

RABIES VACCINATION IN THE HARD TIME AFTER THE PANIC EPISODE IN THAILAND: A CASE STUDY

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Dear Editor,

Nurse is an important medical person who helps facilitate the medical care process to the patient at any medical center. However, if the nurse does not confine to the role and overlap to others, the non-smooth case management can be seen. For example, nurse should not interpret the patient illness and make diagnosis instead of physician in case that the case is not an emergency case and already managed by the physician in charge. It is very common in developing country that some nurses might not confine to the role and disturb the normal smooth medical management. The example shown in the figure below is an example of case study. The patient was requested by the physician in charge for visual acuity. The patient had the complaint of chronic one sided headache. In this case, the nurse in charge at the ophthalmology unit got consultation from general family medicine clinic but did not perform the visual acuity test and wrote back to the family medicine clinic that “the patient tells that she had no ocular problem”. The physician

in charge rerepeated consulted the case again and insist for request for visual acuity test. The visual acuity test was finally done and the eye sight problem of the patient could be detected and it is the possible cause of chronic headache of the patient. The patient was advised to wear glasses and her problem disappeared. This is a simple case study that the overlapping of duty in medical person can exist and cause the problem. Many paramedical personnel might have the common roles but there should not be disturbance of the general process. Conflict in medical team is not an uncommon problem but it needs good communication and collaboration to resolve [1]. If the patient was already managed by physician in charge, medical team should help monitor for error and support the care but not disturb the process or do the jobs instead of the physician. Nurse has the right and should refuse any inappropriate or dangerous request but not the simple routine procedure [2]. The patient should be the center of interest in management [3].

CONFLICT OF INTEREST: None

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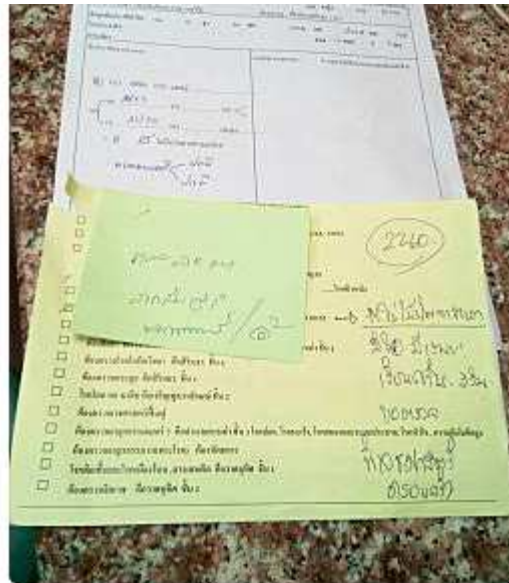


Figure 1. Communication on consultation between family medicine unit and ophthalmology unit

REFERENCES

- [1]. Rogers DA, Lingard L, Boehler ML, Espin S, Schindler N, Klingensmith M, Mellinger JD. Foundations for teaching surgeons to address the contributions of systems to operating room team conflict. *Am J Surg.* 2013 Sep; 206(3): 428-32.
- [2]. de Bie J, Cuperus-Bosma JM, van der Jagt MA, Gevers JK, van der Wal G. Risky procedures by nurses in hospitals: problems and (contemplated) refusals of orders by physicians, and views of physicians and nurses: a questionnaire survey. *Int J Nurs Stud.* 2005 Aug; 42(6): 637-48.
- [3]. Kreindler SA. The politics of patient-centred care. *Health Expect.* 2015 Oct; 18(5): 1139-50.