



# NEW VISION

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Among Nurses Only

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## To ALL NURSES IN SRI LANKA

I believe, you will be pleased to hear, that we have obtained membership of the Organization of Professional Associations of Sri Lanka (OPA). Since the inception of the GNF, we looked forward to gaining membership of the OPA. We worked hard for it and finally we succeeded. Gaining membership in the OPA is a great achievement for all nurses in Sri Lanka. Don't misunderstand me. This achievement is not limited to the university graduates only. It is for the whole nursing profession.

### What is OPA ?

It is a common forum to consider matters of national and professional interests. It was formed in May 1975. Presently there are 39 professional member associations representing 27 different disciplines. The present membership of the constituent associations is around 35,000 professionally qualified persons.

### Why is it important to get membership of OPA?

As Sri Lankan nurses, we have not gained due recognition for our profession, even though we make major contribution to the development of provision of health care to the nation.

OPA recognized and accepted the fact that we fulfilled the requirements needed to be considered as a profession. We can now go forward and be recognized as professionals within our own country. We should be very proud of it and work collectively to develop our professional standards and public image and to provide improved services to the public. We believe that the OPA will support and guide us in our future development attempts.

### What did the OPA Consider, when they offered us membership ?

It was a long process, it has taken more than a year. First we discussed with the officials of the OPA. After the

discussions we submitted the required back ground information of our avenues for higher education. They were aware that we were one of the major contributors in the National Health Care System.

Sri Lankan nurses are prepared to meet the health care needs of the people in the area of promotion and restoration of health, prevention, of disease and rehabilitation.

Even though we have a well planned and globally recognized three year educational programme, it is still recognized as "Certificate Course". Due to this reason, we could not gain membership of the OPA in the past. However when the Graduate Nurses' Foundation submitted its application, the OPA accepted it because we fulfilled the necessary requirements that is having as its membership, nurses with graduate and post graduate qualifications. So it is proved that nursing required university qualifications to be recognized as a profession. Our ultimate objective is to motivate and support our nurses to aspire for higher education to serve our people better. Education for Excellence is our motto. So we need your continuous support and maximum effort.

As the president of GNF and one of the senior nurses in the profession, I would like to draw your attention to a recent tragedy that occurred at the D.M.H. and Matale Base Hospital, we cannot consider them as isolated incidents because they affected the prestige of our profession adversely. These things cannot be erased easily. Protecting the public through provision of quality care is our major responsibility. There is no room for mistakes or negligence in nursing. It is our hope that you continue to pursue your nursing education at university level and continue to improve the health of our people through research, evidence based practice and humane care.

**Malanie Ranasinghe (BScN.MScN)**  
President - G. N. F.

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## The History of Health Services in Sri Lanka

Historical evidence reveals that ancient Sri Lanka had a reasonably well-developed health care system to meet the health needs of the people. A cave inscription of the early *Brahmi* script records the donation of two caves to the *Sangha* by a person named *Gobuli*, who was both physician and teacher to the King Devanampiya Tissa (250 B.C.) (Ranaweera, 2001). Some of the inscriptions dated between the period of 8<sup>th</sup> and 12<sup>th</sup> A.D. also reveal information on medical systems in Sri Lanka during that period (Ranaweera, 2001). The Archaeological Department conserved a structure of stone pillars identified as a hospital about quarter of a mile away from the *Vatadage* at Madirigiriya. The existence of a system of hospitals in Madirigiriya, Mihintale and Polonnaruwa has been proven. A medicine trough probably used by the hospital also had been discovered.

The principal source for the early history of Sri Lanka is the *Mahavamsa* (Great Chronicle), written by Buddhist monks in the 500s AD. According to the *Mahavamsa*, the ancient Buddhist universities like *Nalanda* in India, *Taxilla* in Pakistan, *Mahaviharaya* in Sri Lanka were very large institutions with hospitals called "Hall of Care" which were established to provide health care for the monks (de Silva, 1997, Jayasekara, 2003). King Asoka the Great built hospitals in India in the 3<sup>rd</sup> century B.C., however hospitals existed in Sri Lanka as far back as the 3<sup>rd</sup> century B.C. King Pandukabaya built hospitals and maternity

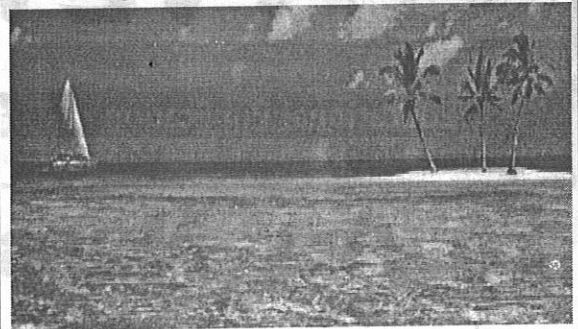
homes called "*Sotti Shala*" and "*Sivica Shala*" in 437-346 B.C. (de Silva, 1978). Historical literature reveals that Buddhism inspired the Sri lankan Kings to establish hospitals for sick people (e.g. King Dutugemunu - 2<sup>nd</sup> century B.C., King Buddhadasa - 4<sup>th</sup> century A.D. and King Parakramabahu the Great - 12<sup>th</sup> century A.D.)

Buddhism influenced the advent of Ayurveda (Traditional Indigenous Medicine) in Sri Lanka in the 3<sup>rd</sup> century B.C. and the ancient Kings of Sri Lanka contributed to the development of *Ayurveda*. King Buddhadasa was an eminent *ayurvedic* physician and was famed for treating soldiers, horses and elephants (de Silva, 1978). King Kasyappa constructed *ayurveda* hospitals in Anuradhapura and King Parakramabahu the Great constructed irrigation works and the Royal Hospital. Even today the ruins of *ayurveda* hospitals and medicinal troughs (9<sup>th</sup> century BC) known as '*Beheth Oruwa*' for Herbal Batch can be seen at *Mihintale*. The local rulers encouraged the physicians by sustaining them materially with the donation of lands and other forms of rewards and organized a system of treatment through hospitals and dispensaries. This arrangement seems to have declined from the 11<sup>th</sup> Century A.D. (Ranaweera, 2001). However, local physicians who were scattered over villages practiced the Indigenous System of Medicine and were responsible for the prevention and treatment of diseases in the country.

This great tradition was lost during the 16<sup>th</sup> century, together with sciences of engineering and surveying (de Silva, 1997). However, *Ayurvedic* treatments are still popular and effective for some diseases. The indigenous system of medicine and Buddhism created the social value where nursing the sick is the highest possible pedestal. This high social value of the nursing profession contributes to nursing's success in recruiting students.

**Rasika Jayasekara**  
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The University of Adelaide

## What the ocean taught...



What the sacred Vedas taught,  
The Gautama Buddha taught,  
Lord Jesus Christ and Prophet Mohamed taught,  
We know.  
The goodness in the good,  
They taught.

The Ocean taught too,  
Its incredible pleasures.

The Water's wealth and warmth, it taught,  
Its usefulness, its vastness and splendour,  
With silver ripples at break of day,  
At sunset dancing in crimson and gold,  
And 'tween the two, its beautiful blue  
Incredible pleasures !

Happily lashing their latent force,  
Clad in a harmless white, wave after wave,  
Gently to a nothingness break,  
Washing a countless wading feet  
On beaches. The welcome waves !  
What incredible pleasure !

The pleasure packed Ocean, one morn  
A tsunami surged. To humankind so bitter  
So cruel, so wicked, so disastrous,  
In its thoughtlessness, mercilessness and  
compassionlessness.  
On the Richter at a nine-point-two  
'twas built to hit our shores.

In a fury it gulped woman and man.  
No matter the status, the race, the faith.  
The old, the young : the young as young as babies in arms,  
And the yet to be born awaiting "nakath" times.  
The tsunami heeded none or nothing his or hers.  
Incredible grief - packer pain !

Engulfed in that grief-packed pain,  
Lurks the milk of human kindness,  
His genuine graciousness. Man to man,  
In adversity his strength in unity.  
It's the goodness in the good, shining bright.  
Incredible pleasure indeed !

Note : "nakath" - asterisms i.e. auspicious times  
Trixie Marthenez

# TARGETING COUNTERFEIT AND SUBSTANDARD MEDICINES

Inherently defective and substandard products such as counterfeit medicines pose a serious threat to patient and public safety and quality of care. As nurses, we are also concerned with patient safety. International Council of Nurses (I.C.N.) has chosen this topic as the focus of this year's International Nurses' Day (I.N.D.) in order to inform nurses and to provide you with the tools to tackle this growing problem.

According to the United States Food & Drug Administration (F.D.A.), counterfeit medicines make up more than 10% of the global medicines available in the market and available in both developed and developing countries. It is estimated that up to 25% of the medicines used in developing countries are counterfeit or substandard.

Patients and consumers are the primary victims of counterfeit medicines. There for it is very necessary to provide them with appropriate information and education and the consequences of counterfeit medicines. As front line health care providers, nurses are key players in increased vigilance for counterfeit medicines and increased reporting of possible counterfeit drugs.

Counterfeit medicines have no universal definition. Legal definitions vary from country to country. However according to W.H.O. (1972) a counterfeit medicine one, which is deliberately and fraudulently mislabeled with respect to identify and/or source

## International Nurses' Day - 2005

Graduate Nurses' Foundation celebrated The International Nurses' Day in association with the Sri Lanka Nurses' Association at the BMICH on 13<sup>th</sup> May 2005. Florence Nightingale memorial address was delivered by the President GNF and Secretary of SLNA Ms. Malanie Ranasinghe.

Counterfeit medicines may include products;

- ❖ With correct ingredients.
- ❖ With wrong ingredients
- ❖ Without active ingredients
- ❖ With insufficient active ingredients.
- ❖ With impurities.
- ❖ With fake packaging

These are also increasing factors for health risks; such as no quality control, adverse reactions not mentioned; an effective products recall would not be possible, under treatment (or non-treatment), public health risks; ineffective antibiotics or vaccines, intoxicification; harmful ingredients, and erosion of public confidence in medical care.

To identify counterfeit medicines we have to increase of public awareness, specially drugs packaging and labeling, such as;

- ❖ Container and closures.
- ❖ The trade name
- ❖ The scientific name.
- ❖ The manufacture's name & logo.
- ❖ The manufacture's full address.
- ❖ The drug strength. (mg/unit)

- ❖ The dosage form. (Eg. tablets/capsules)
- ❖ The number units per container.
- ❖ The batch (or lot) number
- ❖ The date of manufacture & the expiry date.
- ❖ Storage information.
- ❖ Leaflet or package insert.

Physical characteristics of tablets/capsules such as, shape, size, colour, markings, breaks, cracks, smell, etc. are easy way to identify counterfeits. In some cases patients have noticed a different taste, consistency or appearance of products that are later identified as being counterfeit.

The I.C.N. suggested five steps for consumers, how to recognize counterfeit medicines;

1. Know your medicines
2. Buy drugs from safe sources
3. Examine the packaging.
4. Examine the tablets/capsules.
5. Note how your body responds.

Therefore as nurses, our responsibility to educate the public about the dangers of buying medicines through the Internet or on the streets from unauthorized sources. It is unethical to knowingly administer counterfeit medicines that will cause harm to the patient. Nurses must report all suspect counterfeit medicines to the appropriate authority. (Eg. Chief pharmacist, Director of hospital, or Drugs Authority of Sri Lanka)

## "Arogya 2005" National Health Care Exhibition

We were invited by the National Chamber of Commerce of Sri Lanka to represent the Nursing Profession at "Arogya 2005" Health care Exhibition.

It was the meeting place for all the health care stake holders in the private sector as well as the public sector. We believe that it was our privilege and good fortune to have had that opportunity to represent the nursing profession.

We made tremendous effort to improve the public image of nursing and create awareness among the public regarding health promotion and prevention of disease.

The Exhibition on held as the 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> of May in 2005. This

was a collective effort of the Sri Lanka Nurses Association and the GNF.

I wish to place on record my warmest and heartfelt thanks with love and gratitude to :

- ❖ My teachers
- ❖ Members of SLNA & GNF
- ❖ The staff of the School of Nursing Colombo.
- ❖ Nursing Staff - Infection Control Unit and Dialysis Unit
- ❖ Nursing Students - School of Nursing, Colombo
- ❖ Sincere friends - For the constant support and encouragement

**President  
GNF**

**ජේෂ්ඨය** ඉන්ද්‍රියයක් වූ හෘදය වාතන පද්ධතියට යම් පීඩනයක් යටතේ රුධිරය පොම්ප කිරීම සිදු කරයි. අඛණ්ඩව ක්‍රියාත්මක වන හෘදයේ කාර්යක්ෂමතාවය ඇගයුම් කරන එක් සාධකයක් වන්නේ කන්තුක පිටදැමුම (Cardiac Output) හෙවත් හෘදයෙන් මහා ධමනියට විනාඩි 01 ක් තුලදී ඇතුලු කරන රුධිර පරිමාව වේ. කන්තුක පිටදැමුම සඳහා බලපාන සාධක,

- 01. Pre load - පූර්ව භාරය  
හෘදයෙන් වම් හා දකුණු අලින්ද ද තුලට උත්තර හා අධරකාන ශිරා හා පුප්ප්ශ්‍රීය ශිරා මගින් එකතු වන රුධිර පරිමාව.
- 02. After load - පසු භාරය  
හෘද කුටීර වල පිරවුණු රුධිරය මහා ධමනියට හා පෙනහලු තුලට තෙරපා හරිනු ලබන රුධිර පරිමාව.
- 03. Heart Rate - හෘද ස්පන්දන වේගය
- 04. Power of Muscle Contraction - හෘද ජේෂ්ඨවල සංකර්ශණ බලය

ඉහත සඳහන් සාධක හොඳින් ක්‍රියාත්මක නොවීම හේතුවෙන් කන්තුක පිට දැමුම අවම ප්‍රමාණයක් වේ. මෙවිට ශරීරය පුරා විහිදී ඇති දහස් ගණනක් වූ ජීවී සෛලයන්ට අවශ්‍ය පෝෂණය හා ඔක්සිජන් ප්‍රමාණය නොලැබී යාම හේතුවෙන් හෘද අකරණිය (Cardiac Failure) තත්ත්වයට පත්වේ. හෘදයට බලපාන ප්‍රධාන රෝග තත්ව වනුයේ,

- (1) හෘද අකරණිය - Heart failure
- (2) කන්තුක ඇරත්මියාව - Cardiac Arrythmia
- (3) කන්තුක රුද්ධි රක්තය - Ischemic Heart Disease

**හේතු**

- 01. පූර්ව හේතු - හෘදය තුලට ගලා වන රුධිර පරිමාවේ ඇතිවන වෙනස්කම්
  - 02. හෘදයේ හේතු  
හෘද ජේෂ්ඨයේ හා කපාට වල ඇතිවන දෝෂ
  - 03. පශ්චාත් හේතු  
හෘදයෙන් රුධිර නාල පද්ධතියට හා පෙනහලු තුලට රුධිරය ගලා යෑමේදී ඇතිවන බාධක
- පූර්ව හේතු යටතේ විස්තර වන්නේ හෘද කුටීර වලට පර්යන්තයේ සිට හා පෙනහලු වල සිට ගලා වන රුධිර ප්‍රමාණය අඩුවීමේ තත්ත්වයි. උදාහරණ ලෙස උත්තර හා අධරකාන ශිරා ඔස්සේ හෘද අලින්ද වලට පැමිණෙන රුධිර ප්‍රමාණය අඩුවීම හා පෙනහලු වල සිට හෘදයට පැමිණෙන රුධිර ප්‍රමාණය අඩුවීම නිසා පෙනහලු තුල සහ අත් හා උදරය වැනි කොටස් තුල තරලය රැස්වීම සිදුවේ. මෙම තත්ත්වය පෙනහලු සංවයනය, ජලෝධරය හා වළලුකර ඉදිමීමේ තත්ව ලෙස විවිධ නම් වලින් හඳුන්වයි. මෙයට අමතරව ප්‍රෝටීන උපතතාවය නිසා ඇති වන නිරික්සියේදී රුධිරගත ඇල්බියුමින් ප්‍රමාණය අඩුවීමෙන් කලීල පීඩනයේ ඇතිවන වෙනස්කම් නිසාද, වකුගඩුවේ ඇතිවන විවිධ රෝග

# හෘද රෝග හා ඖෂධවල කාර්ය භාරය

තත්ත්වයන් නිසාද ගුරුත්වයේ ඇතිවන බලපෑම් නිසාද පටක තරලය වක්රයේ වේ. මේ තත්ත්වය නිසා හෘදය වෙතට රුධිරය ගලායාමේ ප්‍රවනතාවය අඩු වේ.

හෘදයේ හේතු වශයෙන් හෘද ජේෂ්ඨයට සැපයෙන රුධිර පරිමාව අඩුවීම හේතුවෙන් සිදුවෙන ඔක්සිජන් හා පෝෂණය ප්‍රමාණවත්ව නොලැබීම දැක්විය හැකියි. කිරීටක ධමනි පටුවීම් හා අවරෝධිතාවයන්, රුධිරයේ හිමෝග්ලොබින් ප්‍රතිශතය අඩුවීම හා වාතුණය වන රුධිර පරිමාව අඩුවීම මෙයට හේතු ලෙස දැක්විය හැක. එසේම හෘද කපාට වල පවතින දෝෂ සහිත තත්ත්වයන් ද මෙයට බලපායි.

පශ්චාත් හෘද හේතු ලෙස හෘදයෙන් පිට කරනු රුධිරය වාතුණය වන නාලවල ඇතිවන ඇතරෝමා, ධමනි දෘඩතාවය, අවරෝධන තත්ත්වයන් මෙන්ම ලිප්‍රෝමේයාව, පොලියයිතිමියාව වැනි රෝග තත්ව හා වකුගඩු මන්ද ක්‍රියාකාරීත්වයේ දී සිදුවන ඇන්ජියෝටෙන්සිනෝප්ස් යාන්ත්‍රණය පණගැන්වීම ආදිය දැක්විය හැක.

**රෝග රූප හා ලක්ෂණ**

- 01. හෘද වූෂණ ක්‍රියාවලිය හා හෘද ජේෂ්ඨ සංකර්ශණ ක්‍රියාකාරීත්වය අඩපන වීම නිසා පෙනහලු තුල තරලය රැස් වීමෙන් ශ්වසන අපහසුව හා නිලායනය ඇතිවීම.
- 02. ගුරුත්වය හේතු කොටගෙන ඉහු හා ජලය පටක තුල තැන්පත්වීම නිසා පාද, උදරය වැනි ස්ථාන වල ඇතිවන ඉදිමුම
- 03. හෘද ජේෂ්ඨය ඇතුලු සියලුම ජේෂ්ඨ පටක වලට ලැබෙන ඔක්සිජන් ප්‍රමාණය හා පෝෂණය අඩුවීම නිසා ඉක්මනින් වෙහෙසට පත්වීම, හරිය හා දුර්වලභාවය ඇතිවීම.
- 04. ගෙලේ ධමනි හා ශිරා වල ඇතිවන පීඩනය හේතු කොටගෙන මොළය සහ ඇස් වැනි ඉන්ද්‍රිය වල වෙනස්කම් ඇතිවීම.
- 05. හෘද ජේෂ්ඨ සෛල වලට ලැබෙන මන්ද ඔක්සිජන් පරිමාව වළක්වා ගැනීම සඳහා පවතින තත්ත්වය යටතේ හෘද සෛල වඩා විශාල වීමෙන් මුළු හෘදයම විශාල වීම (Heart enlarge)

හෘද රෝගවලදී රෝගියාට ඉතා තීව්‍ර ව ඇතිවන රෝග ලක්ෂණ හා හැට්ටි මැඩි පැවැත්වීම සඳහා ඖෂධ ප්‍රතිකාර හා හෙද ක්‍රියාමාර්ග ගැනීම අවශ්‍ය වේ. මෙහිදී ඖෂධ වර්ග රාශියක් ප්‍රතිකාර සඳහා භාවිතා කරයි.

මෙහිදී හෘදයේ කාර්යක්ෂමතාවය දුර්වල වීම නිසා ඇතිවන සංවයනය ඉවත්කර රෝගියාට ශ්වසන පහසුව ඇතිකිරීම සඳහා අධි මුත්‍රක ඖෂධ වර්ග රෝගියාට ලබාදේ. අධි මුත්‍රක ඖෂධ රෝගියාගේ අවශ්‍යතාවය හා ඒවායේ ක්‍රියාකාරීත්වය ස්වභාවය මත ප්‍රධාන වර්ග 03 කට බෙදේ.

- (i) අධි ක්‍රියාකාරීත්වයෙන් යුතු අධිමුත්‍රක ඖෂධ
- (ii) සාමාන්‍ය ක්‍රියාකාරීත්වයෙන් යුතු අධිමුත්‍රක ඖෂධ
- (iii) මන්ද ක්‍රියාකාරීත්වයෙන් යුතු අධිමුත්‍රක ඖෂධ

අධි ක්‍රියාකාරීත්වයෙන් යුතු අධිමුත්‍රක ඖෂධ වශයෙන් හඳුන්වන Frusamide හා Ethacranic acid අයත් වන ඖෂධ කාණ්ඩය වනුයේ loop diuretic ය. මෙම ඖෂධය වෘත්තානුවල හෙන්ලේ නැමිය තුල ක්‍රියාත්මක වී ජලය හා ලවණ පිට කිරීම වැඩි කිරීම තුලින් වාතුණය වන තරල ප්‍රමාණය අඩුකිරීමත් හෘදයට ගෙනයන රුධිර ප්‍රමාණය වැඩි කොට පෙනහලු තුල වක්රයේ වන තරල ප්‍රමාණය අඩු කිරීම සිදු කරයි. මෙම ඖෂධ ලබා දෙන විට මුත්‍රා සමඟ පොටෑසියම් විශාල ලෙස බැහැර වේ. පොටෑසියම් මෙසේ බැහැර වීම හෘදයේ ක්‍රියාකාරීත්වයට සුදුසු නොවේ එසේම විද්‍යුත් ශ්ලතක අසමතුලිතතාවයක් ශරීරය තුල ඇතිවේ. මෙම තත්ත්වය වැලැක්වීම පිණිස මෙවැනි අධිමුත්‍රක සමඟ KCl ද රෝගියාට ලබාදේ.

සාමාන්‍ය ක්‍රියාකාරීත්වයක් දක්වන ඖෂධයක් ලෙස HCT (Hydrochloro thiazide) දැක්විය හැකි අතර පැය 12 ක පමණ ක්‍රියාකාරීත්වයක් වියට ඇත. මෙමගින් අධිකව ශරීරයෙන් මුත්‍රා සමඟ පොටෑසියම් පිටවීම කෙරෙහි වතරම් බලපෑමක් නොදක්වන දීර්ඝ කාලයක් ලබාදෙන්නේ නම් රෝගියාට KCl ලබා දිය යුතුය.

දුර්වල වූ හෘදය පණගන්වා වැඩි කන්තුක පිට දැමුමක් සිදුකිරීම සඳහා Cardio glycoside ගණයේ ඖෂධ වන Digoxine හා Digitoxine නැමැති ඖෂධ ලබාදේ මේවා මගින් ජලාස්මා තරලයේ දියවී ඇති කැල්සියම් අයන හෘද සෛල තුලට ඇතුළු කොට හෘද සංකර්ශණ ක්‍රියාවලිය ශක්තිමත් කිරීම සිදුකරයි. මෙවිට හෘද කුටීර ශක්තිමත් ලෙස සංකර්ශණ වී වැඩි රුධිර ප්‍රමාණයක් මහා ධමනියට ඇතුලු කොට කන්තුක පිට දැමුම වැඩි කරන අතර හෘද වූෂණ ක්‍රියාවලිය උත්තේජනය කොට පෙනහලු වල රැදී ඇති තරලය ඉවත් කරයි. එසේම වකුගඩුව ඇතුලු ජෛව ඉන්ද්‍රියන්ට ලබාදෙන රුධිර පරිමාව වැඩිකොට ශරීරයේ වැඩිපුර ඇති තරල ප්‍රමාණය වකුගඩු හරහා පිටකිරීම මගින් ඉදිමා තත්ත්වය අඩු කිරීම සිදු කරයි.

මෙයට අමතරව හෘද රෝගීන් සඳහා ලබා ගෙන ඖෂධ ප්‍රතිකාර පිළිබඳ ලිපි ඉදිරියේදී පළ වේ.

**ආර්. එම්. විජයවර්ධන**  
හෘද විද්‍යාල, මහනුවර

## HEALTH EDUCATION, NURSING ROLE AND TEACHING

### Introduction

Learning causes a change in the individual through interaction with the environment. He or she becomes more capable of dealing with the environment. In health education, health beliefs, attitudes and behaviors are the targets for change. It is recognized that a society's most valuable resource is its people. By protecting and promoting the health of its members, the best interests of the society will be served. Health education programs are the most successful forms of protecting and promoting the health of people.

Health education has four definite aims.

01. Promote good health, an asset, valued by the community.
02. Encourage full use and development of health services.
03. Teach people how to achieve good health.
04. Encourage people to achieve good health by their own actions and efforts.

### Nursing role and education.

Nursing care includes responsibility for dispensing health information and in patient teaching. Information exchange significantly affects interpersonal relationships in the hospital setting. Through information exchange, nurses play a major role in providing health education. The standardized role of the patient or client educator, has been perceived as telling patients or clients what to do, how to do it, how frequently, why and what he/she has to do. The underlying assumption is that if people knew what is beneficial to their health they will do it. Therefore nurses have to provide accurate and adequate information in accordance with patient needs.

Health education also has its own theories and practices. If we are to be successful, we must be able to relate its principles, methods and techniques to the skills the patients/clients possess. So the nurse must consider how this could be tailored in her patients.

### Barriers to teaching and how to overcome them.

Lessening the gap between health information and health practice

is a major challenge in health teaching today.

- ◆ Language is one barrier in health teaching. In hospital/community there are several nationalities. Some tamil and muslim people cannot understand Sinhala or English. To overcome this problem, learning tamil language is useful for the nurse or she can use another tamil person who knows both Sinhala and Tamil for translating.
- ◆ Another problem in health teaching is the degree of illness or condition. Eg. Patient with severe pain can't concentrate to learn.
- ◆ In Sri Lanka there are approximately fifty patients in a hospital ward on the average. But there are only four or five nurses for a shift. So the nurses cannot find the time to give health education to patients. The problem of lack of staff and crowded wards are the main barrier for health teaching. To overcome this barrier the nurses can give health teaching while nursing the patients. Eg. While applying dressings or giving a sponge bath.
- ◆ Illiteracy is also a barrier for health teaching. Some of the people in Sri Lanka are uneducated. They cannot understand even simple things. To overcome this problem nurses have to use visual aids and posters with pictures.
- ◆ Mythical beliefs is another problem in health teaching. To overcome this

problem much stress should be made on the development of the sciences, in the health teaching process.

- ◆ Low financial position of some patients is also a problem. How much advice and health teaching is given, the poor patients cannot adhere to the health advices due to poverty.

Eg. The nurse may advice the patient to drink boiled water, but the patient may find it difficult to find money to buy the necessary fuel. The nurses can solve this problem in the wards by providing boiled water to drink. But the nurse is helpless in this respect once the patient is discharged from the ward.

Health teaching is not a new role for nurses. It relates to nursing care from the time of Florence Nightingale. More recently, a broader concept of health and major achievements in health technology have enhanced the teaching role of nurses. Health is no longer viewed as merely the absence of disease, but the presence of a positive capacity to lead an energetic and productive life. As a result of this broadened concept, health promotion, disease prevention and rehabilitation have become major objectives of health care, including nursing care. Comprehensive health has led to an increased emphasis on the teaching role of nurse.

Uneska Abeypala [BScN] - NHSL

## To Say....

### "Thank you for your contribution"

Graduate Nurses' Foundation expresses its sincere gratitude to all who contributed by distributing and buying lottery tickets. Our thanks and gratitude to all nursing students, professional nurses, staff & students of physiotherapy school, co-workers, their family members, friends and others. By the sale of the tickets the funds of GNF have been enhanced by your contribution. This money will help us run smoothly, the professional development activities of the G.N.F.

The lottery was drawn at the 6<sup>th</sup> general meeting, and the prizes have been awarded to the winners.

#### Winners

- 01<sup>st</sup> Prize** - Electric Oven - Chathuri Perera  
**02<sup>nd</sup> Prize** - Electric Fan - A.M.H.A. Senarathna  
**03<sup>rd</sup> Prize** - Rice Cooker - P. Yomali Nadeera Kalhari

#### Consolation Prizes

- |                           |                                 |
|---------------------------|---------------------------------|
| 01. H.M.J. Wijerathna     | 06. Dhammika Priyadarshani      |
| 02. Sujeewa Senevirathna  | 07. M.R. Samarathunga           |
| 03. A.M.K.K. Senevirathna | 08. Harshani Jayasinghe         |
| 04. K.M. Hasara Sevmini   | 09. L.K.A.M. Champika           |
| 05. R.A. Thusithamala     | 10. Sucharitha Dharshani Perera |

# Patients' Rights And The Nurse

In order to uphold the rights' of patients, nurses should diligently follow the code of ethics for nurses. The code of ethics emphasizes the responsibility and accountability of nurses' actions related to nursing care. Nurses are obliged to provide ethical and legal care that demonstrates respect for others.

According to Carven & Hirnle (2000) "The need for nursing is universal, inherent in nursing is respect for life, dignity and rights of human beings. It is unrestricted consideration of nationality, age, sex, politics or social status.

In recent times, the nurses and the nursing profession have been portrayed adversely by the media, due to the negligence of some nurses in providing safe nursing care. However, I wish to point out that no nurse will deliberately do any harm to a patient/client who seek their care, either in the ward or community. From the 1<sup>st</sup> day in training, all nurses are made to recognize the fact that they are responsible for the safety, privacy, comfort and the therapeutic effectiveness of the care given by them.

Nurses in all positions should search for reasons which result in incidents which are harmful and adverse to the patients. Strategies to prevent such occurrences should be planned and implemented. Higher grade nursing officers, have a major role in assuring patients safety, and provision of quality care, they have an equally responsible role for strengthening their staff in all aspects related to patient care. These senior nurse managers should also plan and implement strategies to reduce the work load and long hours of work for nurses. This will help to reduce the risk of having patients as well as nurses.

I must also point out that our nurses do not maintain healthy relationships with the patients/clients. Many nurses think that the patients have no right to talk to

nurses or to make requests. This situation is different in other countries, where the patient also participates with the nurse in making nursing care plans.

Each and every nurse in practice needs to be aware of the patients' rights. Knowledge regarding patients' rights gives a clear idea about respecting the dignity of the patient, maintaining confidentiality, and privacy.

We in Sri Lanka, do not yet have a Bill of Rights of Patients'.

I give below the contents of a Bill of Rights, published by the American Hospital Association - 1972, which could be a good reference for us.

## Patients' Bill of Rights - (American Hospital Association - 1972)

01. The patient has the right to considerate and respectful care
02. The patient has the right to obtain complete current information concerning his diagnosis, treatment, and prognosis. When it is advisable not to give such information to the patient, it should be given to a suitable person on his behalf.
03. The patient has the right to receive information necessary to give informed consent before to start any procedure and or treatment. If there are medically significant care or treatment available or the patient requests to know medical alternatives, the patient has the right to receive such information.
04. The patient has the right to refuse treatment and to be informed of the medical consequences of his action.
05. The Patient has the right to protect his privacy of his own medical care. Those not directly involved in his care must have the permission of the patient to be present.
06. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

07. The patient has the right to expect reasonable response to the request for services. The patient may be transferred to the another facility hospital for medical care only after receiving complete information.

08. The patient has the right to obtain information as to any relationship of his hospital to other healthcare or educational institutions in so far his care is considered.

09. The patient has the right to be advised if the patient is proposed to engage in or perform human experimentation affecting his care or treatment. Also he has the right to refuse to participate for such research projects.

10. The patient has the right to expect reasonable continuity of care, to know in advance what appointment times and physicians are available and to receive information regarding continuity of care following discharge.

11. The patient has the right to examine and receive an explanation of his bill.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

## References

Craven, R.U.& Hirnle, C.J. (2000) Fundamentals of nursing : Human health and function, (3<sup>rd</sup> ed.) Philadelphia : Lippincott Company.

Le Mare, P., Lillis, C., & Taylor, C. (1993) Fundamentals of nursing (2<sup>nd</sup> ed.) Philadelphia : J.B. Lippincott Company)

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