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UBC Health Connect:

Through this session, I learned a lot about other health programs in UBC and what they do. Previously, I did not know what the role of occupational therapists, audiology and midwifery were in the patient's treatment process. I had never met individuals in these programs and it was surprising the kind of care that they gave. I realized that although each program teaches a very different set of information in terms of treating the patient, all the students have the same general principles. We learned about Dave's story and how it was difficult to receive proper care while respecting him. I was surprised that the health care providers that treated Dave were so ignorant to his feelings. Some of the practices such as telling Dave to go use the washroom in the closet was very surprising because it seemed obvious to the members in my group that that would not be a good idea and it would make Dave feel bad. This session further highlighted the need for proper care in more rural areas. Through speaking with the Pharmacy students, I learned that the government increased the class size of the program in the hopes that more graduates will seek jobs in rural settings. If there were more health care providers in rural settings, then a more collaborative approach can be used for cases like Dave's and the overall health program can improve.

iEthics Part 1:

At this session, we met with other students in other health care disciplines to discuss some ethical dilemmas. We began the session by looking at each health care program's code of ethics and contrasting them. There were many similarities that would increase the beneficence to the patient. There was a student from Dentistry in my group so we had the same code of ethics. I noticed however that even in addressing the patient, there were differences. In other disciplines, they called the patient a patient while in dental hygiene, we use "client." Although this difference is very subtle, my group discussed how dental hygienists use this since our care is more preventative, in contrast to other professions where they view an issue in their patients which they want to correct. An example of this is in Dentistry, since it is restorative. During the session also, there was a clear understanding of what each of us would do as a healthcare professional and what "the right thing" to do was. However, we also discussed that some policies are extraneous and on some personal levels, we might behave differently than what's expected of us. In the end, we decided that this is all part of integrity and must be respected even if we have differing views.

### Pain Management:

At this session, we were given a scenario and told to briefly discuss it with our group. There were a panel of people from different pain management clinics that were present in answering our questions. Most of the session was dedicated to coming up with questions for the panelists to discuss. I learned that there is not a set way to deal with every issue regarding "pain" and different clinics may take different approaches. Also, there are different clinics to target different issues such as psychological or physical pain. One interesting piece of information I learned is that the marijuana dispensed at dispensary is not batched tested and technically "illegal." I never knew this and I assumed that since there were so many of them, they must be legal. I find it very strange that the government would allow this. One of the panelists mentioned that a laboratory expert went to one of the dispensaries to batch test the cannabis, and discovered the presence of many pesticides. I feel that this is an important issue that should be addressed. If I was a patient seeking medication in the form of marijuana, I would go to a dispensary also since they are ubiquitous and have attractive store fronts. I am not sure if the smoking of pesticide containing marijuana would be largely detrimental to a patient's health but over time, it may accumulate and cause damage.