denied their right to better healthcare facilities, and thus, they are predisposed to dangerous prevailing conditions, which may eventually lead to loss of life.

Poor infrastructural facilities are another factor that is majorly influenced by the economic status of a given society or country. This may not lead to discrimination, but in one way, it may make patients from that given society more vulnerable to deaths emerging from fatal diseases. Poor roads are one of the infrastructural facilities that may make it possible to access the health centers on time, hence leading to loss of lives. When there is a poor road, it makes it difficult for patients with sudden

complications to get access to medical attention; hence, this factor puts these at a high risk these patients to sudden deaths, which could have been prevented if medical attention had been sought on time (Quinn, Humphreys, 1998). Poor or lack of better facilities in a hospital may also make it vulnerable for the patients to a poor health condition. There are some diseases that can only be diagnosed using powerful lab equipment. For instance, disease-borne cancer would require a very powerful X-ray machine to diagnose. When these machines are lacking in a given hospital, then it is very certain that the patients will not receive the recommended treatment, and this may lead to death (Quinn, Humphreys, 1998).

Part 2:

How can a registered Paramedic protect a vulnerable patient?

A paramedic is a fully trained individual in the medical field who is permitted by a recognized health body to offer medical assistance to sick patients in the community before the patient is taken to seek medical attention from professional doctors in the hospital. A paramedic works in an outside hospital environment. There are a number of ways in which a paramedic may protect the vulnerable patients in our society. A paramedic is then supposed to analyze the patient and ensure that the vulnerable patient is in good condition before reporting the case or even allowing the patient to seek medical attention in the hospital. When the paramedic suspects an abuse of the vulnerable patient, he should strive to do the following first (RMIT, 2016);

He should evaluate the situation and try to find out the safety or well-being of the abused individual. The paramedic should use all the possible means to assess the situation. If the individual is in a very bad condition, then the individual may be taken to the hospital before investigations are conducted (RMIT, 2016).

When the paramedic feels that immediate assistance is needed or that emergency attention is needed, then the paramedic may contact the police at the emergency contact of 999. This would enhance the need for assistance (Vaughan, 2013).

But in case the situation does not require any emergency attention, then the paramedic may contact the nearby Local Authority Social Care Service (LASC) for relevant assistance (Willis, 2010).

When the abuse is literally brought to the attention of the paramedic, then the following actions may be taken by the paramedic (Vaughan, 2013).

The paramedic should not panic but show some sense of calmness to avoid shock. In the case of the otherwise, the vulnerable patient may even lose hope in the paramedic, and once this level is attained, the reverse is not usually easy.

The paramedic should then employ a culture of listening skills. He or she should possess high powers of listening skills. He should listen to all the details being described by the reporter or the vulnerable patient (Vaughan, 2013).

Show some sense of concern and empathy. Try to be in their shoes and feel what they are feeling in the situation. Avoid all forms of arrogance and lack of concern.

Ensure that you are keen and give them also the assurance that you are indeed concentrating.

Try to explain to them that you need to report the issue and actually report the issue when there need be.

As a paramedic, you should not do the following.

Do not abruptly interrupt an individual who is explaining something and is taking too long to recall a very critical event.

Avoid coaxing the individual into giving more information other than the ones he has voluntarily given.

Do not be too much judgmental. Listen to the person with an open mind (Vaughan, 2013).

Avoid making fake promises that cannot be fulfilled by assuring the patient that the story will be kept secret (Willis, 2010).

After following the above procedure, execute the necessary action, and after that, you will have really helped the individual.

In conclusion, there are many factors that may create a group of patients experiencing vulnerability, discrimination, and inequality in service provision (Willis, 2010). As seen in this study, it is very clear that these factors range from social factors, economic factors, and even religious factors. Some factors may not be experienced in the same manner globally, like racial factors; however, they are experienced in some parts of the world in greater magnitude.

Paramedics have a good step-by-step program that they can follow in order to defend vulnerable patients in society (Willis, 2010). This procedure is as outlined in this study. However, there are urgent steps that are not included in the list but which are very crucial. They can only be implemented in the field.

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