

Change is on the horizon

A Summary of the Health Improvement Day - Society and College of Radiographers, 14 Nov 2013

Although medical advances throughout the early 20th century caused a steep increase in longevity; throughout the 19th century an equally significant increase in life-expectancy was taking place in line with lifestyle improvements such as sanitation and improved housing. Recently, due to increasing financial strain on the NHS, preventative care has become a hot topic. In some regions of the UK, 20% of cancers are diagnosed in the emergency department. Encouraging people to get help and support for their personal healthcare needs is an area which needs improving. Just as the fire service has progressed from extinguishing fires, to preventing them from occurring; the health service is moving in the same direction.

Health improvement aims to serve the holistic wellbeing of the patient and is a broader concept than health promotion (which constitutes only part of the picture). It includes the more familiar concepts of radiation protection. Recent research showed that 49% of CT colon examinations in Sweden were unjustified. Although Public Health England is currently reviewing the UK situation; radiographers can do a great deal right now, by adhering to their duty to ensure such examinations are justified under IR(ME)R.

Patients might ask the radiographer questions about the suitability of their treatment, or about radiation risk from medical exposures. Being able to answer these questions confidently means the patient has a more positive experience of the healthcare system, and is more likely to be satisfied with their treatment and use the same services again in the future.

Other health improvement issues present us with a dilemma. How do we address obesity without offending the patient? What if we tell a patient to quit smoking if they have recently lost their spouse? Despite there being a popular philosophy that becoming emotionally involved with the patient is unhealthy, we must endeavour to establish some emotional understanding with the patient in order to be able to engage, and thereby judge what advice to give and how it should be delivered.

It is all too easy to adopt the 'medical model' in healthcare referring to a patient as a 'fractured neck of femur' or a 'diabetic.' It has been argued that such terminology can depersonalise and disempower patients, or encourage other staff to do so. (The patient often feels disempowered as it is by the expertise of the radiographer, their illness and the clinical environment). Empowering patients to talk about their concerns or ask the radiographer necessary questions, is the only way to address certain problems. Patients also need to feel reassured that they have the right to refuse treatment should they want to. This was also highlighted in the Francis Report.

When the department is busy, some radiographers question whether they actually have time to concentrate on the wider aspects of patient wellbeing. However some points addressed at the Health Improvement Day hit home. Of course radiographers talk to patients to reassure patients that as well as being radiographers they are human beings and not robots. However the conversation made is often about something trivial like the weather. As healthcare professionals, patients expect us to talk about *health*. We are radiographers after all. (Not strangers at a bus stop).

Many radiographers believe that some of these issues are not strictly part of their role. However advising a patient may only require 30 seconds of our time. For example you may say to an ex-smoker: 'I heard you've quit smoking. How are you getting on with that? Are you managing to stay off the cigarettes?' If a patient says they have failed to successfully give up, the SOR acknowledges the difference between 'nagging and nudging.' To avoid the nagging all the radiographer need say is: 'It's been proven that those who get help from their doctor are around 4 times more likely to quit successfully. Here's a leaflet which contains all the information you need, and here is the link for 'Quit Support' should you wish to speak to the online community about anything regarding giving up smoking.'

Patients with cancer often become less physically active. As opposed to making cringe-worthy conversation such as 'That's terrible, I'm so sorry;' it is much more positive and constructive to say, 'were you aware that it is has been proven that staying active throughout your treatment, and building up to more rigorous exercise post-treatment, both increases your energy levels and reduces depression?' A leaflet which includes the benefits of exercise or a healthy diet, (such as one provided by McMillan Cancer Support), can then be issued to the patient. The patient may also have important concerns not strictly related to their investigation such as social isolation or symptoms of comorbidity.

The radiographer can access a lot of information about the patient, and some patients have few encounters with the health service, or are simply moved on through a 'conveyer belt' where their problems are undetected. If radiographers do not care about health improvement, it is highly probable that other staff will not care either. Thank you for taking the time to read.

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- Report by Robert Hornsby