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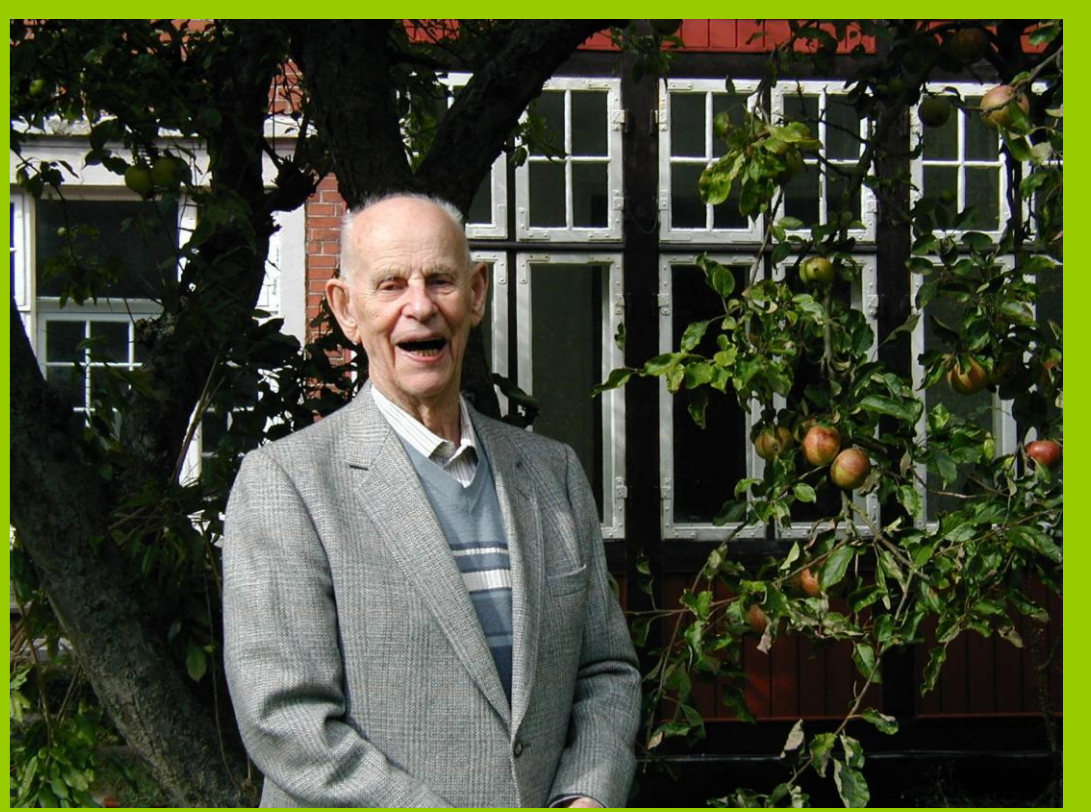
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# Falls prevention seen from a social-analytic perspective

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Leo (86) and Hannah (88) enjoying each other and life



Poul (94) enjoying his garden and apples

## Background

The modernization of the health care system is investigated using the social-analytic contemporary diagnosis to explain new tendencies in the health care system such as *empowerment* and *self-care*. This development in the Danish health care system is seen in this optic as a consequence of a broader tendency, the so-called radical individuality.

## Introduction

We have chosen to approach the study of modernization of the health care system by examining the actual impact of radical individuality in the field of falls prevention in a Danish context. The practical case we have studied is a falls clinic situated in a local hospital in a Copenhagen hospital. We were interested in exploring how new legal obligations such as individualized action plans were handled at the site.

## Methodology: Social analysis

Data were generated during field-studies and analyzed using social analytic cartography (Fig. 1). The map was not seen as a theoretical model, but rather as a practical map that allowed us to navigate in the field observing the world from various perspectives. Each place represented one perspective of perceiving the world. Conflict structures were placed "under a microscope" and discussed as different forms of conflicts used in social analytic theory.



Physician assessment



Testing for BPPV with video goggles



Nurses assessment. Vision test with contrast screening

## Results

A resolved struggle between the strong biomedical structure at the administrative level and the psychosocial approach at the staff level was found regarding the right of the elderly citizens to participate in the construction of individualized action plans.

A budding struggle between the professionals' authority and their need to treat or advice, and the elderly individuals' right to choose to reject recommendations, treatment or action plans.

An open struggle between the less motivated elderly citizens' relation to falls prevention, and the administrators' relation to the organisation and content of the work at the clinic.

Two major tendencies were identified; a strong emphasis on motivation and self-care interventions in production of individualized action plans.

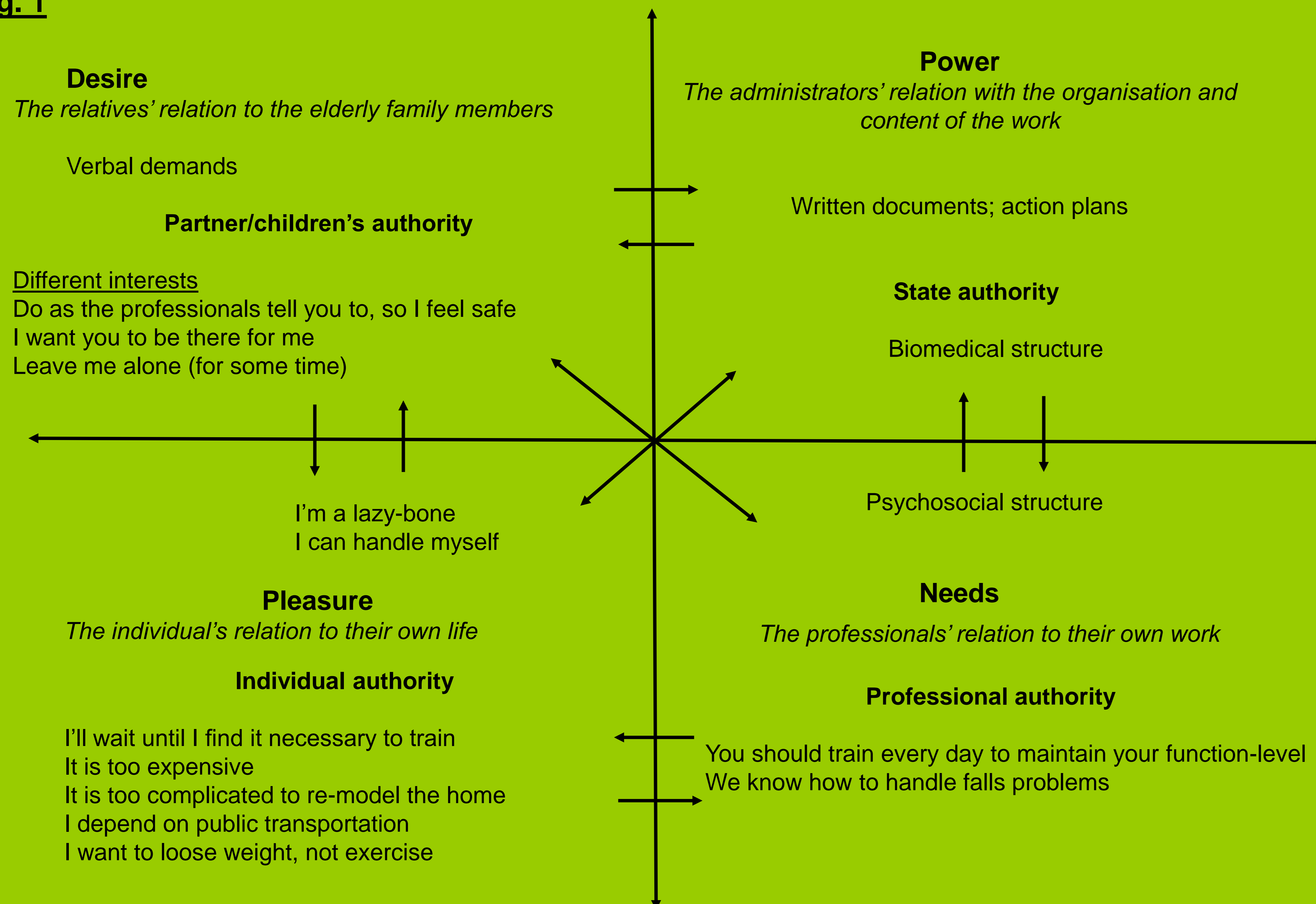
Knowledge management in the field of falls prevention across sectors related to the knowledge produced at the falls clinic. Falls as a health problem was reduced to medical issues.

The formal individual action plans were important in falls prevention efforts across sector, while informal action plans appeared to have an impact on everyday life for motivated and time-flexible elderly people.

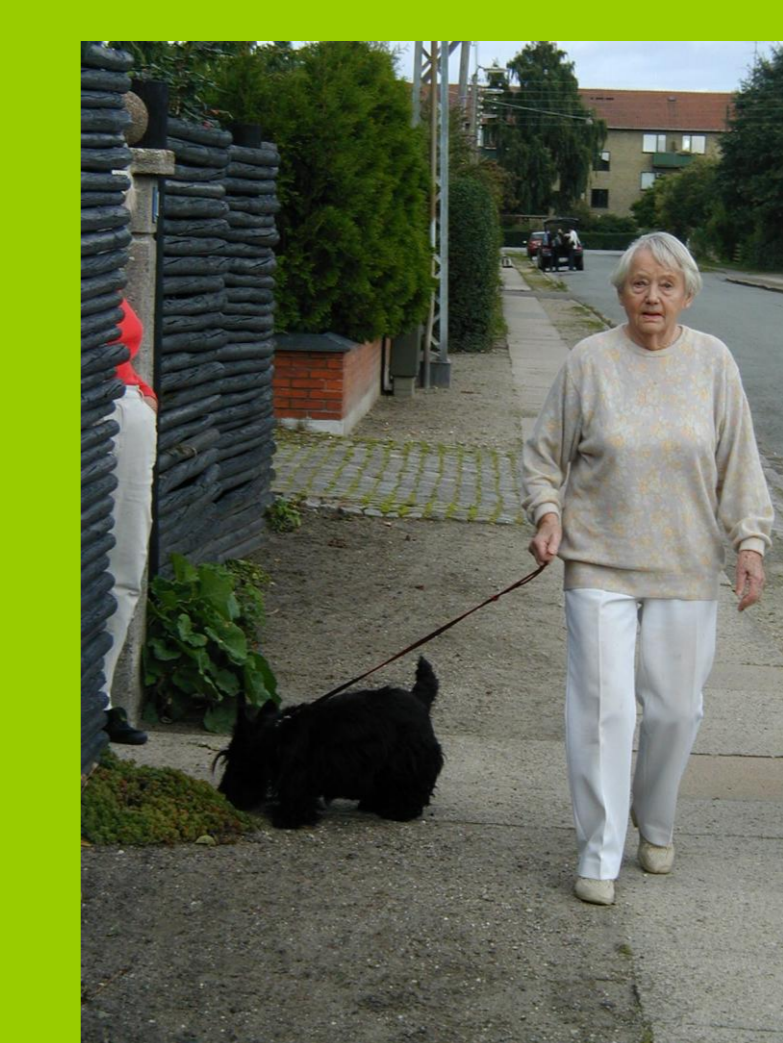
## Discussion

With the modernization of the health care system, knowledge was managed in a rational way. Based on evidence only the most suitable and motivated individuals were selected for specific interventions. From one perspective, the chosen elderly were a homogeneous group willing to make life-style changes in order to prevent future falls. The question is weather the health care system is prepared for the consequences of radical individualization, or weather this will result is excluding the most needy elderly people?

Fig. 1



Physiotherapists assessment. Testing the balance



Dagmar (91) enjoying walking



Elly (87) enjoying walking

## Conclusion

The impact of radical individualization in a falls clinic with its focus on theoretical knowledge seemed to privilege people who were already able to take care of themselves and motivated for life-style changes, while those who had the greatest need for help were rejected or referred to other services. The least motivated persons seemed to be the most helpless in the health care system. One way of dealing with the down-sides of modernization and radical individuality would be to include the patient experience and practical knowledge in the health care system.



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