“Intensive therapy for stroke is humane and cost effective”

Why don’t stroke survivors who are severely disabled make a better recovery? This question has concerned me during five years of caring, having been dumped unceremoniously into the job when my wife had a stroke. Some do recover. However, I have seen many who struggle, along with their stressed carers, and I think: “Wouldn’t they be doing much better with a decent course of therapy?”

One person who eventually made a dramatically good recovery from a life-threatening stroke was my wife Rita. During the first two years after her stroke, my attempts to get a community-based rehabilitation programme for Rita failed dismally and she made little progress. Then, a group of eight health professionals assessed her. The conclusion? No capacity for recovery. A care home was recommended. Three months later, we arrived in South Africa for a holiday. To my astonishment, within three weeks, a practical rehabilitation programme for Rita was up and running. It was quick to set up, simple, inexpensive and effective. Rita showed distinct improvement within weeks. Her recovery was not fast, but steady. After 15 months, it was effectively cured.

Why isn’t this type of programme readily available in the UK? My experience suggests the reasons would include: expense; too many stroke survivors and too few therapists; too long a programme – 15 months for Rita, compared with the three months in the UK (if patients are lucky).

These reasons miss a really important point – they concentrate only on the costs of providing therapy. They completely ignore the costs of not providing therapy, which can be substantial and long running. For many patients, the cost of therapy will be far less than the long-term cost of care.

The total cost of therapy and care Rita received is still little more than half the cost of keeping Rita in a care home for just one year. Our story is anecdotal but shows what is possible and how a better quality of life for survivors may be achieved.

David Guthrie

SPotLIGHT

Adhere to best practice in clinical research

Clinical research involving patients is vital to develop the evidence base for healthcare interventions. This may mean taking part in studies run by others, but the number of clinical research nurses is growing rapidly, increasing the profession’s influence on the expansion of knowledge. These nurses also enable much-needed research to be carried out on nursing priorities, rather than simply assisting studies that meet the needs or interests of other disciplines. Clinical research requires scrupulous attention to ethics and best practice so patients are not put at unnecessary risk or pressured to take part. Our Discussion on page 20 focuses on nurses’ responsibilities when involved in clinical trials and how to maintain patient safety. It also outlines their role, regulatory frameworks, the consent process and ethical principles to which they must adhere.

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