Visual Rehabilitation and Being Mortal Medicine and What Matters in the End

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Being Mortal

Being Mortal

- Relationship between a doctor and a patient, father and son . . .
- Process of aging and dying
 - Dignified voice to the elderly

Atul Gwande

 "Struggle to cope with constraints of our biology, with limits set by genes and cells and flesh and bone."

"Medical science . . . power to push against these limits, and the potential value"

"...damage we in medicine do when we fail to acknowledge that such power is finite and always will be."

"Enable Well Being"

- Our role is not to ensure health and survival
- Quality of life
- Making the last years of life meaningful
 - What is the your understanding of the situation and its potential outcomes?

Education

- Death and dying
- Conversation with patient, caregivers
- Aging and losing independence





Discussion

- What are the goals?
- What are the options treatment, observation, combination, palliative care
 - How long to pursue treatment?

Patients

- TBI / Post Concussive
- Post stroke
- Developmental Delays

Patient Care

- Diagnosis is enough
- Lenses, prisms, patch
- Therapy

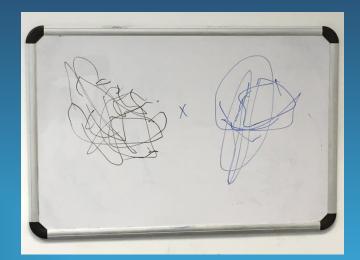






Basis for Care

- Individual
- Brain plasticity
- Room for improvement
 - Rate of change

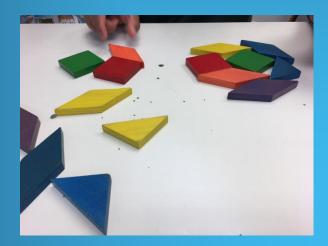




Enough is Enough

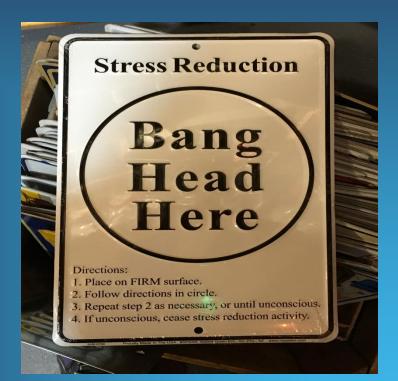
- When do we stop therapy?
- Achieve goals or improvement is enough?
- Limits set by time, finances, or caregivers
 - Can we continue vs. should we continue





Awareness

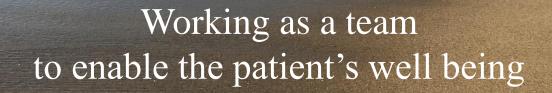
- Peers
- Patients
- Caregivers
 - Family members
 - Teachers



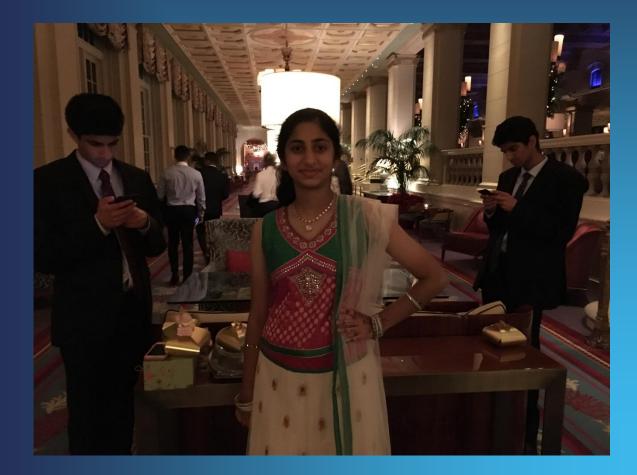
Multi-Disciplinary

- Teachers
- OT / PT
- Rehabilitation specialist
 - Physicians Primary Care, specialist

Take Home Message



Communicate



Being Mortal Medicine and What Matters in the End By Atul Gawande 2014 Metropolitan Books, Henry Holt and Co, LLC

Thank You

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