***Status and opportunities of rural health in Hungary***

*Ph.D. Thesis*

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*Budapest*
*2009*

## *Introduction – Aims*

*It is based on facts and evidences, that the **rural population is underprivileged** with regard on accessibility and availability of the medical care.*
*If **factors outside of health care** are considered: the highways and domestic roads, the traffic, social and aging problems and less facilities of communication, we may declare that the village-population is **cumulatively underprivileged**.*
***There was not rural health care after the WWII in Hungary**. The objective, that Hungary is an industrial country considered to be realized, and the whole population declared to get the best medical care in every part of the country; these facts prevented to check up the differences and different claims based on different economic-geographic position.*
*There were some **initiations** in the period up to **1989.** to survey the health status of the village-population, and to overcome the disadvantages, but these were **isolated** all the time and they were attached to one's personal activity, and his scientific work.*
*The members who founded the **FAKOOSZ** in 1991. raised up the idea, that the status of cumulatively underprivileged general practitioners, health care providers and patients living in rural area can be improved by the defend of doctors' interests.*
*From this, initially only humanitarian objective, through the development of the national and foreign contacts, with the use of the opportunities of getting daily practice motivated many colleagues - doing their everyday work on scientific base – to form **RURAL HEALTH** in Hungary.*
*Rural health ought to be an accepted, taught **discipline** – from the undergradual training to the acknowledged special examination. Rural health must be an essential element of education from the basic medical **training**, through the curricula in other medical specialities to postgradual continual medical education. R**esearches, proposals** of this discipline have to be officially sent on towards the **decision makers**, forming, permanently **improving the health services of rural population**.*
*Educational, researcher and service system must be elaborated, with its **institutional background**. Rural health must be the integrated part of community health care.*
*And the most important aim: to ensure equality, **equal opportunities** in the health care for the residents living in the village and for the medical staff working in the village.*
*These were the most important aim of **FAKOOSZ** working permanently targeting this topic, later the **MFTT** dealing specially with rural health care.*

## *Material and method:*

*Rural life-style, **rural population,** communities in rural areas are given.*
*There were numerous scientific specialists, research teams preparing different **surveys on clarifying the health status** of rural population, to **explore and overcome their disadvantages** in a special part of medical care.*
*Initially the **method** was **learning and education** aiming to get knowledge on the system and method of rural health care in the countries where it exists.*
*Later GP-s set up independent **researches** on the field of rural health services. Description of rural health care occurred initially by the way of **casuistics,** later by **descriptive-analytic** method.*
*These scientific works were **presented** in different scientific events: first in the yearly **congress** of FAKOOSz, later in different national and foreign conferences such as the most famous one: WONCA-Rural with the largest authority.*
*Parallel the presentations on the surveys **scientific** and professional-political **articles** were printed in different medical periodicals: from*

*FAKOOSZ own monthly to international journals with high impact factors.*
*Increasingly more rural family physicians take part in the different levels of* ***education****; in the universities, in colleges guiding the students into the specificities of the rural health care.*
*Team of GP-s interested not only practically, but also theoretically in rural health organized national and regional* ***conferences*** *first with the managing of national institutes, later independently. Some years later this group founded Hungarian Academic Association of Rural Health, the* ***independent scientific society*** *of persons interested in rural health for realising the crystallised aims and methods of rural health.*
*Meanwhile the* ***communication and collaboration*** *was formed between HAARH and the foreign and national experts, professional-political and social organizations.*
*Elaborating the aims the* ***institutional background*** *of Rural health was necessarily established and functioned adequately.*

## *Results:*

### *Services*

*The* ***service system is elaborated****: our primary care system is one of the best ones in Europe – despite of all legal criticisms.*
*The services are functioning; the different types of it, which support the* ***rural health care*** *are existing: the National Assurance Fund supply the rural patients with travel expenses, ambulance service to reach out-patient care or hospitals. The local governments organize buses carrying rural patients to the campaign screenings in the cities.*
*On* ***local, individual initiations****, by the collaboration of rural practices and the urban outpatient centres - hospitals the transport of the laboratory samples was provided in many areas, such as specialists' participation in the local screening processes.*
*The* ***guided passway of patient,*** *the follow up and managing is very important element for the informally handicapped rural population.*
*Correct information provided by* ***"Patients' Academy"*** *- organized locally or regionally - is the base of the* ***patients' active participation*** *in the health care.*
*Initial steps are given in discovering the problems of* ***other handicapped populations*** *(homeless people, gypsies, sex-workers) for assuring equity for them in health care. There is a good* ***collaboration*** *with the special organizations of different handicapped groups and the organizations which support them in social area.*
*Guide-lines, health care standards, providing minimum-list of equipment, high and specialized education of physician and nurse in the rural practice and other parts of* ***quality assurance*** *ensure the equality of rural patients in the health care.*
*The* ***open hospital****, which ensure the rights of the patients' personality, the continuous, patient-centred medical care, in which the village-family doctor is possessing equal rights as a professional partner, and may take part in his patient's additional treatment profiting his other qualifications, recently is very rare. Its positive effects are already observable in the work of the pilot urban hospitals.*
*The* ***patient,*** *as an individual and as member of different societies of patients' interest, and clubs for patients is an important participant of* ***collaboration*** *in medical care. It is necessary to make the* ***patients equal, responsible partners,*** *to ensure for them the opportunity to visit the family doctor in a stress-less environment, taking his working hours into consideration already for their health promotion and* ***cooperating*** *in working out the acceptable medical and non medical therapy for the best* ***quality of life*** *and ensuring the longest* ***lifetime.***
*The* ***municipal health plan,*** *made by the support of rural family physician is also an important element of the active collaboration with the rural population. Forming* ***Micro-region Health***

***Development Social Committees*** *serves similar aim his establishing, which function however does not attain the desired effects yet.*
*It is promising, that physicians begin slowly to take care also of their medical care, though it is hard due to the lack of the availability of an* ***anonym medical service for them****.*
*There are various methods for solving the stress and overworking applied by the GP-s.*
*Either a* ***Bálint-group*** *can be the method of problem solving. It can be formed not only for the solving of the stress due to the professional and private problems, but the advantages of the group is useful also for* ***creative activity*** *in the artistic life.*
*If institutionally not yet functioning in all regions, but the members of HAARH developed constructive cooperation in their practices with the local community's leadership and the civil-societies in the settlements guaranteeing the equality and the best services to the patients by the way of* ***community health care.***

## *Education*

*13 members of Rural Health Association are mentors and lecturers of Family Medicine Department of the Medical University in Budapest or Debrecen, or Pécs or Szeged. They are participants in the training and education of medical student and residents, give lectures and organize special curricula in Hungarian and in English language.*
*3 members of the association took part in the compilation of* ***rural health practice curriculum for residents.***
*At present 2 rural physicians are making the* ***PhD*** *process on different topics of rural health.*
*Author had the opportunity to give lectures for the undergraduates of Limburg Universitet, Maastricht and Pravara Medical University, Loni on the Hungarian rural health system and services.*

*The* ***continual medical education*** *is also an important part of the educational activity. The members of Rural Health Association are attendants and organizers of the regional CME-s, active* ***participants and lecturers*** *of professional trainings of universities and the mentor courses.*
*It is important to provide useful postgraduate medical education always considering the principles of* ***andragogy*** *with regard on the rural doctors' specific geographical situation and their high responsibility in medical services****.***
*A big improvement is the* ***electronic-education and the regional-local programs*** *in continual medical education, which allow the physician and the nurse to take part in the trainings relatively close to their residence, with the lowest expenditure; spending less money and time for the education.*
*Presently there is special interest on the* ***borders*** *of scientific area of rural health: one student of the Tourism and Hotel Department in* ***Károly Róbert College*** *wrote in her paper "Conference devoted to Health" about the* ***organization of health-conferences*** *in the villages, about the opportunities of the village-health-tourism for specialists and patients too.*
*Negotiations are going on with the leaders of* ***Zrínyi Miklós National University of Defence*** *about the introduction of a rural health curriculum and we are developping the available methods of the cooperation with* ***Harsányi János College*** *of Communication and economics in Budapest.*

*New initiation is the* ***patients'*** *involvement into the* ***professional conferences.***
*We organize for them presentations on different topics: important illness-groups are discussed with doctors and patients, officers of National Public Health Institute and National Assurance Fund, activists of Red Cross and social workers in Badacsonytördemic for years called "For our health". The lecturers teach gratis, the*

*leadership of the local community provides gratis the lecture hall, and the necessary infrastructure from the chairs to the projector. The local employers provide their products, the village residents give the fine dishes of reform kitchen to taste - financed from private resources. The urban bio shop's leader makes a show on healthy vegetables and foods, the bookshop-keeper recommends different printed matters on healthy lifestyle on the events.*

*The **multidisciplinar, interactive lectures** on hypertension, on tumourous illnesses, on stress-depression-suicide given parallel to patients and professionals were valued highly /10 credit-points/ by MOTESZ Scientific Committee. Also the juvenile and the oldies understood the presentations and judged useful in their everyday life.*

*An other new element in the patients' education is the **"Patients' Academy"** organized permanently on the annual conference of HAARH. The topics are similar with the conference's ones, held in the same time, by famous professionals on the symptoms, screening-prevention of the discussed illness, and the patients have opportunity to attend various **screening** after the lectures with the help of local health services.*

*The **active cooperation with the patients** was the main topic of a whole section in WONCA, the international scientific-researcher organization of family physicians in Paris in 2007 with the author's leadership. So our ideas and proposals reached not only the Hungarian, but also the Finnish, Norwegian, Italian, English, Spaniard, Portuguese, Chechish Romanian, German and Japanese colleagues.*

## *Research*

*The scientific activity of the GP-s working in rural areas is represented in the different chapters of the paper. Present summary focuses only to researches planned and/or executed by the author.*

*First the **disadvantages of the migration** were studied in her practice, the physical and mental illnesses of patients migrated for work to foreign countries. It was emphasized, that not only the employees working abroad exhausted their strength, had disadvantages in the health care, but also their families had numerous health problems.*

***FAKOOSZ** prepared different **sociological surveys** since its foundation mainly among its **members** on the material, social background of them and on their expectations toward profession and society.*

*Realising the special status and interest of **rural patients** the emphasis shifted towards **the professional-scientific** questions, while finally in 2000. a cross-nation survey on **The health condition of rural population and the health care in rural areas** was set up.*

*From the results, which argued with actual data the unambiguous disadvantages of the rural population on the area of accessibility, availability and utilisation of health care we gave an account on our 2001. annual conference. The results and data of the urban and rural colleagues' common work were involved into the **National Public Health Program**, which has been elaborated that time.*

***Club Doctores** founded as a local initiation for supporting the rural family physicians scientific and cultural life organized the survey on **The mental status of family physicians** in 2001. The results called the attention primarily to the problems of burn-out syndrome, alcoholism and suicide among rural and urban family doctors also accompanied with a big media interest. The electronic and written media dealt with the topic for months. **OALI-SZAOTE** made a common survey complemented with the registration of the doctors' physical status, and **verified** our statements in a much wider circle.*

*In 2004. already the **Hungarian Academic Association of Rural Health** initiated the next survey on **Traditional folk treatments**. Its principal massage to the health care providers was, that **people living in rural areas hardly know the simpliest available and***

***cheapest natural medicaments**, and immediately turn to a doctor with their complaints such as the urban population, while all kinds of uncontrolled therapies and medicines are used as self-therapy. The only difference was, that the rural patients consult with a doctor only in case of more serious complaints, and primarily with their own family physician.*
*This was our first survey to which **foreign colleagues joined** as EURIPA members. A modest research team took part in the survey from Akteniz University, Antalya with the leadership of professor Hakan Yaman. Spanish and Portuguese colleagues plan the accomplishment to the survey now.*

*The colleagues dealing with the rural health undertook a considerable part in forming of elements of **quality assurance system** which is outstandingly important in the rural health care as the base of equal services. By MEDINFO invitation in 1998 we hopefully gave useful advices on the formal and technical management of the patient routs, on the opportunities of cooperation between the different health care levels in "**The liaison of the elements of quality assurance between the primary care, the outpatient care, and hospital care"** project. Rufus Institute and Club Doctores were entrusted by National Assurance Fund's Quality Assurance Department in 2000. to work out the theoretical and practical part of a **Quality Assurance Handbook** in the health care providers in primary care. The plan was to obtain uniform governing principles and eligible practical guidelines for the GP-s, for introducing gradually the different elements in the upcoming years until the official accreditation.*

***Publications***
***Presentations** were made for different national /MÁOTE, CSAKOSZ, OALKO,/ and international /WONCA, IAAMRH, RENECOP, Conference on Primary Care in Eastern European Countries,/ scientific congresses of family physicians which represented the results of every common and individual survey. In some cases common lectures was composed by English, Spanish, Belgian, Norwegian, Turkish and Portuguese colleagues.*
*Due to the expansion of cooperation and collaboration of HAARH our members got increasingly more invitations to national rural health conferences, which meant opportunities to present and represent our national experiences in different **national conferences on rural health such** as Indian, Korean, e Japanese, Roman and Marathi ones.*

*The presentations related to rural health achieved so quantitative and qualitative indicators, that MÁOTE and CSAKOSZ gave the opportunity to organize **independent scientific sections** on their yearly conferences. We were honoured, that not only the members of our association joined to the section, but also some **urban colleagues** realized the importance of the problems concerning the rural population.*

*Invitations regularly come **to other scientific societies' conferences**. Presentation was already given on regional scientific workshop of Psychiatric Society, on the annual conference of Pharmacists'' Society, Society of Molecular Biology, of Oxyological Society and Society of Hungarian Gynaecologists.*

*For ourselves the most important opportunity for the exchange of experiences and for continual medical education is the **annual conference of the Association of Rural health.** We dealt with four topics in the previous conferences: the position of rural health, different abuses in the families, the role of education in the equal opportunity in availability of health services, overcoming the minorities' cumulative disadvantages. In the conferences we were*

*looking for the opportunities of providing better health services for the rural patients by community health care.*
*The summary of our conferences and our proposals based on them were sent to the professional decision makers and that of Professional Chambers.*

*First on our 2006. conference took part* ***foreign colleagues*** *from Romania and Finland; our 2007.* ***conference*** *broadened into* ***international*** *one from different points of view: our participants arrived from different countries of the world, like Romania, Slovakia, Slovenia, Moldava, from Italy, Greece, from Spain, Germany, Sweden and from India.* ***IAAMRH*** *held its annual* ***executive board*** *meeting in our conference that year.*

*We had the opportunity in 2008. to organize* ***EURIPA executive board*** *meeting. One of the program was to discuss the technical* ***management of scientific collaboration*** *in primary health care in Europe and to set up common assessments and surveys. Hungarian representatives were invited to the workshop for elaborating a* ***common guide-line*** *on* ***urgent case services in Europe****.*

*In 2005. Rural Health Association was requested to organize the* ***interdisciplinary conference of MOTESZ*** *on the professional, ethic and financial problems of the emergency care: "Survive, but how?" Our guides were Takács Zoltán, OMSz leader, Kiss Jenő, OEP chief director, Zámolyi Károly, cardiologist professor and several other Hungarian professional authorities.*

*The topic of* ***articles*** *written by the author are on wide scale: on the ethiology and services for the hypertonic patients, on the contraceptive habits of juveniles in villages, the alcohol abuse of the female members of her practice, accidents and pain-killing in rural practice, quality assurance, on history of Hungarian rural health, proposals on improving primary health care.*

## *Institutional system*

*Our colleagues have the knowledge and experience to manage their independent* ***researches.*** *They also have the opportunity to collaborate with the* ***Family Medicine Departments*** *of the Universities or with the framework of* ***CSAKOSZ in common studies.***
*After the foundation of HAARH a specific opportunity was opened to set up national and international researches on various topics of rural health. Our* ***connection system*** *- from the national family-physicians' association to WHO - built up in the course of the years support this process.*
*In the education elements of rural health is in the curricula in every level. The rural care figures in the* ***gradual training*** *of all four universities – at least on a practical level.*
*The* ***residents*** *get information in daily practice on the specificities of rural health.*
*We have the opportunity to underline the specificities of the rural health in many lectures in the courses of the* ***postgradual*** *training,*
*It is essential for HAARH to emphasize in the rural* ***patients' education*** *the specialities of their medical service and the opportunities of problem-solving and the importance of equality.*

*It was a high reputation of our scientific and professional activity that the health minister provided the opportunity in 2006. to join to the* ***Professional College of Family Medicine*** *and* ***Rural Health Professional Group*** *could be founded. Three members represent HAARH, express the special health interests of rural population. These interests gained strong emphasis during the development of* ***Service Standards of Family Medicine.***

*Our proposals are officially expected not only in **the professional** areas, in the **scientific life** (MOTESZ, PEM,) but in various questions of professional policy /Ministry of Health, MOK). We are participants in the function of international rural health institutions, societies (EURIPA, IAAMRH, RFPC, WONCA-Rural,) not only as members, but also on executive and presidency level.*

## *Conclusions - further objectives*

*In spite of the negative meaning, we dare declare that **the basic elements of rural health as an independent discipline are occurred.***
*The **concept system** was originally replaced from the Hungarian medical history to its rightfully meriting place or with some insignificant transformations we took it from the accredited discipline of the foreign countries.*
*Highly educated, enthusiastic **team of experts** work in the areas of education, research, scientific life and the medical service in rural health.*
*Its **institutional system** is functioning partly independently: in the areas of the individual and local, and the wide-ranging researches of the Rural Health Association, on the other hand in the representations of professional and scientific interest in the Rural Health Group of Professional College of Family Medicine, and in the framework of the institutional systems of education and that of primary health care.*
*Its **connection system** was formed on the scientific and professional policy level, the most different institutions and policy makers accept its existence, and expect its cooperation.*

*The educational, research, professional proposals of the Association are expected and taken into consideration. The conferences, studies organized by the Association in the national and international scientific area are accompanied with attention, it is regarded as the accepted and qualified part of the scientific life.*
*The task is to continue the started work, to accomplish and to improve the achieved results.*

*What are these **the aims**:*

*In rural health care primarily it would be necessary to reorganize correct cooperation with the **district nurse network** which provides parallel services many times, and to assure the maximum utilisation of the opportunities of this excellent system in the areas of screening-prevention and patients' education.*
*With regard on the geographical position of the **micro-regions** rural health network can be elaborated. It helps to reach the implementation of **community health care** concerning the integrated social, environmental and service problems of rural population, considering the aim: to heal the patient and not the illness. One element of this process is the decentralisation promoted by the state, and the establishment of **micro-region medical centres**. Instead of the group practices functioning well and cost-effectively in foreign countries in Hungary **group-associations** are preferred and accepted.*

*To assure the equal opportunity it is particularly important to provide **definitive care in rural practices.** For this achievement it is essential to possess the most modern equipment, instruments continuously eliminating the amortisation, a professional provider team well trained in the specificities of rural health. The **team**'s important member - even employee - would be the **graduate-nurse** who is especially trained for prevention, the **physiotherapist**, the special trained **nurse for psychotherapy.***

*To take more **special medical services to the patient** - instead of transporting them, - serves the definitive care. The list of these services must be widened.*

*To assure **equal opportunity**, the gradual meliorization, the implementation of the **quality assurance** leads to reach the national average level in the standards of rural health, while keeping the advantages of the small closed communities.*
*Utilisation of additional elements of **quality assurance**: implementation of national and local **guide-lines**, forming the uniform patient-routs between the three levels of health care, information on institutes providing special care, measuring the patients' satisfaction and other standards in **equality, in high quality medical care** for urban and rural population as well.*
*It is necessary to provide special **guide-lines** for patients, which give everybody an **equal chance** in the field of **availability.***
*The patients' information - guide-lines consider the patient as an equal partner, which is a big step toward the complete active cooperation, in **sharing of responsibility**.*

*The next important step by the side of the patients is to **involve a representative of the local minorities** into the informative, preventive, patient-guiding activity. After a special training these **reference persons** would make also some simple elements of **screening.***

*To **close the gap** in the informal disadvantages of rural patient special training and **education** must be provided for them on health promotion, on their illnesses, on the available therapies, on prevention. From the nursery up to the university every opportunity must be elaborated to teach and practice hygiene, healthy lifestyle, elements of first aid, domestic health care. These knowledges have to be on skill level. This educational process must be continued for **adults**.*
*It is necessary to take advantage of the most modern devices in the education: the **computerised health-promoting programs**, the opportunity of the **satellite doctor-patient consultations.***
*The local and national **media** plays an important role in information and education, which advantage is not taken completely this time.*
*The health care providers have **to pay attention to themselves, to each other.** Beside the population's medical care also an important factor is the **anonym and complex medical care of the health care providers**.*
*One of the solutions to prevent burn-out syndrome is the continuous postgradual **communication-training**, and the analyzing of difficult, extreme events on **situation practices**. The training occurred on Family Medicine department of Semmelweis University for several years is very useful: medical students analyse on different scenes played by professional actors how to develop a good contact with the patient, to have a practice on the **stereotype behavioural patterns**, and after all the various application of them.*
*The rural patients have the largest chance for their health promotion and rehabilitation, if also their **doctor** has all the opportunities for this, and if the physician provides medical services in the **best mental and physical status.***

*Our wish to **finish the running researches**, (the social background of the hypertension – Indian-Hungarian survey, the extension of screening and follow up of hypertension in underprivileged ethnic groups – common survey with LÉTRA foundation, the the stool blood screening in a population suffering from alcohol consumption problem - planned common survey with Tapolca Medical Club, EURIPA: Common guide-line on urgent-case therapy in Europe).*

*Our aim in the **education** to express independent identity of rural health in the undergraduate curricula: to teach it in special college in medical schools, later to form separated department group, finally an independent department of rural health.*
*For this aim it is necessary to make increasingly more colleagues realize studying the rural health as a special, unique activity, and to gain increasingly more **young colleagues** to undertake the rural health service, which even now means many disadvantages.*
*For the **rural family physicians** we would like to provide special professional trainings with the easiest availability.*

*Our desire to **broaden the institutional background** of rural health: We would like to reach the independent Professional College and National Institute of it due to its importance and services.*

***The family physician** is the most **suitable for co-ordination** of the multisectorial and interdisciplinar cooperation between the different level of **medical services** due to his professional and social status.*
*The frameworks of this function, its institutional system, its education is necessary to be **formed and widened** continuously, with respect of national and international experiences.*

***And the final conclusion: Social cooperation** is necessary between the partners who are interested directly in the rural health care – primary care, National Public Health Service, occupational health service, environmental health, social care, local governments, - to **eliminate the disadvantages** in the medical care of rural population, or at least reduce them until the border of the opportunities, **preserving the benefits** deriving from the special conditions of the rural health services.*

***Irodalomjegyzék***

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*19. Simek Á.: Miért érdemes szűrővizsgálatot végezni háziorvosi körzetben. A Magyar Nőorvos Társaság Dél-Magyarországi Szekciójának Tudományos Ülése, Baja, 2001. április 27-29.*

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*25. Simek Á.: Whom We Ought to Treat Primarily? Asian Congress of IAAMRH, Gyeongju, Korea, 2002. október 17-19.*

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*Magyar Ókortudományi Társaság konferenciája, Szeged. 2008. május 22–25.*

*60. Simek Á. Rural Family Medicine – future prospect. Conferentia nationala a medicolor de familia, Oradea, 2008. október 23-25.*

*61. Simek Á. A nőgyógyászati ellátás és műszerek fejlődése a görög-római kultúrában. METESZ konferencia, Budapest, 2008. nov. 19-21.*

*62. Simek Á. Information on sexuality in rural areas. EFPC-WHO workshop, Oradea, 2oo9. szeptember 9.*

***3. Önállóan szervezett konferenciák:***

***1.*** *1995. Bács-Kiskun megyei szakmapolitikai konferencia a falusi családorvosok helyzetéről, Baja*

*2. 1996. Regionális konszenzuskonferencia a problémaalapú oktatásról, Baja*

*3. 1998. Regionális konszenzuskonferencia a problémaalapú oktatásról II., Baja*

*4. 1999. Országos konferencia a háziorvosok fizikális és psychés státusáról, Baja*

*5. 2004. A faluegészségügy helye az alapellátásban, Badacsonytördemic*

*6. Betegakadémia orvosok és betegek részére, Badacsonytördemic*

*2004. Rheumás megbetegedések, fizikotherápiás lehetőségek*

*7. 2005. Interdisciplináris fórum a sürgősségi ellátásról. Budapest, METESZ Székház*

*8. 2005. Fizikális és mentális bántalmazás családon belül, Ráckeve*

*9. Betegakadémia orvosok és betegek részére, Badacsonytördemic*

*2005. Daganatos megbetegedések, természetes gyógymódok, társadalmi segítségnyújtás*

*10. 2006. Oktatás neveléssel a falusi betegek esélyegyenlőségéért, Mórahalom,*

*11. Betegakadémia orvosok és betegek részére, Badacsonytördemic*

*2006. Alkoholizmus, drogfogyasztás, öngyilkosság – a depresszió különböző formái mindennapi életünkben*

*12. A FAKOOSZ kongresszus tud. fóruma „Rögeszmecsere" címmel a családorvosok kutatásairól, tapasztalatairól, különleges eseteiről, etikai problémáiról*

*a-d) 2002-2006. Siófok, Hotel Ezüstpart*

*13. 2007. A falusi lét és egyéb hátrányok – a kisebbségeken keresztül az egészséges faluért, Horvátzsidány-Peresznye,*

*14. 2oo7. European chapter conference on Rural Health , Horvátzsidány*

*15. 2008. Executive board meeting on Research in Common Europe Budapest*

*15. 2009. A colorectális daganatok etiológiája, szűrése*

***Részvétel konferencia-szervezésben***

*1. 2000. máj. 25-27. Pécs, Hungary, 14th Congress of the IAAMRH Co-Operation and Collaboration for the Health of Rural Communities*

*2. 2002. november 13-16. Bari, Italy, I. International Conf. of IAAMRH on Rural Health in Mediterranean and Balkan Countries*

*3. 2002. december 5-7. Loni, Maharashtra, India, National Conference on Rural Health (Equity, Equality and Empowerment)*

*4. 2003. április 25-26-27. Siófok, FAKOOSZ XIII. Kongresszus – tudományos fórum*

*5. 2004. május 14-15-16. Ráckeve, Háziorvosok XIII. Ráckevei konferenciája*

*6. 2004. április 30. – május 2. Gyula, FAKOOSZ XIV. Kongresszus – tudományos fórum*

*7. 2005. április 27-29. Zalakaros, FAKOOSZ XV. Kongresszus – tudományos fórum*

*8. 2006. június 18-21. Lodi, 16th Congress of IAAMRH, Building new tools for health promotion in rural areas*

*9. 2007. október 21-24. Párizs, WONCA-EUROPE, Rural Health. II Session: Communicating with patients*

*10. 2009. június 9-11. Crete, WONCA –Rural, EURIPA workshop on rural researches*