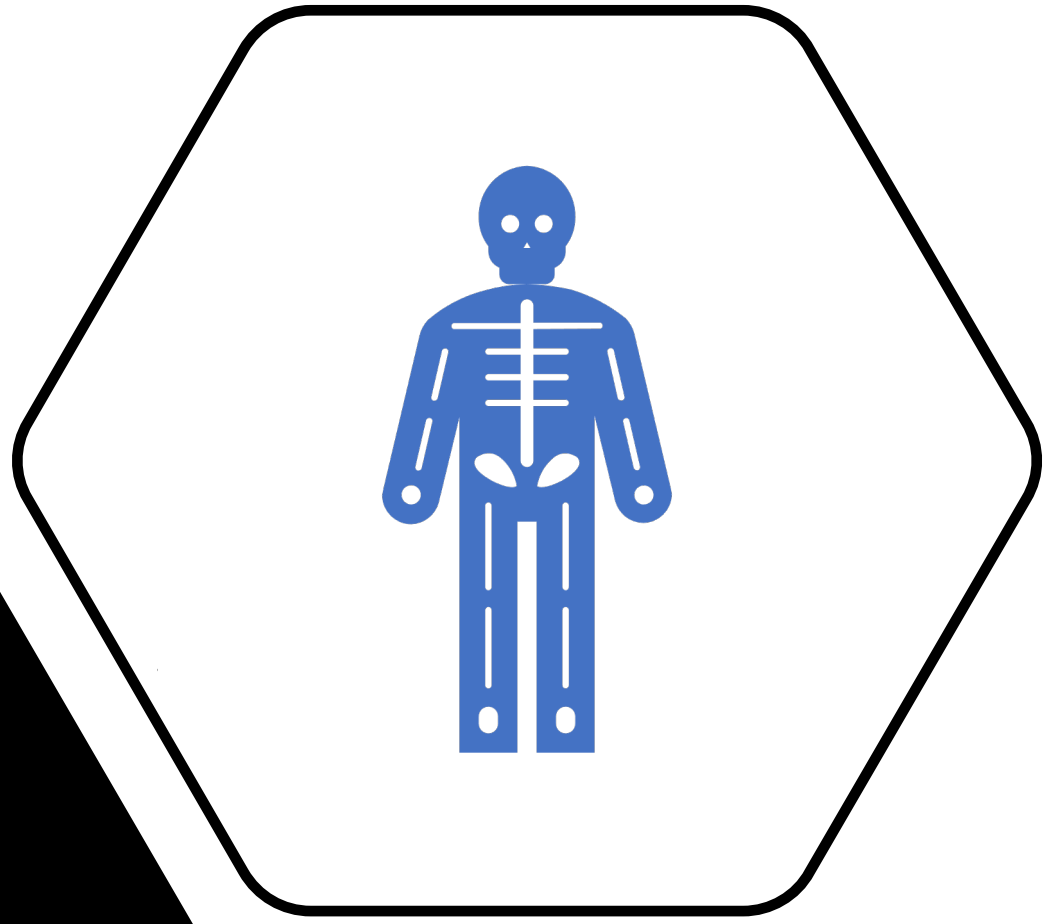
Storie dall’aula

Riflessioni e contenuti

2 luglio 2020

Il paziente al centro e i problemi correlati



ASPETTI:

1. CLINICI
2. RELAZIONALI
3. ECONOMICI
4. MEDICO LEGALI

Medicina patient centred: clinica e relazione

- Non significa che il paziente ha sempre ragione
- Non significa che il paziente ha solo diritti
- Il paziente al centro ci aiuta (con gli indizi che ci da) a fare diagnosi … ma non solo
- ICE : ideas, concerns, expectations
- Tesi Biotti A. «Fattori influenzanti la compliance del paziente cronico in cure primarie»

Box 1. Registration form that GP trainees used to record possible ideas, concerns and expectations of patients.

- Reason for contact, orally expressed by the patient:

  For example, 'I have requested a consultation because of ... '

- Ideas

  Are the ideas of the patient about a possible diagnosis, treatment, or prognosis expressed in the consultation? (Yes/No)

  If yes, what ideas are expressed?

- Concerns

  Is concern (fear/worry) of the patient about a possible diagnosis or therapy present in the consultation? (Yes/No)

  If yes, what are the concerns about?

- Expectations

  Is the expectation (what the patient wants) for a treatment, a diagnosis, or a therapy present in the consultation? (Yes/No)

  If yes, what are the expectations of the patient?

COMUNICAZIONE

- PATIENT CENTRED
- Il più usato dal mmg
- Esplora il punto di vista del paziente - ICE: Ideas, Concerns, Expectations
- Empowerment: sviluppare competenza, consapevolezza ed autogestione del paziente
- Collaborative Care: modello a 5 punti, efficace nella gestione del paziente cronico

- DISEASE CENTRED
- Indaga la malattia biologica
- Due obiettivi (diagnosi e terapia), oggi non più sufficienti ad affrontare le difficoltà comunicative tra medico e paziente
- A volte inefficace
- Utile in situazioni di urgenza/emergenza, non nella gestione di un paziente cronico

Aspetti economici e medico- legali

- **La medicina difensiva non mette al centro il paziente**
- *Essere centrati sul medico può portare a **sbagliare** diagnosi e a prescrivere molte indagini o farmaci con un aumento della **spesa***

Il medico deve esprimersi con il paziente in maniera chiara e comprensibile.

Lo dispone la Corte di cassazione, nella sentenza 6688/2018

«Il referto scritto non esaurisce il dovere del medico, in quanto rientra negli obblighi di ciascun medico, come statuito nel codice deontologico, il fornire al paziente tutte le dovute spiegazioni sul suo stato di salute», chiosano i porporati, «tenendo peraltro conto anche delle capacità di comprensione dell'interlocutore», per cui sia per il radiologo che per qualsiasi medico, «il suo lavoro di comunicazione non può e non deve esaurirsi solo tramite quel referto, strumento comunicativo in linguaggio tecnico».

SPOTLIGHT ON HEALTHCARE

SPOTLIGHT

Why patient-centred approaches are important

Nicole Denjoy, Secretary General of COCIR and Chair of the BIAC Health Committee

Significant changes in demographics, epidemiology and lifestyles have created novel challenges for health systems. Recent OECD estimates suggest that the share of population aged over 65 will rise to nearly 30% by 2060. Given existing budgetary constraints, today's health systems are struggling to meet the challenges posed by an ageing society and the increasing burden of chronic diseases and related comorbidities it brings.

Barriers between hospital, primary, community and social care prevent more person-centred healthcare. Valuable information is not shared efficiently across service providers, leaving citizens to try to integrate services themselves, navigating between different healthcare providers. Yet overburdened patients may face difficulties communicating complex care needs and medical histories across services. At the same time, underdeveloped and fragmented data collection on health outcomes makes it difficult to objectively compare the value of different care interventions.

Transforming delivery mechanisms to a more person-centred approach would provide better, safer and more efficient care. To make patients the focus of the next generation of health reforms, governments could: support multi-year funding, stakeholder engagement and education programmes for overcoming barriers in care organisation, finance, technology, regulatory and governance; develop multi-stakeholder collaboration to implement shared care pathways, disease management and improve health literacy; secure political leadership and develop national and regional evidence-based roadmaps for transforming integrated care delivery systems that are better suited to individual needs.

The private sector has outlined these and other recommendations in a vision paper. We encourage governments to look at innovation, nutrition and active lifestyles and investment linked to health policy. As we address health ministers in Paris this January, we look forward to further intensifying our collaboration.

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For more information on the work of BIAC at the OECD, contact Ali Karami Ruiz, Business at OECD (BIAC), at KARAMIRUIZ@biac.org.

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References

BIAC (2017), "Our Vision and Priorities for the Future of Health", available at www.biac.org

OECD (2016), *Health at a Glance: Europe 2016*, OECD Publishing

Patient-centred policies must be centred on healthcare workers too

Jocelyne Cabanal, Member of the Executive Committee, Confédération Française Démocratique du Travail (CFDT), France

The OECD Health Ministerial in Paris on 17 January 2017 has the ambition of paving the way to "The Next Generation of Health Reforms" with "people at the centre". Representing the Trade Union Advisory Committee to the OECD (TUAC) on this occasion, and in close partnership with the Public Services International (representing public sector trade unions), I am bringing the voice of the labour movement to the table.

Health is a public good. The right to health is a fundamental human right and its fulfilment is key to achieving the UN Sustainable Development Goals. And yet, even in the advanced economies of the OECD, inequalities in access to health services persist and are being aggravated by austerity policies. It is essential to address the social determinants of health inequalities and from there to work towards sustainable funding and insurance systems that can be trusted and are inclusive for all. This should be based on public services, social protection and, where appropriate, not-for-profit insurance schemes and cooperatives. It is also critical to maintain a robust healthcare infrastructure that can absorb health shocks and epidemiological peaks. Cost-optimisation strategies aiming at "just-in-time" delivery do not offer a viable future for our hospitals.

But we agree that more can be done to eliminate waste in health spending. Monopoly distortions driven by

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Il medico contenitore

- Colloquio di 20 minuti con paziente con molte «somatizzazioni»; unica terapia 60 gocce di EN. Lutto non elaborato? Piange e supplica la visita. **Effetto ansiolitico del medico che contiene sintomi ansiosi**
- Primo colloquio con effetto contenitore ad una paziente (in GM), si è creata una dipendenza per cui la paziente ha cominciato a richiamare cercando la dottoressa. **Effetto farmacologico del medico che addirittura crea dipendenza**