

AT A LOSS AS TO WHERE TO GO TO FROM HERE?

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MR VT

38 year old male, severe Haemophilia A
 On demand treatment
 Bilateral knee replacements 2002
 Hepatitis C positive
 Opiate dependency – restricted access
 2006 Oozing sinus right thigh – Staph Aureus

HISTORY ON VT

Regular DNAs
 Attends clinic sporadically
 No telephone line
 Never answers cellphone
 Labelled non-compliant
 Did not take antibiotics

COST OF TREATMENT

Plasma derived FVIII \$1 unit
 70kgs x 20iu = \$1400
 Cost of knee replacement = \$15,000–\$22,000 without FVIII
 \$50,000 with FVIII (based on 3500iu pre-surgery, 5200iu day one, 3500iu days two, three and 1400iu days four to ten.

ETHICS

Duty of care
 Autonomy
 Beneficence
 Non-maleficence
 Honesty
 Respect

NON-COMPLIANCE

Is non-compliance the correct term?
 Maybe selective compliance?
 Attendance challenged
 Disobedient
 Attendance deficit disorder
 Literature search – no literature on non-compliance and haemophilia

UPDATE ON VT

Has a two-year-old son
 No longer a surgical candidate
 Starts and stops antibiotics
 Started Meloxicam for pain
 Commenced on monthly follow-ups to review use of antibiotics

CONCLUSION

As a Haemophilia nurse, I have pondered this case many times wondering if we are doing the right things for this man.
Should we have been more forceful in making this patient take his antibiotics or should we respect his autonomy and acknowledge the fact that he is an adult and it is his right to make an informed choice?
No two patients are the same and therefore we need to respect their individuality and plan their cares around individual cases.

PATIENTS

We all have some patients who are more difficult than others to manage – not necessarily just patients but families/whanau as well.
 Many factors are included such as distance away from home, bad news, changes to lifestyles, understanding of the impact of not receiving good treatment.

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