Medical Podcasts In English For Non-Native Speakers

S2 E4 CGA part 4 – Social and beyond.

4. Social support networks

Although more difficult to quantify, family doctors who carry out home visits usually have a good overview of the support network a patient has. Coordinating with a social worker means that financial resources and extra home help can be out in place. These aspects impact on a person's health and again are often hard to evaluate in the context of a hospital consulting room. They are also linked to increasing primary and secondary care attendance.

5. Environmental assessment – home visits.

Although as doctors we may not think so much about the potential risks for falls or burns in the home, if you ask a patient, many will say that staying in their own home as long as possible is one of their most important hopes. As doctors thinking about the falls risks if a patient becomes dizzy with the medication, they prescribe is fundamental.

6. Advance care planning.

Whether it is thinking about cardiopulmonary resuscitation or financial powers of attorney, carrying out a CGA is a way of asking the questions that are too often left until stressful moments in the emergency room. CPR is not a treatment for a natural death, and no one aspires to dying surrounded by strangers having their ribs cracked. Too often, the conversation is left too late despite most older patients having thought about dying and the way they would like to die. Embarrassment or feeling uncomfortable are not reasons for not having the conversation.

7 Intimacy and sexual health.

Sex is another subject which can be uncomfortable to discuss or even felt to be irrelevant to older patients. But the rise of STDs or sexually transmitted diseases in the over 70s means it needs to be addressed. It is a population who use condoms less than others and who may need the sexual health education they never had. Sexual intimacy is also part of Maslow's hierarchy of needs to maintain well-being.

8 Spiritual wellbeing.

Although spirituality is usually considered to be a positive factor in coping with older age and illness, it can be negative if your patient is experiencing doubts or disturbances in their belief system to the extent of being linked to earlier deaths. As doctors, we often have a similar role to that of priests and can find ourselves being asked to give advice on wider non-medical issues. Again, this is a part of the CGA for a reason, issues with spirituality affect our ability to offer the best healthcare to our patients.

Conclusion.

The CGA is a multidisciplinary assessment which covers multiple factors of the reality of our patients. No one HCP is expected to do it all but apart from improving our patient's outcomes. It also gives us a framework to keep the often overwhelming information we are given.

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1) *Do you know who your social worker is? Email them and ask them if they have any concerns about any of your patients, whether you are seeing them for clinical reasons or not.*

2) *Review the medication of a patient who has attended due to falls, then ask about environmental factors?*

3) *Find a local support group for STDs in older adults. Print out the information and put it up in your workplace to get the conversation going.*

4) *Have the conversation. Ask 3 patients about their views concerning CPR.*