

Quotations

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The Assisting Physician persona still exists successfully in the private sector and there is no reason why it should not be clearly assumed in the public sector, i.e., in the National Health System.

Such Assisting Physician, skillful and dedicated, attentive and available who is perceived by the people who look for his care as someone who inspires trust and deserves it, will always be in charge of the sick person. In the exercise of such responsibility, it is he who refers the patient when necessary to a specialist, to a treatment requiring hospital admission, and of course to an Emergency Service.

But when the sick person is temporarily under the care of an institution or a specialist, he/she should remain present in the concerns of his/her Assisting Physician that, in such particular situation although not taking care of such patient, he/she is concerned with him/her. Once the episode causing the specialist/hospital care comes to an end, the person returns to the Assisting Physician care who will keep on assisting him/her throughout life.

Walter A. Brown

Scientific American, January 1998

Medicine has become vastly more scientific in the past century – gone are the potions, brews and blood lettings of antiquity. Nevertheless doctors and their patients continue to ascribe healing powers to pills and procedures that have no intrinsic therapeutic value for the condition being treated (think of the widespread – and medically pointless – use of antibiotics to fight colds and flus caused by viruses), some studies including one by the U.S. Office of Technology Assessment, suggest that only about 20% of modern medical remedies in common use have been scientifically proven to be effective; the rest have not been subject to empirical trials of whether or not they work in each cell, how, it is not that these treatments do not offer benefits, most of them do. But in some cases, the benefits may come from the placebo effect in which the very act of undergoing treatment – seeing a medical expert for instance or taking appeal – helps the patient to recover.

Deborah J. Cook et al.

– Ann Int Med 1997; 127:215

In the past decade, the practice guidelines movement has become the major academic and commercial enterprise. If created by using the most delicate and current research evidence summarized in systematic reviews, guidelines are one of the many tools that can help translate research evidence into clinical decision aids, optimize health outcomes and educate clinicians.

Like all decision aids, however, guidelines should be integrated with pathophysiological reasoning and experience and should be adopted, adapted or rejected according to the patient preference and the constraints of each health care setting. Practice guidelines and clinical pathways have potential limitations, many of which can be overcome by using an evidence-based approach in their development and by drawing on state-of-the-art implementation strategies that themselves have been summarized in systematic reviews. This film is ripe for future health services research. ■