

1.2 Your care team, treatment goals and shared decisions

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Education alongside oncology care. No cancer cure or reversal is promised. Use your individual treatment and emergency plan. Assistant-prepared learning edition; independent native-language medical review pending. English lessons contain 2,500+ words; Hindi and Odia are shorter core-topic versions, not full-length translations.

- Map the care team and emergency contacts
- Explain treatment goals and palliative care
- Prepare questions for informed decisions

Shared decisions

1. Your priorities

2. Treatment benefits and burdens

3. Agreed plan and questions

A learning aid; use your individual oncology plan. The order and timing of care vary.

A PLAN YOU CAN UNDERSTAND

Cancer care becomes easier to navigate when you know who is responsible for which part of the plan. You do not have to manage the entire system alone. Choose one lead clinician or coordinating team, one reliable contact route and one place to keep written information. A relative can help with notes, travel or bills, but the person receiving care should remain involved to the extent they wish and are able.

WHO MAY BE ON YOUR TEAM?

A surgical oncologist or relevant specialist surgeon assesses operations. A medical oncologist manages many drug treatments. A radiation oncologist plans radiation. A haematologist may lead blood-cancer care. Pathologists examine tissue; radiologists interpret imaging. Oncology nurses explain day-to-day care and recognise problems. Pharmacists check medicines and interactions. Dietitians, physiotherapists, rehabilitation specialists, psychologists, social workers and palliative-care clinicians address different needs. Your primary-care clinician helps with existing conditions and ordinary healthcare. Some hospitals combine roles or arrange referrals rather than having everyone on site.

Ask whether your case has been or should be discussed by a multidisciplinary team. This is a coordinated discussion of diagnosis and options, not a guarantee that every expert will meet you together. Ask who will communicate the final recommendation and how changes will be shared between hospitals. A missing report or unclear responsibility can delay care; a named coordinator helps prevent this.

WHAT IS THE GOAL?

Treatment may aim to cure the cancer, reduce the chance of recurrence, control disease, ease symptoms or achieve more than one of these aims. Curative intent means treatment is being offered with a possibility of cure; it is not a promise. Disease-control treatment can sometimes continue for long periods. Palliative care means relief of suffering and support for the patient and family. It can begin alongside treatment intended to cure and is not limited to the last days of life.

Ask: What is the main goal for me now? What benefit is realistic? How will we know whether treatment is helping? When will we review it? If the situation changes, the goal and treatment plan may change too. A clear conversation protects you from assuming that every additional treatment has the same purpose.

UNDERSTANDING OPTIONS

For each reasonable option ask about expected benefit, important risks, practical demands and alternatives. Ask what could happen if treatment is delayed or not taken. Some decisions are urgent, while others allow time for more testing or a second opinion. Ask the clinician how much decision time is medically safe; do not assume that a pause is harmless or that every decision must be made within minutes.

Numbers are easier to interpret when presented consistently. If a treatment reduces a risk from 20 in 100 people to 15 in 100, the absolute reduction is 5 in 100. A percentage that sounds large may describe relative change rather than the number of people likely to benefit. Ask for benefits and harms using the same denominator and time period. These are teaching examples, not estimates for your cancer.

YOUR PRIORITIES BELONG IN THE PLAN

Tell the team what matters: living longer, symptom relief, preserving fertility, caring for children, staying mobile, working, avoiding repeated travel or being at home. These priorities can coexist. Financial constraints do not mean a patient cares less about recovery. Ask about effective affordable options, hospital assistance, social-work support, insurance documents and the full likely cost. Verify current eligibility with the relevant official programme or hospital; do not rely on an old forwarded message.

CONSENT IS A CONVERSATION

Before agreeing, understand the treatment name, purpose, important benefits and risks, alternatives and practical aftercare. Ask in the language you understand. Request an interpreter when needed; a child should not have to carry the burden of explaining serious treatment choices. Reading or signing a form does not replace an explanation. You may ask questions, request clarification and discuss your preferences. If illness affects decision-making capacity, the team should follow applicable law and involve the appropriate representative while respecting the patient's known wishes.

A SECOND OPINION

A second opinion may clarify a major operation, rare diagnosis or complex treatment choice. Arrange it in a way that avoids unsafe delay. Ask which reports, tissue slides, blocks, scans and treatment records are needed. Tell both teams what advice you have received. Combining parts of different prescriptions without coordination can be dangerous. Choose one agreed plan after discussion.

BETWEEN APPOINTMENTS

Before leaving, know the next treatment date, required tests, supportive medicines and warning signs. Save daytime and after-hours contact details. Ask what to do if nobody answers. Write down which symptoms need immediate emergency

assessment and which can wait for a routine message. A messaging group is not an emergency service. Avoid posting urgent symptoms and waiting for strangers to respond.

FAMILY COMMUNICATION

Ask the patient whom they want included and how much information they want shared. Some people want detailed numbers; others prefer step-by-step information. Family members may be frightened and want to hide the diagnosis, but the patient's information preferences should guide respectful discussions. Do not force a person to make treatment choices simply to reduce everyone else's anxiety.

A short family meeting can divide tasks: one person accompanies appointments, another organises meals, another tracks bills. Appoint a backup so the main caregiver can rest. Make room for ordinary conversation. A patient is still a parent, partner, friend or colleague, rather than only a diagnosis.

CASE: A CHOICE WITH MORE THAN ONE CONCERN

A man is offered several weeks of treatment far from home. His family hears only the treatment name. He is worried about transport and caring for his spouse. At the next appointment he asks about the expected benefit, safe timing, nearby treatment options and social-work help. The plan becomes more practical without abandoning the medical goal. Speaking about constraints is part of good care.

WORKSHEET: ONE-PAGE CARE MAP

Fill in: lead clinician; hospital; main goal; treatment options; chosen plan; next review; daytime number; after-hours number; nearest emergency facility; transport backup; medicine contact; caregiver backup. Add three questions: What do I most want clarified? What is hardest at home? What could stop me following the plan?

TEACH-BACK

Say in your own words: My current goal is ___. My next step is ___. If I develop ___ I will contact ___. Ask the clinician to correct misunderstandings. This checks the quality of the explanation, not your intelligence. Recovery education should make the next safe action easier to recognise.

DEEPER PRACTICE: PREPARING A USEFUL APPOINTMENT

A consultation is easier when the most important question appears early. Before the visit, write three priorities on one page. The first might concern a medical decision, the second a symptom and the third a practical problem. Put the urgent concern first rather than saving it until you are leaving the room. If there are many questions, ask which can be answered today and how the others will be addressed. A written list supports a conversation; it does not need to become a test that the clinician must complete in a fixed order.

Bring glasses, a hearing aid or other communication support if you use them. Ask a trusted person to accompany you if you wish. Agree beforehand whether that person will take notes, ask a particular question or help remember the plan. If you prefer part of the consultation alone, say so. Sexual symptoms, money worries, family conflict or emotional distress may be easier to discuss privately. Your support person can help without replacing your voice.

A SIMPLE DECISION GRID

For a major choice, make a table with one row per reasonable option and columns for purpose, likely benefit, important harms, time demands, cost and effect on daily life. Ask the team to help fill it rather than searching each box alone. Include observation or symptom-directed care when these are clinically reasonable options. The grid is not intended to make a complex choice mechanically. It makes the trade-offs visible so you can explain what matters to you.

For example, one plan may require more travel but offer a different expected benefit. Another may be easier to receive locally but have a different side-effect profile. Ask which differences are medically important and which can be managed with support. Avoid choosing only on the basis of the newest drug name or the most aggressive-sounding approach. More treatment is not automatically better treatment; the relevant question is whether its expected benefit justifies its burdens for your situation.

ASKING ABOUT BENEFIT IN PLAIN LANGUAGE

If the explanation is difficult, try: Among people similar to me, how many are helped by this treatment, and what does helped mean? Does it mean a smaller chance of recurrence, longer life, a smaller tumour, fewer symptoms or a combination? Over

what period? How certain is the estimate? If exact numbers are unavailable, ask for a reasonable range and the main uncertainties. A clinician may be unable to predict your personal result while still providing a useful recommendation.

Ask about both common manageable effects and uncommon serious harms. A list containing every possible event can be overwhelming; ask which risks most affect your decision and which symptoms you need to recognise. Also ask whether a problem is usually temporary, can persist or needs preventive treatment. This turns a frightening list into a care plan. If written information is offered, mark the sections relevant to your actual regimen rather than assuming every listed effect will happen.

WHEN TIME FEELS SHORT

The word cancer can make every day feel like an emergency. Some conditions do require rapid treatment. Others need time for staging, specialist review or recovery from a procedure. Ask the team to explain the medically appropriate timeline. If you are waiting, know what is being arranged, when you should hear back and whom to contact if the date passes. A clear plan reduces the feeling of being forgotten while preserving the investigations needed for a sound decision.

If a proposed second opinion or financial arrangement might delay care, discuss that openly. Ask whether a local step can safely happen while another review is pending. Do not independently postpone an urgent treatment to complete a wellness programme, purchase a product or wait for an unverified promise. Likewise, do not abandon a useful second opinion simply because asking questions feels disloyal. The aim is a timely coordinated decision.

PALLIATIVE SUPPORT IN EVERYDAY TERMS

A palliative-care referral may help with pain, breathlessness, nausea, fatigue, anxiety, family strain or uncertainty about goals. The team may also help coordinate community support and practical concerns. Accepting this help does not require giving up cancer-directed treatment. A person receiving treatment intended to cure may still need help with severe symptoms. A person whose cancer cannot currently be cured still deserves active, skilled care focused on comfort and function.

People sometimes hear palliative as a label for abandonment. Ask what the referral is meant to provide in your case. A useful question is: Which problem can this team help us manage now? If the main concern is pain, ask who will prescribe, how quickly the

plan should help and when to call if it does not. If the concern is decision-making, ask for a joint conversation with the cancer team. Clear roles help prevent different teams from unintentionally giving conflicting advice.

DISAGREEMENT WITHIN THE FAMILY

Families may disagree about travel, money, disclosure or the intensity of treatment. Start by identifying the patient's preferences and the medical facts, then separate them from assumptions. One relative may believe that choosing comfort means giving up; another may fear that any treatment will cause unbearable suffering. Both need an explanation of the actual options. A planned meeting with the clinician, nurse or counsellor can be more useful than repeated arguments at home.

Try language that describes a concern without accusing anyone: I am worried about the travel burden; can we ask about local options? Or: I want us to understand the likely benefit before deciding. Avoid statements such as you do not care enough or you must fight harder. People can value life deeply while making different choices about burdensome treatment. If there is coercion, neglect or abuse, tell a trusted professional privately so appropriate support can be arranged.

FINANCIAL PLANNING WITHOUT FALSE PROMISES

Ask for a written estimate where possible and clarify what it includes. Medicines, investigations, infusion charges, surgery, hospital stay, transport, accommodation and time away from work may be separate costs. Ask what could change the estimate, whether an equivalent lower-cost medicine is appropriate and which documents are needed for insurance or assistance. Keep copies of approvals, bills and discharge summaries. A named family member can organise this work so the patient is not repeatedly asked for the same details.

Eligibility rules and funding programmes change. Verify current information through the hospital or the official programme rather than assuming a forwarded message applies to you. Do not pay an intermediary who guarantees approval without checking their authority. If money may stop treatment, tell the team early. Hiding the problem can lead to missed visits or rationed medicines that are harder to address later. Asking about affordability is part of treatment planning.

HANDOVERS BETWEEN HOSPITALS

Before travelling to another centre, ask for a treatment summary including diagnosis, pathology, stage, procedures, medicine names and doses where relevant, treatment dates, major side effects and the next intended step. Ask how scans and pathology material will be shared. Know whether the new centre is providing a second opinion, taking over treatment or delivering only one part. This distinction prevents both duplication and gaps.

After the visit, send the relevant recommendation back to the lead team through the agreed channel. Ask which clinician will make the final coordinated prescription. Do not run two different anticancer plans simultaneously because each sounded reasonable in isolation. Even supportive medicines can overlap. A pharmacist or clinician should reconcile the complete list after a transfer.

TWO PRACTICE SCENARIOS

First, a patient is told that treatment may reduce recurrence risk but is unsure how much. A useful next question is: Can you explain my risk with and without the treatment using the same time period? Second, a patient develops worsening nausea but worries that reporting it will cause treatment to stop. A useful message is: I want to continue the plan safely, but I cannot keep food down; what should I do today? In both cases, speaking clearly creates a chance to improve care rather than signalling lack of commitment.

YOUR APPOINTMENT CLOSE-OUT CHECK

Before leaving, state the agreed plan aloud. Confirm the next date, required tests, medicine changes and contact route. Ask when a pending result will be reviewed and who will contact you. If you have received several instructions, request a written summary or take clear notes. Check that names and doses are legible before reaching the pharmacy. If something conflicts with an earlier instruction, ask for reconciliation rather than choosing whichever sounds easier.

A WEEKLY FAMILY REVIEW

Set aside a short, calm time to check the coming week's appointments, food and transport needs, medicine supply and caregiver rest. Do not make every conversation about cancer. Ask the patient which task would make the greatest difference now. A

small practical action, such as arranging a ride or preparing a tolerated meal, often helps more than another unsolicited treatment suggestion. End the review with one shared plan and the name of the person responsible for the next step.

Check your understanding

Do stage and grade mean the same thing?

1. Yes, always
2. Both measure willpower
3. No; spread and microscopic appearance differ

No; spread and microscopic appearance differ

Use this action in context: No; spread and microscopic appearance differ. Ask your treating team to adapt the plan to your situation.

Sources

<https://www.cancer.gov/about-cancer/treatment>

<https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet>

<https://www.cancer.gov/about-cancer/treatment/questions>

1.2 आपकी उपचार टीम, लक्ष्य और मिलकर निर्णय लेना

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यह कैंसर उपचार के साथ शिक्षा है। कैंसर ठीक करने या पलटने की गारंटी नहीं। व्यक्तिगत उपचार और आपात योजना अपनाएँ। सहायक द्वारा तैयार संस्करण; स्वतंत्र मातृभाषी चिकित्सकीय समीक्षा बाकी है। अंग्रेज़ी पाठ 2,500+ शब्दों के हैं; हिंदी और ओड़िया मुख्य विषयों के संक्षिप्त संस्करण हैं।

- उपचार टीम और संपर्क पहचानें
- लक्ष्य और पैलिएटिव केयर समझें
- निर्णय के लिए सवाल तैयार करें

मिलकर निर्णय

1. आपकी प्राथमिकताएँ

2. उपचार के लाभ और बोझ

3. सहमति की योजना और प्रश्न

शिक्षा के लिए चित्र; अपनी उपचार योजना अपनाएँ। देखभाल का क्रम और समय अलग हो सकता है।

समझ में आने वाली योजना

कैंसर की यात्रा कुछ सरल होती है जब यह स्पष्ट हो कि कौन-सा काम किसके जिम्मे है। एक मुख्य डॉक्टर या समन्वय करने वाली टीम, संपर्क का भरोसेमंद तरीका और रिपोर्ट रखने की एक जगह तय करें। परिवार नोट्स, यात्रा और खर्च में मदद कर सकता है। उपचार लेने वाले व्यक्ति की इच्छा और क्षमता के अनुसार उसे निर्णय में शामिल रखें।

टीम में कौन हो सकता है?

सर्जन ऑपरेशन देखते हैं। मेडिकल ऑन्कोलॉजिस्ट अनेक दवाओं का उपचार संभालते हैं। रेडिएशन ऑन्कोलॉजिस्ट विकिरण की योजना बनाते हैं। रक्त कैंसर में हेमेटोलॉजिस्ट प्रमुख हो सकते हैं। पैथोलॉजिस्ट ऊतक और रेडियोलॉजिस्ट स्कैन देखते हैं। नर्स दैनिक देखभाल, दुष्प्रभाव और संपर्क की प्रक्रिया समझाती हैं। फार्मासिस्ट दवा की सुरक्षा जाँचते हैं। आहार विशेषज्ञ, फिजियोथेरेपिस्ट, मनोवैज्ञानिक, सामाजिक कार्यकर्ता और पैलिएटिव केयर टीम अलग आवश्यकताओं में सहायता करते हैं। हर अस्पताल में सब लोग एक जगह उपलब्ध हों, यह जरूरी नहीं। रेफरल माँगा जा सकता है।

पूछें कि क्या मामले पर मल्टीडिसिप्लिनरी टीम में चर्चा हुई है या होनी चाहिए। इसका अर्थ विशेषज्ञों के बीच समन्वित विचार है। अंतिम सलाह कौन बताएगा? दो अस्पतालों के बीच रिपोर्ट और बदलाव कौन साझा करेगा? मुख्य जिम्मेदारी स्पष्ट होने से भ्रम कम होता है।

उपचार का लक्ष्य समझें

लक्ष्य कैंसर ठीक करने की कोशिश, दोबारा आने की आशंका घटाना, रोग को नियंत्रित रखना या तकलीफ कम करना हो सकता है। एक ही योजना में कई लक्ष्य हो सकते हैं। क्यूरेटिव इंटेंट का अर्थ ठीक करने की संभावना के साथ उपचार देना है, गारंटी नहीं। रोग नियंत्रित करने वाला उपचार कुछ लोगों में लंबे समय चलता है। पैलिएटिव केयर दर्द और अन्य शारीरिक, मानसिक या पारिवारिक तकलीफ में सहायता है। यह ठीक करने वाले उपचार के साथ भी मिल सकती है और केवल अंतिम दिनों के लिए नहीं है।

पूछें: अभी मेरा मुख्य लक्ष्य क्या है? किस लाभ की उम्मीद की जा सकती है? असर कैसे जाँचा जाएगा? समीक्षा कब होगी? परिस्थिति बदलने पर लक्ष्य और योजना बदल सकती है। हर अगला उपचार पहले जैसी वजह से दिया जा रहा है, ऐसा मानकर न चलें।

विकल्पों पर बातचीत

लाभ, जोखिम, विकल्प और घर की आवश्यकताएँ पूछें। उपचार न लेने या देर करने से क्या होगा, यह भी समझें। कुछ निर्णय तुरंत जरूरी होते हैं; कुछ में दूसरी राय लेने का सुरक्षित समय होता है। यह समय डॉक्टर से पूछें। न हर देरी सुरक्षित है, न हर निर्णय कुछ मिनटों में लेना आवश्यक।

आँकड़े एक जैसे ढंग से समझें। उदाहरण के लिए किसी जोखिम का 100 में 20 से 100 में 15 होना 100 में 5 की वास्तविक कमी है। केवल बड़ा प्रतिशत सुनकर लाभ न आँकें। एक ही समयावधि और एक ही संख्या के लोगों में लाभ तथा नुकसान समझाने को कहें। यह केवल सीखने का उदाहरण है, आपकी बीमारी का अनुमान नहीं।

अपनी प्राथमिकताएँ बताएँ

लंबा जीवन, दर्द कम होना, संतान की संभावना, काम, चलना-फिरना, घर पर रहना और यात्रा का बोझ—इन सबकी चर्चा हो सकती है। आर्थिक सीमा का अर्थ रोगी की लापरवाही नहीं। उचित कम खर्च वाले विकल्प, सामाजिक कार्यकर्ता, अस्पताल सहायता, बीमा कागज और कुल संभावित खर्च पूछें। योजना की पात्रता और राशि वर्तमान आधिकारिक स्रोत या अस्पताल से जाँचें। पुराने संदेश पर निर्भर न रहें।

सहमति और दूसरी राय

सहमति देने से पहले उपचार का नाम, उद्देश्य, मुख्य लाभ, जोखिम, विकल्प और बाद की देखभाल समझें। अपनी भाषा में समझाने या दुभाषिए की सहायता माँगें। फॉर्म पर हस्ताक्षर बातचीत का विकल्प नहीं। बच्चे पर गंभीर चिकित्सा निर्णय समझाने की जिम्मेदारी न डालें। यदि बीमारी के कारण निर्णय लेने की क्षमता प्रभावित हो, तो टीम उचित कानूनी प्रक्रिया और रोगी की ज्ञात इच्छा का सम्मान करे।

बड़े ऑपरेशन, दुर्लभ निदान या जटिल विकल्प पर दूसरी राय उपयोगी हो सकती है। समय सुरक्षित हो, इसकी पुष्टि करें। रिपोर्ट, स्कैन, स्लाइड या ब्लॉक साथ लेने के बारे में पूछें। दोनों टीमों को पूरी जानकारी दें। अलग डॉक्टरों की दवा सूची अपनी ओर से मिलाकर न लें। अंत में एक समन्वित योजना तय होनी चाहिए।

घर लौटने से पहले

अगली तारीख, जरूरी जाँच, सहायक दवाएँ और खतरे के लक्षण लिखें। दिन और रात के संपर्क नंबर लें। जवाब न मिले तो कहाँ जाना है, पूछें। व्हाट्सऐप या ऑनलाइन समूह आपातकालीन सेवा नहीं है। गंभीर लक्षण लिखकर अनजान लोगों के उत्तर का इंतजार न करें।

परिवार में भूमिका बाँटें

रोगी से पूछें कि जानकारी किसके साथ साझा करनी है। कोई व्यक्ति विस्तार चाहता है, कोई धीरे-धीरे समझना चाहता है। रिश्तेदारों की चिंता के कारण रोगी की पसंद को दबाएँ नहीं। एक व्यक्ति मुलाकात में साथ जाए, दूसरा भोजन या खर्च देखे। मुख्य देखभालकर्ता के लिए विश्राम और बैकअप रखें। बीमारी के अलावा सामान्य जीवन की बात भी करें।

अभ्यास

एक पत्र पर मुख्य डॉक्टर, लक्ष्य, चुना उपचार, अगली समीक्षा, दिन-रात के नंबर, नजदीकी आपात विभाग, यात्रा का बैकअप और परिवार की जिम्मेदारियाँ लिखें। फिर अपने शब्दों में कहें: मेरा अभी का लक्ष्य __ है। अगला कदम __ है। __ लक्षण होने पर मैं __ से संपर्क करूँगा। डॉक्टर से गलती सुधारने को कहें। यह आपकी बुद्धि की परीक्षा नहीं, जानकारी सही पहुँची या नहीं इसकी जाँच है।

अपनी समझ जाँचें

क्या स्टेज और ग्रेड एक ही हैं?

1. हाँ, हमेशा
2. दोनों इच्छाशक्ति मापते हैं
3. नहीं; फैलाव और सूक्ष्म रूप अलग हैं

नहीं; फैलाव और सूक्ष्म रूप अलग हैं

सही कदम: नहीं; फैलाव और सूक्ष्म रूप अलग हैं। अपनी स्थिति के अनुसार योजना के लिए उपचार टीम से बात करें।

Sources

<https://www.cancer.gov/about-cancer/treatment>

<https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet>

<https://www.cancer.gov/about-cancer/treatment/questions>

1.2 ନିଜ ଚିକିତ୍ସା ଦଳ, ଲକ୍ଷ୍ୟ ଓ ମିଳିତ ନିଷ୍ପତ୍ତି

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ଏହା କର୍କଟ ଚିକିତ୍ସା ସହ ଶିକ୍ଷା ଆରୋଗ୍ୟ ବା କର୍କଟ ଫେରାଉବାର ଗ୍ୟାରେଣ୍ଟି ନାହିଁ ନିଜ ଚିକିତ୍ସା ଓ ଜରୁରୀ ଯୋଜନା ପାଳନ କରନ୍ତୁ। ସହାୟକ ପ୍ରସ୍ତୁତ ସଂସ୍କରଣ; ସ୍ବାଧୀନ ମାତୃଭାଷୀ ଡାକ୍ତରୀ ସମୀକ୍ଷା ବାକି ଅଛି। ଇଂରାଜୀ ପାଠରେ 2,500+ ଶବ୍ଦ ଅଛି; ହିନ୍ଦୀ ଓ ଓଡ଼ିଆ ମୁଖ୍ୟ ବିଷୟର ସଂକ୍ଷିପ୍ତ ସଂସ୍କରଣ।

- ଯନ୍ ଦଳ ଓ ଯୋଗାଯୋଗ ଚିହ୍ନଟ
- ଲକ୍ଷ୍ୟ ଓ ପ୍ୟାଲିଏଟିଭ୍ ଯନ୍ ବୁଝନ୍ତୁ
- ନିଷ୍ପତ୍ତି ପାଇଁ ପ୍ରଶ୍ନ ଲେଖନ୍ତୁ

ମିଳିତ ନିଷ୍ପତ୍ତି

1. ଆପଣଙ୍କ ପ୍ରାଥମିକତା

2. ଚିକିତ୍ସାର ଲାଭ ଓ ବୋଝ

3. ସହମତ ଯୋଜନା ଓ ପ୍ରଶ୍ନ

ଶିକ୍ଷା ପାଇଁ ଚିତ୍ର; ନିଜ ଚିକିତ୍ସା ଯୋଜନା ପାଳନ କରନ୍ତୁ। ଯନ୍ର କ୍ରମ ଓ ସମୟ ଭିନ୍ନ ହୋଇପାରେ।

ବୁଝିହେବା ଭଳି ଏକ ଯୋଜନା

କର୍କଟ ଯନ୍ରେ କେଉଁ କାମ କାହାର ଦାୟିତ୍ବ, ଜାଣିଲେ ଯାତ୍ରା ସହଜ ହୁଏ। ଏକ ମୁଖ୍ୟ ଡାକ୍ତର କିମ୍ବା ସମନ୍ବିତ୍ତ ଦଳ, ଭରସାଯୋଗ୍ୟ ଯୋଗାଯୋଗ ଉପାୟ ଓ ରିପୋର୍ଟ ରଖିବାର ଏକ ସ୍ଥାନ ନିର୍ଦ୍ଧାରଣ କରନ୍ତୁ। ପରିବାର ନୋଟ୍, ଯାତ୍ରା ଓ ଖର୍ଚ୍ଚରେ ସାହାଯ୍ୟ କରିପାରେ ରୋଗୀଙ୍କ ଇଚ୍ଛା ଓ କ୍ଷମତା ଅନୁଯାୟୀ ତାଙ୍କୁ ନିଷ୍ପତ୍ତିରେ ରଖନ୍ତୁ।

ଦଳରେ କିଏ ଥାଇପାରନ୍ତି?

ସର୍ଜନ୍ ଅପରେସନ୍ର ଦାୟିତ୍ବ ନିଅନ୍ତି। ମେଡିକାଲ୍ ଅଫ୍ଲୋଇଡିଷ୍ଟ ଅନେକ ଔଷଧ ଚିକିତ୍ସା ସମ୍ବଳନ୍ତି। ରେଡିଏସନ୍ ଅଫ୍ଲୋଇଡିଷ୍ଟ ବିକିରଣ ଯୋଜନା କରନ୍ତି। ରକ୍ତ କର୍କଟରେ ହେମାଟୋଲୋଜିଷ୍ଟ ମୁଖ୍ୟ ହୋଇପାରନ୍ତି।

ପାଥୋଲୋଜିଷ୍ଟ ତନ୍ତ୍ର ଓ ରେଡିଓଲୋଜିଷ୍ଟ ସ୍କାନ ଦେଖନ୍ତି। ନର୍ସ ଦୈନିକ ଯନ୍ ଓ ଲକ୍ଷଣ ବୁଝାନ୍ତି। ଫାର୍ମାସିଷ୍ଟ ଔଷଧ ସୁରକ୍ଷା ଯାଞ୍ଚ କରନ୍ତି। ଖାଦ୍ୟ ବିଶେଷଜ୍ଞ, ଫିଜିଓଥେରାପିଷ୍ଟ, ମନୋବିଜ୍ଞାନୀ, ସାମାଜିକ କର୍ମୀ ଓ ପ୍ୟାଲିଏଟିଭ୍ ଦଳ ଭିନ୍ନ ସହାୟତା ଦିଅନ୍ତି। ସବୁ ଲୋକ ଏକ ଡାକ୍ତରଖାନାରେ ନଥିଲେ ରେଫରାଲ୍ ପଡ଼ାନ୍ତି।

ନିଜ କେସ୍‌ରେ ଏକାଧିକ ବିଶେଷଜ୍ଞ ମିଶି ଆଲୋଚନା କରିଛନ୍ତି କି, ପଚାରନ୍ତୁ ଶେଷ ପରାମର୍ଶ କିଏ କହିବେ ଓ ଦୁଇ ଡାକ୍ତରଖାନା ମଧ୍ୟରେ ତଥ୍ୟ କିଏ ପଠାଇବେ, ସ୍ପଷ୍ଟ କରନ୍ତୁ ଦାୟିତ୍ୱ ଅସ୍ପଷ୍ଟ ରହିଲେ ରିପୋର୍ଟ କିମ୍ବା ଚିକିତ୍ସାରେ ବିଳମ୍ବ ହୋଇପାରେ।

ଚିକିତ୍ସାର ଲକ୍ଷ୍ୟ

ରୋଗ ଭଲ କରିବାର ଚେଷ୍ଟା, ଫେରିବାର ଆଶଙ୍କା କମାଇବା, ନିୟନ୍ତ୍ରଣରେ ରଖିବା କିମ୍ବା କଷ୍ଟ କମାଇବା ଲକ୍ଷ୍ୟ ହୋଇପାରେ। ଏକାଧିକ ଲକ୍ଷ୍ୟ ଏକାଠି ଆଇପାରେ। କ୍ୟୁରେଟିଭ୍ ଇଣ୍ଟେଣ୍ଟ ମାନେ ଆରୋଗ୍ୟର ସମ୍ଭାବନା ସହ ଚିକିତ୍ସା, ନିଶ୍ଚିତ ପ୍ରତିଶ୍ରୁତି ନୁହେଁ। କେତେକଙ୍କର ରୋଗ ନିୟନ୍ତ୍ରଣ ଚିକିତ୍ସା ଦୀର୍ଘଦିନ ଚାଲେ। ପ୍ୟାଲିଏଟିଭ୍ କେୟାର୍ ବ୍ୟଥା, ଶାରୀରିକ ଓ ମାନସିକ କଷ୍ଟରେ ସହାୟତା। ଏହା ରୋଗ ଭଲ କରିବା ଚିକିତ୍ସା ସହିତ ମଧ୍ୟ ମିଳିପାରେ; କେବଳ ଶେଷ ଦିନ ପାଇଁ ନୁହେଁ।

ପଚାରନ୍ତୁ: ଏବେ ମୋର ମୁଖ୍ୟ ଲକ୍ଷ୍ୟ କ'ଣ? କେତେ ଲାଭ ଆଶା କରାଯାଏ? ଫଳ କିପରି ଜାଣିବା? ସମୀକ୍ଷା କେବେ? ପରିସ୍ଥିତି ବଦଳିଲେ ଲକ୍ଷ୍ୟ ଓ ଯୋଜନା ବଦଳିପାରେ। ପ୍ରତ୍ୟେକ ନୂଆ ଚିକିତ୍ସାର ଉଦ୍ଦେଶ୍ୟ ପଚାରିବା ଭଲ।

ବିକଳ୍ପ ଓ ସଂଖ୍ୟା

ଲାଭ, ବିପଦ, ଅନ୍ୟ ବିକଳ୍ପ ଓ ଘରେ କ'ଣ ଦରକାର, ବୁଝନ୍ତୁ। ଚିକିତ୍ସା ନନେଲେ କିମ୍ବା ବିଳମ୍ବ କଲେ କ'ଣ ହେବ, ପଚାରନ୍ତୁ। ଦ୍ୱିତୀୟ ମତ ପାଇଁ କେତେ ସମୟ ସୁରକ୍ଷିତ, ଡାକ୍ତର କହିବେ। ସବୁ ବିଳମ୍ବ ସୁରକ୍ଷିତ ନୁହେଁ, ଆଉ ସବୁ ନିଷ୍ପତ୍ତି କିଛି ମିନିଟ୍‌ରେ ଦେବା ଦରକାର ନାହିଁ।

ଉଦାହରଣ: ଶହେ ଜଣରୁ କୋଡିଏ ଜଣଙ୍କ ବିପଦ ଶହେରୁ ପନ୍ଦର ହେଲେ ପ୍ରକୃତ କମିବା ଶହେରୁ ପାଞ୍ଚା ବଡ଼ ପ୍ରତିଶତ ଶୁଣି ମାତ୍ର ନିଷ୍ପତ୍ତି ନେବେ ନାହିଁ। ସମାନ ସମୟ ଓ ସମାନ ଲୋକସଂଖ୍ୟାରେ ଲାଭ ଓ କ୍ଷତି ବୁଝାଇବାକୁ କହନ୍ତୁ। ଏହା ଶିକ୍ଷା ଉଦାହରଣ, ଆପଣଙ୍କ ରୋଗର ଆକଳନ ନୁହେଁ।

ନିଜ ପ୍ରାଥମିକତା କହନ୍ତୁ

ଦୀର୍ଘ ଜୀବନ, ବ୍ୟଥା ନିୟନ୍ତ୍ରଣ, ସନ୍ତାନର ସମ୍ଭାବନା, କାମ, ଚଳପ୍ରଚଳ, ଘରେ ରହିବା ଓ ଯାତ୍ରାର କଷ୍ଟ ବିଷୟରେ କହିପାରିବେ। ଟଙ୍କାର ଅସୁବିଧା ମାନେ ରୋଗୀ ଅସାବଧାନ ନୁହେଁ। ସଠିକ୍ କମ୍ ଖର୍ଚ୍ଚ ବିକଳ୍ପ, ସାମାଜିକ ସହାୟତା, ବୀମା କାଗଜ ଓ ମୋଟ ଖର୍ଚ୍ଚ ପଚାରନ୍ତୁ। ଯୋଜନାର ନିୟମ ଓ ଯୋଗ୍ୟତା ବର୍ତ୍ତମାନର ଅଧିକୃତ ସୂତ୍ର କିମ୍ବା ଡାକ୍ତରଖାନାରୁ ଜାଣନ୍ତୁ।

ସମ୍ମତି ଓ ଦ୍ୱିତୀୟ ମତ

ସହି କରିବା ପୂର୍ବରୁ ଚିକିତ୍ସାର ନାମ, ଉଦ୍ଦେଶ୍ୟ, ଲାଭ, ବିପଦ, ବିକଳ୍ପ ଓ ପରବର୍ତ୍ତୀ ଯତ୍ନ ବୁଝନ୍ତୁ। ନିଜ ଭାଷାରେ ବୁଝାଇବାକୁ କହନ୍ତୁ। ଫର୍ମର ସହି କଥାବାର୍ତ୍ତାର ପରିବର୍ତ୍ତନ ନୁହେଁ। ଗୁରୁତର କଥା ବୁଝାଇବାର ଦାୟିତ୍ୱ ଶିଶୁ ଉପରେ ଦିଅନ୍ତୁ ନାହିଁ। ରୋଗରୁ ନିଷ୍ପତ୍ତି କ୍ଷମତା ପ୍ରଭାବିତ ହେଲେ ଉପଯୁକ୍ତ ପ୍ରକ୍ରିୟା ଓ ରୋଗୀଙ୍କ ଜଣାଶୁଣା ଇଚ୍ଛାକୁ ସମ୍ମାନ କରିବା ଦରକାର।

ବଡ଼ ଅପରେସନ୍ କିମ୍ବା ଜଟିଳ ନିଷ୍ପତ୍ତିରେ ଦ୍ୱିତୀୟ ମତ ସାହାଯ୍ୟ କରିପାରେ। କେଉଁ ରିପୋର୍ଟ, ସ୍କାନ, ସ୍କାନିଂ କିମ୍ବା ଲୁକ୍ ଦରକାର, ପଚାରନ୍ତୁ। ଦୁଇ ଦଳକୁ ସମ୍ପୂର୍ଣ୍ଣ ତଥ୍ୟ ଦିଅନ୍ତୁ। ଭିନ୍ନ ଡାକ୍ତରଙ୍କ ଔଷଧ ନିଜେ ମିଶାଇ ଖାଇବେ ନାହିଁ। ଶେଷରେ ଏକ ସମନ୍ୱିତ ଯୋଜନା ରହିବା ଦରକାର।

ଘର ଓ ପରିବାର

ଫେରିବା ପୂର୍ବରୁ ପରବର୍ତ୍ତୀ ଚାରିଖ, ପରୀକ୍ଷା, ଔଷଧ ଓ ବିପଦ ସଙ୍କେତ ଲେଖନ୍ତୁ। ଦିନ ଓ ରାତିର ଫୋନ୍ ନମ୍ବର ନିଅନ୍ତୁ। ଉତ୍ତର ନମିଳିଲେ କେଉଁଠି ଯିବେ, ପଚାରନ୍ତୁ। ଅନଲାଇନ୍ ଗୋଷ୍ଠୀ ଜରୁରୀ ସେବା ନୁହେଁ। ଗୁରୁତର ଲକ୍ଷଣରେ ଅଜଣା ଲୋକଙ୍କ ଉତ୍ତରକୁ ଅପେକ୍ଷା କରନ୍ତୁ ନାହିଁ।

ରୋଗୀ କାହା ସହ ତଥ୍ୟ ବାଣ୍ଟିବାକୁ ଚାହାନ୍ତି, ପଚାରନ୍ତୁ। ପରିବାରରେ କାମ ବାଣ୍ଟନ୍ତୁ ଓ ମୁଖ୍ୟ ଯତ୍ନକାରୀଙ୍କୁ ବିଶ୍ରାମ ଦିଅନ୍ତୁ। ଏକ ପୃଷ୍ଠାରେ ଡାକ୍ତର, ଲକ୍ଷ୍ୟ, ଯୋଜନା, ସମୀକ୍ଷା, ଜରୁରୀ ନମ୍ବର, ଯାତ୍ରା ଓ ବ୍ୟାକଅପ୍ ଲେଖନ୍ତୁ। ନିଜ ଭାଷାରେ କହନ୍ତୁ: ମୋର ଲକ୍ଷ୍ୟ __। ପରବର୍ତ୍ତୀ କାମ __। __ ଲକ୍ଷଣ ହେଲେ ମୁଁ __ ସହ ଯୋଗାଯୋଗ କରିବି। ଏହା ବୁଝାମଣାର ଯାଞ୍ଚ, ବୁଝିର ପରୀକ୍ଷା ନୁହେଁ।

ନିଜ ବୁଝାମଣା ଯାଞ୍ଚ

ଷ୍ଟେଜ୍ ଓ ଗ୍ରେଡ୍ କି ସମାନ?

1. ହଁ, ସବୁବେଳେ
2. ଦୁଇଟି ଇଚ୍ଛାଶକ୍ତି ମାତ୍ରେ
3. ନା; ବ୍ୟାପିବା ଓ ସୂକ୍ଷ୍ମ ରୂପ ଭିନ୍ନ

ନା; ବ୍ୟାପିବା ଓ ସୂକ୍ଷ୍ମ ରୂପ ଭିନ୍ନ

ସଠିକ୍ ପଦକ୍ଷେପ: ନା; ବ୍ୟାପିବା ଓ ସୂକ୍ଷ୍ମ ରୂପ ଭିନ୍ନ। ନିଜ ସ୍ଥିତି ଅନୁସାରେ ଯୋଜନା ପାଇଁ ଚିକିତ୍ସା ଦଳକୁ ପଚାରନ୍ତୁ।

Sources

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