Introduction to patient care

Family Medicine

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Family medicine- the best choice

- No boss, independence
- High respect
- Long beneficial relationships with the patients
- No night duties (in cities)
- Everyday is successful

Family medicine-disadvantages-distresses

- Isolation
- Decline in knowledge
- In case of a wrong decision long deleterious relationships with the community
- Burn-out

Features of the Hungarian health system- historical heritage

Features of the Hungarian health system

-one National Health Insurance Company (IC)

-employees pay health insurance after their workers

-for unemployed people the general fee is ~25 USD/month, complete service

-family doctors own a company (ltd., etc), which has a contract with the IC and with the local government

Features of the Hungarian health system

-pediatric specialist network for basic medical care => ~ 70% of children are cured by pediatric specialists

-in most of the cities night/24 h duty for internal medicine emergency cases, besides the ambulance

-emergency departments not in all hospitals, although in growing numbers

Features of the Hungarian health system- irregular payment

History

Most respected people in little towns in the beginning of 20th century: priests, physicians, teachers, wealthy peasants, local nobles

communism- all people are equal =>

wealthy peasants, nobles, priests are eliminated

What to do with physicians and teachers?

Features of the Hungarian health system- irregular payment

1951, Moscow: Stalin and his team has found the solution: keep the salary low => physicians and teachers accept extra payment => their respect declines

-”parasolventia”, works since 1951, no changes

-Eastern-European phenomenon

-average salary for a specialist in hospital in Hu: ~ 1000-1100 Euros/month with night duties

Features of the Hungarian health system- irregular payment

-poison of the normal relation

-physicians sign on part-time jobs => problems in private life

-migration to western countries (in 2016~1000)

-disadvantages in learning new technologies

Benefits:

-for top surgeons, head physicians

-more patient-more experience, home mission

Features of my district

Total number of patients: ~ 1800 (1769)

Age distribution:

0-4: 0

5-14: 1

15-34: 476

35-60: 728

>60: 564

Consulting hours

Mondays, Wednesdays: 16.00-20.00

Tuesdays, Thursdays: 08.00-12.00

Fridays changing

Opportunities of the outpatient clinic

Specialists:
neurologist, urologist, surgeon, otolaryngologist, gynecologist, dentist, ophthalmologist, diabetologist, hematologist, rheumatologist

Radiology:
X-ray, ultrasounds

Laboratory:
blood tests, urinary, faeces analysis

Quality control in Hungary

Indicators:

-vaccination against influenza

-screenings

-mammography

-hypertension, diabetes, post MI care

-stroke prevalence

-hospitalization

-antibiotic treatment

No punishment, minimal financial support.

Year 2019

Total patient appearances: 8307
Patient/workday ≈ 45
Emergency calls: 57
Regularly care home visits: 212
Nurse home visits: 231
Patients sent to specialists, radiology or blood test: 1503
Patients sent to hospital: 51
Death casualties: 27

Year 2018

Activity	age:	0-10	10-20	20-30	30-40	40-50	50-60	60-70	70-	all
emergency call	person	0	0	0	1	1	1	8	16	27
	case	0	0	0	1	1	1	9	21	33
home visit	person	0	0	0	0	2	1	3	17	23
	case	0	0	0	0	12	11	14	107	202
at the room	person	0	19	174	235	203	185	262	299	1377
	case	0	92	579	918	959	1225	1840	2486	8099
all	person	0	19	174	236	206	187	273	332	1427
	case	0	92	579	919	972	1237	1863	2614	8307

Team-work

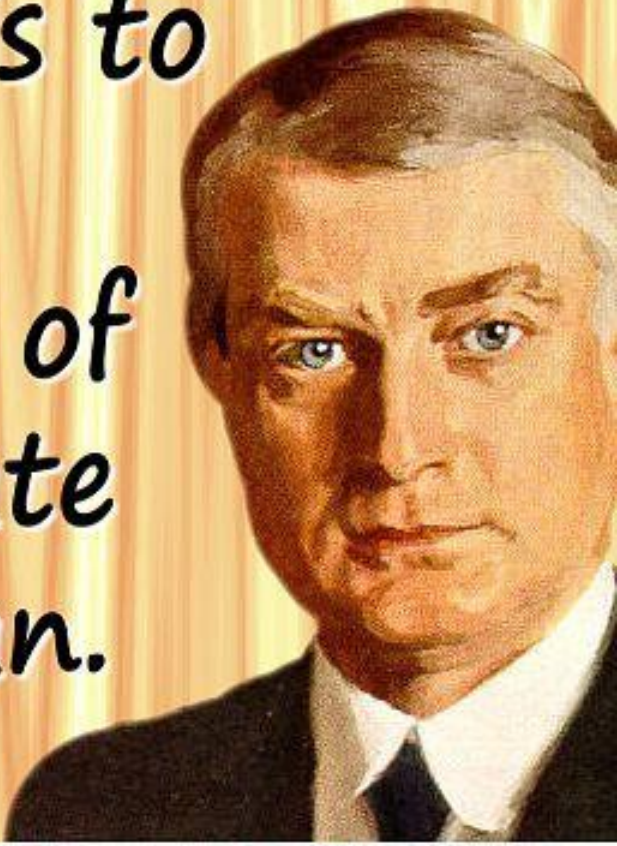
-nurse
-physicotherapist
-dietitian
-pharmacist
-social worker
-informatician
-lawyer
-accountant

Main tasks of a family doctor

- Prevention, screenings
- Acute problems, emergency cases
- Chronic patient care
- Care for the dying patients
- Professional commitments

The aim of medicine is to prevent disease and prolong life, the ideal of medicine is to eliminate the need of a physician.

William James Mayo



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Prevention-definitions

Primary prevention **strategies intend to avoid the development of disease.**

Secondary prevention **strategies attempt to diagnose and treat an existing disease in its early stages before it results in significant morbidity.**

Prevention-definitions

Tertiary prevention: **these treatments aim to reduce the negative impact of established disease by restoring function and reducing disease-related complications.**

Primary prevention

Infectious diseases- vaccination:
-compulsory vaccination for children (BCG, measles, mumps, rubella, Haemophylus influensae, etc.)
-compulsory vaccination for workers (hepatitis B, tick-borne encephalitis)
-recommended vaccinations (influenza, HPV, travellers' vaccination, etc.)

Primary prevention

Cardiovascular diseases:

-decreasing risk factors: smoking, alcohol abuse, stress- coping mechanisms

-encourage physical training, normal diet

-physician’s life-style as example

Primary prevention

Neoplasms:

-decrease smoking, fatty diet, alcohol

Chronic obstructive pulmonary disease:

-decrease smoking

Sexually transmitted diseases:

- information, advice, encourage screening

Secondary prevention

Screening of asymptomatic people is necessary for:

- **Hypertension: blood pressure measurement**
- **Hyperlipidemia: blood test**
- **Hyperuricemia: blood test**
- **Diabetes: blood test**
- **Ischemic heart disease: symptoms**

Secondary prevention

- **Heart valve disorders: auscultation**
- **Tumors: inspection (skin tumors, signs of anaemia, paraneoplastic signs), palpation (breast, testicle, rectum), chest X-ray, mammography, detection of blood in faeces, blood test- tumor markers**

Secondary prevention

Obesity

Instructions for lifestyle changes:

- weight reduction: -500 kcal/day, increased physical activity (30 min, 3 times/week)

- dietary instructions: sodium reduction (< 5 g/day), less meat, more vegetables, and fruits, desaturated fatty acids (sea fish)

One example

58 years-old male patient, asymptomatic

RR: 178/102 mmHg

Laboratory tests: elevated liver enzymes

Abdominal ultrasound: abdominal aortic aneurysm (7cm) => aorto-bifemoral bypass

Tertiary prevention

Hypertension care:

- Screening and prevention of the development of heart, kidney, eye and other vascular complications (blood test, abdominal ultrasound, echocardiography, carotid artery ultrasound, ophthalmoscopy).

Tertiary prevention

Diabetes care:

- Screening and prevention of the development of kidney, eye, neurological, leg and vascular complications (blood test, urine test, abdominal ultrasound, ophthalmoscopy, neurological control).

Tertiary prevention

Ischemic heart disease care:

- Screening and prevention of the development of malignant arrhythmias, repeated MI, left ventricular hypertrophy, dilated cardiomyopathy (regular cardiologist control-ECG, echocardiography).

Tertiary prevention

Renal failure care:

- Screening and prevention of the development of hyperkalemia, hyperphosphatemia, end-stage renal failure, CV complications (blood test, diet control, RR-cardiologist control, nephrologist care).

Tertiary prevention

Malignant diseases:

-screening for metastases, local return, paraneoplastic signs

Chronic obstructive pulmonary disease:

-screening for progression, lung cancer

One example

- 73 years-old male patient with treated hypertension came only for stomach medication
- Symptoms: unstable angina pectoris
- Aortic valve + CABG operation

Emergency cases

Clinical death

Acute heart failure

Severe arrhythmia

Acute respiratory failure

Blood pressure crisis

Acute coronary syndrome

Acute abdomen

Emergency cases

Acute mental disorders

Unconsciousness

Increasing intracranial pressure

Internal-external bleeding

Endocrine and metabolic disorders

Acute allergic reactions

Different injuries

Emergency cases

Thermal trauma- burning, freezing

Acute toxicosis

Electric accident

Asphyxia (choking)

Radiation injury

One example

74 years-old male patient, fever two days ago

Abdomen is painful in the right subcostal region

Acute cholecystitis => operation at night

Necessary interventional skills

Establishment of intravenous access

Initiation of cardiopulmonary resuscitation

Removal of foreign object, maintaining open airway

Intubation, mechanical ventilation

Initiation of shock therapy

Adequate analgesia

Necessary interventional skills

Solution of pneumothorax
Basic skills on delivery
Knowledge of different first aid knacks (Heimlich, Rautek, etc.)
Deal with pediatric emergencies (croup, fever, toxicosis, accidents)
Basic traumatological skills (bandaging, fixation of an extremity)

Chronic diseases

-high patience from the family and the physician is needed

-being careful for acute problems is sometimes difficult

-physician gets involved into the problems of the family

-somatic, social and spiritual disorders

Care for the dying patient

Terminal stage: the outcome is inevitable. It is clear that the patient will not survive more than a few more weeks - perhaps months or a year at the very most.

Palliation: not curable interventions, the aim is to decrease pain, increase life quality.

Care for the dying patient

Most frequent somatic symptoms:

-pain

-itching

-foul breath

-nausea-vomiting, hiccough, decreased appetite

-diarrhoea-obstipation

-insomnia

-exsiccation

-weakness

-disorientation

Care for the dying patient

Aspects of home attendant care:

-decreasing pain

-helping mobilization with tools and advices

-dietary instructions

-avoidance of the consequences of permanent lie

-helping in fears, psychic problems

-support of the family

Care for the dying patient

Steps of terminal stage (Kübler-Ross model):
-Denial: "I feel fine."; "This can't be happening, not to me."
-Anger: "Why me? It's not fair!"; "How can this happen to me?"; "Who is to blame?"
-Bargaining: "Just let me live to see my children graduate."; "I'll do anything for a few more years."; "I will give my life savings if..."

Care for the dying patient

-Depression: "I'm so sad, why bother with anything?"; "I'm going to die... What's the point?"; "I miss my loved one, why go on?"
-Acceptance: "It's going to be okay."; "I can't fight it, I may as well prepare for it."

Care for the family and others

-the patient and the family members can be in different stage

-denial of the terminal stage- problems can not be spoken out

-pathological mourning reaction (longer than a year, somatic symptoms)

-mourning reaction of the physician

Case report

Mrs. K. Z.

Age: 51

26.01.2016.- phone call, she wanted to be registered for sickness benefit- for abdominal pain, after urologist examination.

03.02.2016.- office visit

Complaint: she came for the certificate, but still had higher temperature and lower abdominal pain.

Case report

Family history: both parents had hypertension.
Personal history: hypertension 2 years ago, therapy: ramipril 5mg twice daily. Menopause: 2 years ago.
Physical examination: lower abdominal region was painful for palpation, especially above McBurney's point, frequent bowel sounds.
Decision: sent to surgery dept. immediately.

Case report

26.02.2016.- she was emitted from the hospital after the drainage of a large periappendicular abscess. Planned appendectomy was in 16.06.2016.

Reoperation in 24.01.2017. because of remained abscess and skin fistula.

Conclusions of the case

-all patients behove precise examination

-critical aspect is necessary

-improvement of patient complience is likely


Thank you for your attention!
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