

Summary Exercise

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Introduction

CoARC, Commission on Accreditation for Respiratory Care, is an American based non-profit organization that is working on the respiratory care. This organization was founded in 1954 by the medical society of the New York States. CoARC offers a number of programs in the field of respiratory care and grants over 300 accredited programs in USA. The interview was taken from the immediate past president of CoARC, Mr. David L. Dowton, regarding the respiratory health care in the state. He did M.D from university of Illinois college of Medicine in 1975. The rate of respiratory diseases is quite high, and social services are extremely necessary to limit these diseases.

Discussion

The first question asked from Mr. David was about the missions and role of the organization. Mr. David replied that the fundamental goal of CoARC is to serve the humanity, suffering from respiratory diseases. He further described that services, collaboration, evidence based practice, and professionalism are core values of our organization. The second question was regarding the extent of respiratory diseases. Mr. David described that chronic respiratory diseases are improving as a significant challenge to the public health because of its severity and frequency. He further said that the extent of COPD is increasing day by day, and it is a significant cause of mortality, morbidity, and health care costs. The third question was about the three leading causes of respiratory diseases. Mr. David said that smoking, infections, and pollution are three leading causes of respiratory diseases. Moreover, smoking is the biggest and a

major cause of any respiratory illness that is also associated with pollution (Khaled, Enarson & Bousque, 2001).

The fourth question was about primary classification of respiratory diseases. He described that there are six major classes of respiratory diseases that include obstructive lung disease, inflammatory lung disease, pleural cavity diseases, respiratory tract infection, neonatal diseases, and pulmonary vascular diseases. The fifth question was about the involvement of genes in respiratory diseases. He said that genes make-up is associated with different lung diseases. He also said that gene “Vangl2” plays a very strong role in the development of pulmonary fibrosis. The sixth question was about the role of smoking in significant cases of respiratory diseases. Mr. David said that the majority of the respiratory diseases are the result of smoking. Smoking is responsible for emphysema, chronic bronchitis, and lung cancer (Benedictis, Guidi, Carraro, & Baraldi, 2011).

The seventh question was about the complication regarding secondhand smoking. Mr. David said that second hand smoking is also associated with various lung diseases including coughing, excessive phlegm, and chest pain. The eighth question was about the diagnosis of respiratory diseases. Mr. David supported the use of Chest X-ray and pulmonary function test for the diagnosis of respiratory diseases. He also said that CT scan and a biopsy can also be used for any major complication of respiratory diseases. The ninth question was about the most specific diagnostic tool for respiratory diseases. Mr. David said that most of the professionals use chest X-ray to evaluate the problem of respiratory diseases. The final question was about the value of CoARC in the State. He said that this organization is extremely necessary for the population that is coping with significant respiratory diseases. Authorities and the public should support us in the welfare of humankind (Benedictis, Guidi, Carraro, & Baraldi, 2011).

Conclusion

The interview with Mr. David L. Dowton was very efficient, and it helped to know about the extent, importance, leading causes, and diagnosis of the respiratory diseases. This interview was also beneficial to know about the importance of CoARC in the field of respiratory care.

References

- de Benedictis, F. M., Guidi, R., Carraro, S., & Baraldi, E. (2011). Endpoints in respiratory diseases. *European Journal of Clinical Pharmacology*, 67, 49-59. Retrieved from doi:<http://dx.doi.org/10.1007/s00228-010-0922-2>
- Khaled.N., Enarson.D & Bousque.J. (2001). Chronic respiratory diseases in developing countries: the burden and strategies for prevention and management. Retrieved from http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862001001000011