CHAPTER VIII

FINDINGS AND RECOMMENDATIONS

The main objective of the present study has been to understand the sociological aspects of heart disease. Apart from discussing the perceptions and expectations of heart patients and their caretakers with regard to increasing their awareness regarding heart disease, an attempt has also been made in the study to discuss the socio-economic profile, as well as the problems encountered by both the patient and the caretakers. The major findings of the study and recommendations for cardiac rehabilitation are given in the present chapter.

The area chosen for the study comprises hospitals from where heart patients and caretaker sample was drawn. These hospitals provide a fair representation of people from all major religions, a variety of profession and cross section of people.

The incidence of heart ailment is more among males. The onset of heart disease is found among the patients from the fourth decade of life onwards. With development and modernization, both physical and psychological stressors have increased with resultant rise in incidence of cardiovascular disease.
The profiles of the patients bring out a few important aspects of socio-economic background of the patient. The respondents come from all major religions, as well as caste groups among Hindus. However, Muslims form the majority of the patient sample, who come from neighbouring towns and states (Kerala) where there is a larger percentage of Muslim population.

A large percentage of the patients in the sample belong to both large and petty business groups. Occupations, which involve mental stress and strain thus, have a greater risk of incurring heart disease. The general trend of the family is towards joint families. Contrary to popular belief, though knowledge about health and disease is enhanced by formal education, illiterates also acquire a fund of knowledge as a result of their exposure to varied experiences.

Majority of the families have more than one earning member. This reduces the negative economic impact of illness. Evidence from the study indicates that there is a greater requirement for providing information and education to patients and caretakers regarding risk factors of heart disease. General population is not able to identify the symptoms of heart disease.

Illness has a wholistic impact on all aspects of life. Illness has brought about improvement in the relationship not only between spouses, but also between parents and children, especially sons. This is a
sociologically significant behaviour. As per the popular belief, patients who are breadwinners shift their economic responsibility to their male children in the event of sickness. In the Indian social context, individuals assess, identify, and analyse the right person to carry on the economic responsibilities of the family.

Heart disease has had a remarkable impact on the familial/social life of patients. One-fourth of the patients found a reduction in their ability to fulfill social obligations. However, majority fulfil their social obligation. There is a definite reduction in social activities and leisure time activities of patients. Majority assign the social responsibility to either their sons or to their spouses.

In an Indian social setting, it is generally not through the routine checkup that the disease is detected. When people observe some unusual symptoms, they confide it to their close relatives. Majority of the patients in the study confided their health problems to spouses and sons. These are the people in the close social network who provide initial interpretations about the possible implications about the symptoms.

Majority of the patients and the caretakers most frequently reported feelings of fear, anxiety, depression and denial. Religion plays an important role in all life domains more so in the Indian cultural context. Religions provide meaning to human suffering and make it easier to face the crisis. In the study, a large majority of patients and caretakers attribute
their health problems to metaphysical factors such as God’s will/fate. Irrespective of the level of education, majority of the patients expressed fear, worry, grief, and depression in greater number.

There is also a clear indication about two factors, which can help affecting the reduction in indulgence of habits such as smoking. The study brings out clearly that the patient needs educating about the importance of exercise and modifications in diet. Another is that, the patients require counselling to abstain from these habits, as even passive smoking is dangerous to health.

Though the actual work of the patient is not affected, there is an impact on their earning capability. However, majority of them resume work once the period of severe crisis is over, as they wish to maintain their social standing. Socio-psychological impact of heart disease is felt more than the economic impact by the caretakers and patients. Even though social activities and leisure activities are curtailed, social obligation has to be carried on by the caretakers as before as non-compliance of social norms would amount to ostracism.

It is overwhelming to note that majority of the caretakers are spouses and sons, especially married sons shoulder the responsibility of the family. It indicates that even in the context of changing scenario, traditional roles are carried to the fullest extent. To attend to family...
members during their illness is not only a social obligation, but also has become a form of etiquette in the present social life

There is a definite association between care given and the nature of support received. There is a positive correlation between these two. Irrespective of educational level, the patients tend to rely on their family to overcome socio-economic and psychological impact. Good family support is seen among both patients and caretakers. Family plays an important role of providing social support in crisis.

In a chronic heart disease, the treatment is long drawn and sometimes lifelong and its continuation at any stage may be hazardous. An important observation made with regard to patients and caretaker’s expectations of medical practice reveal that they expect the medical practitioners to involve wholeheartedly in the treatment. Other important expectations, apart from best treatment, are information about illness and reassurance.

**RECOMMENDATIONS**

It has been found from the study that there is dissatisfaction regarding the treatment on account of lack of understanding of treatment procedures and lack of improvement in patient condition. The resultant stress and strain affect their life. Majority of the patients and caretakers expressed their needs and expectations from the medical practitioners. It is recommended to the doctors that they are involved appropriately at all
stages of treatment and rehabilitation Therefore, it is recommended that the issue of this kind should be addressed to the doctor’s community and the association of medical practitioners to bring about awareness at the local and national level in order to provide a wholistic cure. Every effort should be made in order to achieve overall goal of cardiac rehabilitation tailored to the needs of patients and their families.

A life threatening illness such as heart disease has a profound impact on principal caretakers often greater than the impact on the patient themselves. There is a fear of death expressed by caretakers. For some, these fears and associated anxiety can remain for long, while spouses and other caretakers may have much to contribute to the patient’s adjustment and rehabilitation, these long term fear and anxiety may have deleterious effect on the patient’s rehabilitation. The study confirms the view that caretakers especially spouses are an important factor to be considered when medical care is provided to the patient. They can be a valuable source, during the rehabilitation process because they can support patient’s adjustment to their condition, assist and encourage them in lifestyle changes, and health promoting behaviour. Thus, most patients and spouses require counselling and advice on the emotional effects of the cardiac event. It is recommended that such communication facilities and counselling can be facilitated to the patients and
caretakers by appointing sociologists, counsellors in health care centres.

The study shows that there is a need for growth of knowledge and interest in risk factors for heart disease, which can lead to reduction in recurrences of heart problems such as heart attacks and improvement in appropriate lifestyle alterations. The most relevant lifestyle alteration includes cessation of smoking, dietary changes [reduction of fat], etc. This can be done by the provision of easily read written information, as health education constitutes an important aspect of health care. It is recommended that NGOs [non-governmental organisations] who are involved in public health care department of both state and central government should take steps towards this goal. There is also a need for sociologists/social workers at health care centres to help the patients learn new pattern of behaviour. This can provide scope for better cardiac rehabilitation and preventive measures. Educating the patient should be supported by curative services. These should be provided by the health personnel and agencies. The government also should arrange to facilitate these with projected media.

The existing arrangements for rehabilitation for patients and caretakers are not satisfactory. Therefore, it is recommended that an independent counselling team should be constituted to address the apprehensions and problems of caretakers and patients.
The foregoing analysis of sociological perspectives of heart disease in this study has brought out the fact that there is a gap between the heart patients, caretakers, and medical practitioners in their perceptions of illness. The patients and the caretakers have various needs and expectations from medical practitioners. This need satisfaction should be an important goal of medical care.