Description:PLS PUT EACH RESPONSE BELOW EACH STUDENTS WORK. I SENT YOU 4 STUDENTS WORK. FOR THIS ASSIGNMENT YOU HAVE TO READ EACH STUDENT WORK AND RESPONSE TO WHAT THEY ARE SAYIN. 75 words each

**Your responses are in blue**

**Student1**

**ASHLEY EN**

The current state of population health and care disparities raises ethical dilemmas in the provision of healthcare. There are different grounds under which disparity in healthcare can be assessed in America. Health disparities based on race, sexual orientation, gender and socioeconomic standards raises an ethical concern. One of the ethical dilemmas is the return of affirmation action in healthcare (Lee & Divaris, 2014). Deliberate measures can solve the disparities in certain groups by the government to increases access and funding of healthcare programs to populations that are considered to be underrepresented or have been marginalized. The rest of the population can raise concern over such deliberate measures. It remains to the authorities and the government to find solutions to such an issue.

The other ethical dilemma that is created by this disparity is discrimination. The health disparities often target specific members of the society such as those with a given sexual orientation, ethnic background and socioeconomic status. While the government might not instigate some of these issues, the management of healthcare can pass policies that aDescription but the policies might not solve existing disparity (Betancourt, Corbett & Bondaryk, 2014). The move to address these disparities could elicit discrimination claims. Some sections of the population could point out the intervention taken by the government in correcting the disparity to be discriminatory.

My Response

Student1

ASHLEY EN

Thankyou Ashley for your informative post . Health care disparities based on race, sexual orientation, gender and socioeconomic standards can raise ethical issues. existing differences in the level of health, not only optional and preventable, but also dishonest and unfair. This should not be. If you look at each country and its health care system, we can assume that the health status of all citizens there is relatively the same. Should we consider the effect of the unequal distribution of income on mortality, when there are more natural causes: poor health care system, alcoholism, ecology, low living standards, poor nutrition and so on? Consider some of these reasons separately. Poor people live unhealthier, are more frequently ill, receive poorer medical care and die earlier. The life expectancy of members of different social classes differs considerably. The probability of living long and healthy increases with the level of income.

Student 2

There are currently many health care disparities in the United States and around the world, and many of them are in regards to a certain population, which leads to the rise of an ethical dilemma. One such ethical dilemma that comes to mind is providing treatment to those without health care who can not pay. In the impoverished community as well as the homeless there is a widespread of this going on at the moment. One of my clinical rotations is at Howard University Hospital, which is well known as being a "Safety Net Hospital" because 75% of its patients cannot pay for their treatment and so the government must reimburse the hospital for a considerable amount of money each year. This ethical dilemma is also due in part to the current government administration and who the President is at the moment. Obama Care, also known as the Affordable Care Act helped provide coverage for a great deal of people thus allowing Safety Net Hospitals Like Howard to continue to get funded and make that money back, but now due to President Trump removing the mandatory stipulation and potential fines for breaking the rule, many people did not apply. This is an ethical dilemma because health care providers are left making difficult decisions about who should get treatment. "Health care refers to services provided by medical professionals aimed at promoting physical and mental welfare, through the prevention, treatment" (House, 2015).

STEPHANIE HYA

My Response

Student 2

I am agreeing with you. Social stratification negatively affects not only those who find themselves in poverty, but all members of society as a whole. This new inequality of access to care is very different from that which prevailed at the creation of social security. It is not limited to trivial social inequalities, it also results from a profound reworking of medical thought, a disruption of the way of life of the actors of the care and the financialization of all the markets of the health.

Student 3

VALERIE HYAC

Urinary incontinence is the involuntary leakage of urine (“Urinary Incontinence”, 2019). This is a condition that a wide range of people suffer, however, it is a more common occurrence among older adults. Miller (2019), stated that over 17 million adults in the United States alone suffer from some form of urinary incontinence (p. 853). Urinary incontinence may increase an individual’s risk of infection and impaired skin integrity. Additionally, there is a level of embarrassment that may come with it. Significant funding is required to address urinary incontinence and its potential complications; the economic costs of urinary incontinence are very substantial, accounting for over $20 billion per year in the United States with a majority attributed to the resources used for incontinence management or routine care that patients pay out-of-pocket for absorbent pads, protection, and laundry (Subak et al., 2014).

Ms. L.P. is a 90-year-old female with functional incontinence. Functional incontinence is a type of incontinence wherein the lower urinary tract function is intact but other factors hinder the patient’s ability to access a toileting facility. In Ms. L.P.’s case she has bilateral lower extremity weakness and generalized muscle weakness due to a stroke. Consequently, she is unable to independently ambulate to the bathroom when she feels the need to void, and she requires the use of a diaper during the day and at night. She stated that she often feels burdensome on her caretakers and that she prefers not to disturb them, so she often goes in her diaper. Fortunately, she has not developed any infections and her perianal skin is intact.

My Response

Student 3 VALERIE HYAC

Thankyou for your post. Urinary incontinence or incontinence at all times tormented both women and men. Older people, of course, are much more likely to encounter such a problem in connection with the changes that the whole body is undergoing, but you don’t need to think that this problem is bypassed by young people. If diagnosed with irritable bladder syndrome, medication is most often prescribed, which reduces the sensitivity of the bladder receptors. Patients should also follow a certain diet to reduce excess weight and strengthen the pelvic floor muscles.

STUDENT 4

**STEPHANIE HYA**

Miller (2019) defines urinary incontinence as “as any involuntary leakage of urine” (p. 392). Age-related changes in the kidneys, bladder, and urinary tract usually result in urinary incontinence, which is why it is common in older adults. There are several types of urinary incontinence; stress incontinence is the involuntary leakage of small amounts of urine as a result of an activity that increases intra-abdominal pressure; urge incontinence occurs soon after perceiving the urge to void; mixed incontinence presents with symptoms of both stress and urge incontinence; overflow incontinence is involuntary loss of urine due to overdistension of the bladder; and functional incontinence is caused by nongenitourinary factors such as cognitive or physical impairments (Miller, 2019, p. 398). Urge incontinence is the most significant type in older adult men and women.

Urinary incontinence creates an economic burden on both the patient and society. The estimated total national cost of urge incontinence alone averaged between $20 to $66 billion in 2007, with projected costs of $82.6 billion in 2020 (Coyne et al., 2014). Every year, the average older adult spends between $50 and $1000 to manage urinary incontinence and its effects. Majority of these costs are attributed to buying incontinence pads, adult diapers, absorbent liners for bed and chair protection, and medications used to treat urinary incontinence; and laundering cloths (Subak et al., 2014, p. 171-e1). Urinary incontinence also has indirect costs. It can have a negative impact on the individual’s health and quality of life, causing sexual dysfunction, complications from moisture and irritations, falls and fractures, and increased caregiver burden (Lukacz, Santiago-Lastra, Albo, & Brubaker, 2017).

During clinical, I evaluated Ms. H., an 81-year-old woman with end-stage renal disease. She experiences functional and stress urinary incontinence. Ms. H. is able to control her bladder function most of the time; however, she has impaired mobility due to muscle weakness in her lower extremities. She explained “It is difficult to get to the bathroom in time because I cannot walk as fast.” She also experiences “very little” urine leakage when she laughs or sneezes, but she states that this does not occur frequently. She usually needs assistance to walk to the bathroom to void, and she wears a diaper. She does not like wearing the diapers and often refuses to void in her diaper because she does not like sitting in her urine, but she does mention that it is necessary for her to have a diaper on because help is not always available, or it does not arrive promptly. During clinical, Ms. H. voided 3 times and had no incontinent episodes. She used the call light to call for assistance when she needed to void.

My response

STUDENT 4 STEPHANIE HYA

Thank you for an interesting post and I am agreeing with you . In general, three types of urinary incontinence are distinguished : stressful (with tension, for example, when coughing), imperative (irritable bladder syndrome), associated with an unstoppable urination and mixed. The result is the same the bladder "does not obey," but the mechanism of "disobedience" is different. Stress urinary incontinence is involuntary leakage of urine during coughing, laughing, running and other physical activities, leading to an increase in intra-abdominal and, therefore, intravesical pressure. A characteristic feature of stress urinary incontinence is the lack of urge to urinate.