

CONCLUSION

I conceive if the office of the physician Not only to restore the health but to mitigate pains of dollars; and not only when such mitigation may conduce to recovery but when it may serve to make a fair of easy passage.

FRANCIS BACON

“Terminal care refers to the management of patients in whom the advent of death is felt to be certain and not too far off and for whom medical effort has turned away from (active) therapy and become concentrated on the relief of symptoms and the both patient of family.” To accept a situation when treatment is directed to the relief of symptoms and the alleviation of general distress will no longer mean an important “there is nothing more that I can do’ but an explicit “everything possible is done”. “Our concern and it interest in the field brings us to dying person with ever renewed concern and a positive attitude that in often transferred without words. It can do much to lift the feeling of helplessness from the situation and help the patient to die with a sense of worth to the end.”

(Vanderpool, 1978)

This study has been focused on the built environment as an untapped resource in solving some of the basic needs of terminally ill. This group of people has a declining range of facilities with which to relate to and perceive their surroundings, and so need particular assistance from many sources, including the often neglected environment. The concept of personal space studied. The main conclusion to be drawn from the research on personal space is that we need to place more emphasis on variety, flexibility and “personalization of space”

It is suggested that design should seek to minimize the congruity between the individual and the environment rather than seek on ‘Ideal Solution’ that would fit all people of a given class, that behavior explained by the physical environment is very rare, and that most people judge structures by how well they make important life tasks available. As essential requirement of the design brief was for sensitivity towards the patient as an individual, with a show of respect for past and present life patterns and feelings of dignity and self worth. The main objective was to be provide a home atmosphere rather than that of a hospital ward. Pragmatic considerations such as efficiency of staff movement, ease of

maintenance as well as efficient work speaks for staff in important. Efficiency is always comforting.

The giving of effective relief to all types of pain makes this as extremely rewarding field. Nevertheless, if we are to remain for long near the suffering of dependence and parting we need to develop a basic philosophy and search, often painfully, for meaning in even the most adverse situation. We have to gain


enough confidence in what we are doing and enough freedom from our anxieties to listen to another's distress. In this coming together we may see something of the achievement that good terminal care can make possible.



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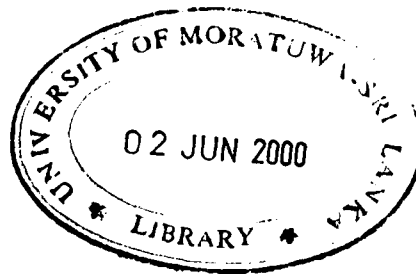
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