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Infusion: A public outpatient oncology centre

Adank, Marc

2013-08-02
http://hdl.handle.net/10539/12971

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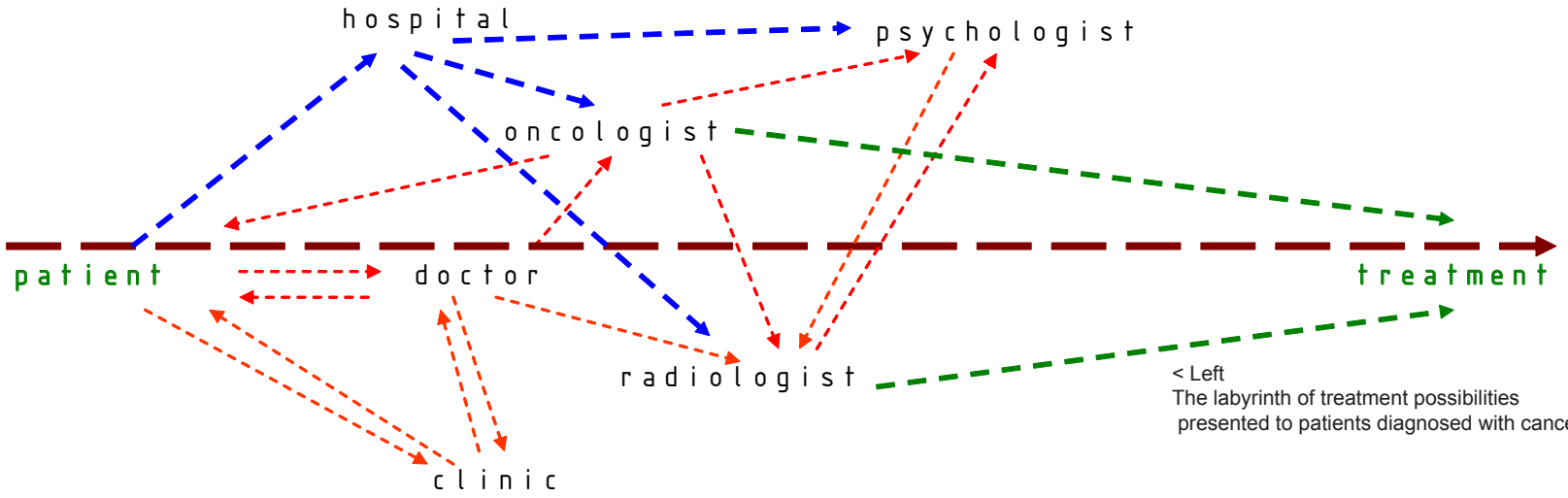
Abstract

For many health practitioners death is seen as a failure and dying patients are avoided because they are reminders of that failure. A disconnection in the system in society exists. Patients are not educated to recognize the symptoms they present; first line practitioners are often not able to diagnose and refer patients to specialists who in turn should view the treatment of the cancer patient as holistic and that the support of the family and immediate care givers as paramount.

> '*It is the denial of death that is partially responsible for people living empty, purposeless lives; in contrast when you fully understand that each day you awaken could be the last you have, you take the time that day to grow, to become aware of who you really are, to reach out to other human beings'.*
>
> *(Elizabeth Kubler-Ross, 1975).*

The prevailing uneasiness and denial of death is reflected in medical procedures where quite often modern medical care isolates the patient from the community of loving caring persons. Personal and human needs are abandoned as the patient is isolated on a special wing or floor in a hospital, left alone by doctors and nurses especially when death is evident. Physicians and health care workers are trained to deal with life and not with death. Many physicians are strangers to the issue of death simply because they have been taught to diagnose, treat and cure. (McKay, 1985).

We need to see the individual as a part of a group of interacting, inter-related or inter-dependent elements that form a complex whole. This whole or system is what Lefebvre describes as that space that is directly connected and influenced by the society that inhabits it and conversely it also has an influence on society's structure.



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The labyrinth of treatment possibilities
presented to patients diagnosed with cancer

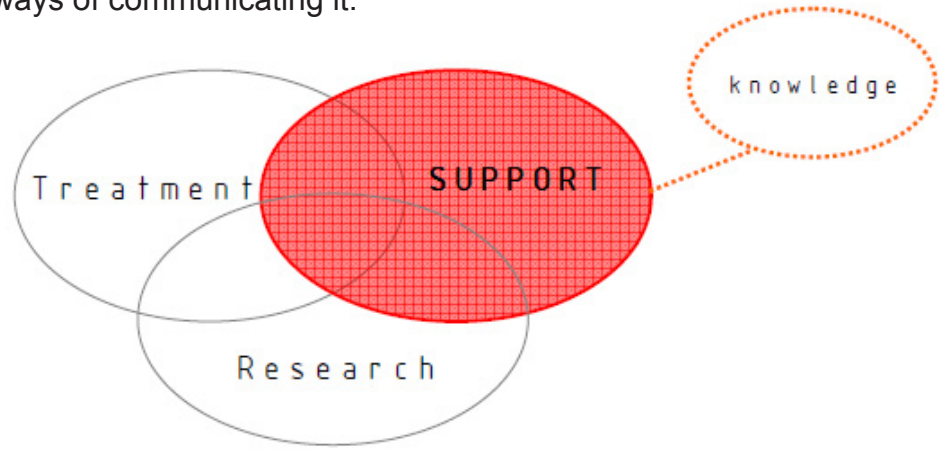
There is a critical disconnection between what is discovered and that which is delivered in the form of prevention, screening, diagnosis and the treatment of Cancer. The identification and elimination of all the barriers that prevent the benefits of this knowledge from reaching all communities, irrespective of their location or economic status, must be removed. These barriers may be experienced at any point along the continuum of prevention, screening, diagnosis and treatment.

An intense approach to providing this culturally relevant education and improved and intensive support systems is critical in order to bridge this ‘gap’ in communication between society and the advancing knowledge of cancer treatment and support.

The proposed development is for a Public Outpatient Oncology Centre that will provide an opportunity to integrate the knowledge of the private health sector (professional bodies) within public health and the context of Hillbrow’s urban society. A centre to enlighten and fill the void between diagnosis and treatment of this non-communicable disease, providing a knowledge base to reduce the urban discrimination and marginalization of this disease.

It will provide the platform for re-integration of healing patients into the community, referred from the hospital, to the localized outpatient chemotherapy centre. On a larger scale, it shall also re-integrate the disconnected bodies that collectively form the Cancer Institute of South Africa.

This project does not aim to solve or to find a cure for cancer, nor does it hope to resolve the stigmas and problems associated with the Healthcare system in South Africa. Its focus is on the collective body of knowledge of the disease and providing possible ways of communicating it.



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The relationship between the primary functions in the cancer diagnosis process.