The Impact Of Medical Technologies On The Patient's Sickness Experience

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Introduction

Medical technology is altering our perceptions of human nature and what it means to be alive, healthy, and happy. Reproductive technology, genetic diagnostics, organ transplantation, and psychopharmacological medications all create existential concerns that require philosophical investigation. Yet, paradoxically, issues about the purpose of life have remained largely absent from medical ethics to this point. Understanding a person's belief in the technologies employed in healthcare systems is critical to understanding healthcare systems and evaluating quality. Doctor-patient interactions are built on trust, and introducing technology into that relationship can either strengthen or detract from that relationship. Understanding medical technology trust can help determine which technologies will be accepted or rejected, as well as which work system designs will result in positive patient outcomes and which will have the opposite effect. The majority of studies on confidence in technology examine it from the perspective of the technology's operator, which is a medical environment would be the care provider. Relationships between the care provider and technology, the care provider and the patient, and the patient and technology are hypothesized in the conceptual model for this study. The patient has a passive experience with the technology, which means that the machine performs things for the patient without the patient giving input. The machine keeps track of the patient's health, regulates his or her biological functions, and gives him or her feedback. This model also presupposes a reciprocal interaction between the patient and the care provider, with the care provider acting as a conduit between the patient and the technology, allowing the patient to control the technology via commands to the care provider. Patients, for example, may tell the doctor if they need more medication from the machine, and the doctor can manage the machine to provide it to them. Given the varying degrees of involvement they had with the technology, it was predicted that patients and physicians would have distinct experiences with it, as demonstrated in this model.

Patient's sickness experience

Patient preferences, or patient preference information, have been used by drug and device companies as part of product development to simply refer to the expression of preferences about the choice that patients face regarding which treatment option to use, such as the preference for therapy with a device versus therapy with a drug. Patient preference data, on the other hand, plays a similar role in the regulatory process as it does in product development, including defining how to frame benefit-risk issues so that they are most relevant for patient decision making, identifying preference subgroups for whom preferred decisions would be different and supporting benefit-risk modeling to guide patient-centered decision making [1].

First, basic definitions must be clarified. 'Health technology,' in general, refers to the use of structured knowledge and abilities in the form of equipment, drugs, vaccinations, processes, and systems to solve a health problem and improve quality of life. 'An article, equipment, apparatus, or machine used in the prevention, diagnosis, or treatment of illness or disease, or for detecting, measuring, restoring, correcting, or altering the structure or function of the body for some health goal,' according to the World Health Organization. 'A medical device designed for users in any location outside of a professional healthcare institution. This includes devices intended for use in both professional healthcare facilities and homes,' according to a home-use medical device standard. Medical devices come in a variety of shapes and sizes, with technology ranging from simple to complicated. According to the researcher,' high-tech reliance' (for children) corresponds to 'technology-dependency' if the situation involves a medical device to compensate for the loss of an essential bodily function and extensive and continuing nursing care to avoid death or further disability.' 'These patients' needs can range from constant help from a device and a highly skilled caretaker to less frequent therapy and occasional nursing care,' according to the study. Patients who rely on advanced medical equipment at home are usually medically stable, although they may have significant technical needs and require long-term recuperation. They also necessitate competent nursing as well as advanced decision-making, planning, training, and supervision. 'Medical equipment and software systems that are complicated, offer essential patient data, or directly conduct pharmacologic or life-support operations where inadvertent misuse or use error could provide a recognized chance of patient damage,' according to one description. Ventilators for respiratory assistance, haemo- or peritoneal dialysis systems, and infusion pumps for feeding or medication are examples of advanced medical technologies utilized at home. Social theorists have long questioned biomedical formulations of health and illness as objective categories. An analytical contrast is created between the domains of doctors and patients as part of this critique to emphasize inequalities in perspective and power. Patient experiences and understandings of health are complicated, socially embedded, and frequently conflict with medical theories, as evidenced by illness narratives and phenomenological research. However, the focus of this essay is on how patients make sense of their health at the intersection of these areas. This subject is investigated via the lens of HIV-positive men and how they negotiate medical discourse and technology with lived experience, as well as how they understand their bodily symptoms in light of clinical constructs of health. These discussions not only challenge the authority of biological definitions but also reflect a more dynamic and technologically mediated negotiation inside the patient experience than certain phenomenologically oriented health theories allow. Medical technology has a significant impact on how doctors interact with and treat patients, as well as how they comprehend their symptoms and complaints. This is also true for patients: new technologies have an impact on how people think about and perceive their health conditions. Furthermore, the consequences of medical technology are not confined to what happens in hospitals or health care centers; they also include how information about new diagnostic and therapeutic options is transmitted via traditional and social media, as well as sold and utilized directly by consumers (diagnostic tests). In this article, we look at how diagnostic and treatment technology impacts patients' sickness experiences. We suggest six ways that technology can shape the experience of disease by examining a variety of situations. To begin, technology may raise disease awareness by exposing asymptomatic indications or markers. Second, the technology can disclose illness risk factors. Third, technology has the potential to influence and transform an existing sickness experience. Fourth, therapeutic technologies have the potential to reframe our perceptions of a state as diseased rather than unfortunate. Fifth, technology has an impact on sickness experiences by changing social-cultural norms and values around specific diagnoses. Sixth, technology has an impact on and modifies our perceptions of being well in comparison to being diseased and ill. Although patient empowerment transfers control to the patient and/or families, professional nurses are an essential user group.

Understanding user experiences as well as information about adverse events and near-misses is crucial for gaining knowledge about the implementation and use in the home care setting. Sharing this information can help patients and caregivers, particularly nurses, in their professional duties, as well as improve patient safety and quality of care.

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