

Concepts and Issues in Patients with Dementia

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Introduction

A traditional view of medical research focuses on objectively measurable characteristics of an older person's functioning by evaluating the body and its dysfunctions in a way that is unrelated to that person's life narrative, history, requirements, or individuality. In story medicine, on the other hand, an older person and his or her sickness are seen as a complex phenomenon combining biological, psychological, and social elements. Rita Charon defines narrative medicine as the ability of healthcare workers to perceive, adapt, interpret, and react to other people's stories. Healthcare workers must have communication skills, empathy, and trust in order to offer care according to the concepts of story medicine [1]. Personal reflection by both Health Care Workers (HCWs) and other people involved in the care also plays a significant role.

Description

Allowing elderly individuals to relate their own stories, recognising their individuality, and expressing genuine attention in the story is the goal of incorporating narrative into daily medical treatment. It is important to note that the story is about both past and present occurrences that may be relevant to the patient-healthcare practitioner contact. The story is a crucial instrument for integrating the many points of view of people involved in the therapeutic process, with the goal of developing a personalised treatment and care plan as its top priority [2]. The discourse between older persons, their family, and health-care providers provides an opportunity to gather and analyse data that allows one to see all of the participants' perspectives in this interaction. It is critical that the developing narrative reflects a balanced contribution from all parties involved. There's a risk that if one version of the narrative becomes the dominant one, elements crucial to another contributor may be twisted. It is critical to avoid the dominance of biological, medical, and clinical narratives that focus on pathologies interpreted as weaknesses in older individuals, without considering their total functioning [3].

The integration of clinical evidence with the patient's life story and the formulation of a tailored care and treatment plan whose essence and purpose are viewed through the eyes of the patient, not the medical staff or the care institution, are the outcomes of narrative medicine. Therefore, narrative-based medicine (NBM) is combined with Evidence-based Medicine (EBM). Such a combination takes into account various perspectives and makes care-related decisions more personalised, effective and adequate to the needs of patients [4].

Doing nursing care that considers the accounts of more seasoned individuals depends on one of the essential suppositions of the nursing calling, which is being aware of and mindful towards another person. The story makes it conceivable to see a more seasoned individual according to a multi-layered point of view that considers organic, mental and social elements. Such an

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expansive methodology forestalls unnecessary spotlight on the biomedical element of working and on the current useful inabilities and illnesses. Remembering the story for the consideration of more seasoned individuals depends on drawing in them - in a way satisfactory to their capacities and requirements - in making the account and in communicating their personality. Integrating the story into the act of offering clinical types of assistance for more seasoned individuals overall and not restricting it to the people who experience the ill effects of dementia altogether affects the chance of giving all-encompassing and individualized care, while simultaneously considering the qualities thought about significant by more established individuals. Endeavours ought to be made to guarantee that inhabitants in institutional consideration are not denied of the chance of self-articulation. Individual accounts ought not to be overwhelmed by a biomedical viewpoint, where the maturing system is seen as a progressive and irreversible loss of numerous capacities, including story building [5].

Conclusion

Integrating story into everyday practice requires establishing a story accommodating climate that empowers narrating while at the same time considering the guardians' abilities and perspectives. This incorporates the acknowledgment of portrayal, the capacity to listen effectively, and deciphering non-verbal language and considering individual and social circumstances and authoritative settings, as well as cautiously breaking down the got data and reaching inferences. This likewise applies to the authoritative design, i.e., the need to forsake the act of care in light of undertakings connected with fulfilling just natural necessities, endorsement of account practice at the level of the foundation or the medical services arrangement of more seasoned individuals, remembering the patient's family members for the stories, as well as neutralizing accounts advancing a pessimistic and sceptical picture of a more seasoned individual. It additionally requires the staff to invest a lot of energy with the occupants and to show an authentic premium in them. It is likewise pivotal to ponder how the story influences more established individuals' requirements and the consideration gave to them, as well as what influence it has on their own personality and their feeling of association with the rest of the world, and how it eventually takes into consideration comprehensive consideration that considers what is going on.

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