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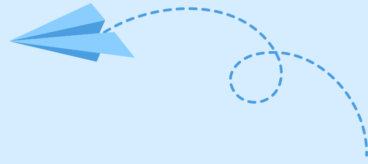

Family-Centered Healthcare

Name

Institution

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The case of David Stevenson was among the first cases where I had to attend to a fatal condition using the family-centered care system. The boy was six years old and suffered from a chronic lung disease and the paralysis of the vocal cord, and had recurrent aspiration just when he had joined the first grade. This condition, which was a referral for a tracheostomy tube surgery, appeared at first simple. Complications developed after the surgery with the tube dislodging three times on the first night. Though it was very painful to Stevenson, I sutured the tube at the bedside before inviting parents to discuss the way forward. The father came up with a suggestion to hold the tube in such position after the operation. I placed it again, and after his father had held it for 72 hours, it was successfully fixed.

In family-centered care, health decisions are jointly made in a consultation between the family and the healthcare provider (Arango, 2011). Despite being the most adopted system for pediatric health, FCC has its strengths and hindrances as seen in the case above. Children are not in a position to make health decisions on their own and need assistance of their parents or guardians. David's family had their only child undergone an unsuccessful surgery, which could have turned fatal if nothing had been done to fix the tube in certain position. Options available to the physician in such a situation are limited. In this case, the family is very helpful in making treatment successful. In a respectful and professional partnership, the family is put focus on by a healthcare organization that

cares for the wellbeing of children and parents (Arango, 2011). According to Davidson (2009), the collaboration with caregivers helps families adapt to living with patients under intensive care.

In many cases, family members creatively come up with solutions to complex health issues. It is of great importance to consider them in deciding which treatment methods to use for their ailing member. More often than not, the family acts in the best interest of the loved ones. The case of Stevenson is a demonstration of the best FCC approach to partnering, sharing of information, and negotiating, which has resulted in a positive outcome in a challenging situation. According to Kuo et al. (2012), the involvement of the family by just asking them their opinion about the case helps in building confidence and ensuring contentment on both sides.

However, there are several barriers to planning family-centered care effectively that include the misunderstanding of its purpose. It needs to be incorporated in policies of healthcare organizations, making it a lawful initiative and adopted by clinicians to make their practice universal. Creel, Sass, and Yinger (2002) state that women's autonomy in decision-making, social norms, rumors and myths, gender discrimination, access, distance, and costs are some of the impediments to the success of FCC. Customs and traditions deny a woman the decision-making power and materials to plan family health. Some people have religious beliefs that impede the use of family-centered care planning methods, and it is necessary to offer them an alternative through discussions and interactions to get rid of the

beliefs and fears of such an approach.

Assessing strengths, weaknesses, opportunities and threats of Stevenson's case, it is important to consider the situation and circumstances facing the patient. Several things worked to achieve the goal of successful tracheostomy. Among the strengths, there was the presence of willful and understanding parents with sound knowledge of the role of an advanced practitioner and their task in ensuring better health outcomes. Healthcare providers offer them an opportunity to reason jointly and come up with a solution to the common problem. FCC goes a step further to view healthcare in a dimension beyond the patient-clinician interaction, but also considering interests of the family (Kuo et.al, 2012).

There are numerous opportunities, threats and few weaknesses in the application of FCC in Stevenson's scenario. Shortcomings of the approach in the case are that neither the parents, nor the practitioner are to blame for the worsened situation. The prolonged period spent by the father on holding the tube is a clear indication of an option to lose hope, which the family did not take. However, the physician seemed discouraged after the tube had been dislodged for the third time. Furthermore, the parents had an opportunity to contribute to the decision-making process to determine the fate of their child. They had a chance to support the healthcare provider and restore hope in a situation that seemed hopeless. The greatest threat to the case was losing hope. More often non-professionals fail to believe in their thoughts and suggestions. The physician was in

despair, and that might be the reason he called for the family meeting. The satisfactory ending outweighed the weaknesses and threats.

In conclusion, all families, communities and healthcare providers should embrace the practice of family-centered care (American Academy of Pediatrics, 2002). Children with special health care needs, women, and other patients with acute conditions need FCC to improve the quality of treatment approaches. The nature of the interaction between the two parties determines the patient perception of care and the willingness to participate in the care program. Consequently, this affects health outcomes and the rating of healthcare quality. Both clinicians and the community should adopt family-centered care to enhance the quality of healthcare delivery.