

### Yet the Peripheral Hospitals

**M**y article “Teaching and its evaluation after Medical Graduation”, published in this magazine (Vol.1, no. 2, 1994), has deserved the attention of Prof. Francisco Manuel da Fonseca Ferreira, an eminent Internist, who took the trouble of analyzing and criticizing what I wrote in the text called “A perspective of peripheral hospital care”, issued on Vol. 2, no. 2, 1995. In spite of this article has been included under the chapter “Points of View” in a certain way it was a reaction to my thesis being naturally a compliment, but a reply is due which will transform the sequence of small texts in a small debate on the teaching and assistance in the hospital.

The learned colleague Fonseca Ferreira says that the expressed view is “in some cases it reinforces and in others is against ... the argument”. I hope to be able to show that the ideology differential is actually small and partially a result of misunderstandings generated by my writing insufficient clarity.

What seems to have shocked Prof. Fonseca Ferreira in my article is contained on the appeal: “...do not send to peripheral hospital where the didactic capability is not defined, newly graduates needing guided and nurtured clinical training” (Page 132).

It can be inferred, although it is not clearly said, that the message concerns some peripheral hospitals, incompetent to post-graduation teaching, but not all of them. In fact, there are district hospitals able to provide a good internship. In others, that is not possible.

I have some more information on peripheral hospitals than those guessed by my distinguished colleague. I will avoid telling stories about patients sent to central hospitals without a valid reason, or an object of medical errors hard to understand. It would be mean. However, I do not resist telling that around 3 years ago in the Emergency Service I have attended a patient sent from a district hospital where the referral note, signed by a nurse, mentioned as a reason for the procedure “lack of doctor”.

That is that, Professor Fonseca Ferreira, in a night of August 1992 there was no doctor in the emergency service of a small town district hospital with around 15.000 inhabitants. As a result, it arrived in a central

hospital an elderly individual whose disease was essentially the outcome of poor water intake.

Then, it says the distinguished colleague that the “mentioned central hospitals ... are above all, borough hospitals of the big towns. The analysis if the origins of the patients observed does not confirm he is right. As a matter of fact, Lisbon hospitals receive patients from all the metropolitan area, of the two southern fifths of the Portuguese Territory in the European continent, the islands, the PALOP<sup>1</sup> ... What a huge “borough”!

I did not question the excellent assistance and didactic capability of some hospitals, called District ones, I just did not enhance it. The compensation is the lack of description made by the Professor in the resources of Hospital Sao Bernardo, of Setubal, a town which is not exactly a peripheral one. We heard that such hospital is excellent for the supplementary internship.

But the problem lies in other hospitals receiving internists and have nothing to offer them, neither technical resources nor support specialties. Even worst, there are cases where there is no proper tuition guidance. All this is regrettably written in ‘resumes’ presented to me for recruitment exams. I keep in a personal file, extracts from “resumes” confirming well all this.

If peripheral hospitals, whether called district or general, are competent enough to provide a good internship, so be it. Otherwise, they must lose their rating until a deep reform will give them the indispensable conditions.

All the colleague says about the value of clinical investigation is true, but my “ironic and derogatory” criticism referred to medical investigation. Again due to lack of clarity, I did not explain that the target were the non clinical specialties although there were clues for such conclusion and the starting point were bear statements of a great pharmacologist, F Peres Gomes. Please forgive me for having induced the confusion.

Regarding feelings of “supremacy and excellence

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<sup>1</sup>Portuguese Speaking African Countries

from the so called central hospitals colleagues”, that Prof. Fonseca Ferreira diagnosis on me, I regret to say that he missed the diagnosis. On pages 125-126 of another article, dedicated to iatrogenics and published in this very same magazine (Vol. 2, no. 2, 1995) the colleague has the opportunity of verifying the honesty as I report a case of a very bad hospital treatment in a central institution.

However, in a joint balance, I must recognize that central hospitals close many gaps of the assistance of a peripheral hospital network, whose staff and values are in many of them, but not in all (there are exceptions, e.g. Setubal), inadequate to respond to the needs of their respective areas. Until the wished reforms allow the decentralization of care of the “big” and serious traumatized patients, it seems unacceptable to deprive central hospitals of internists, sending them to making a primary screening in the country and to occupy the reminder of the time with the private clinical and the known “extra jobs”. In many “peripheral” hospitals this is the current status, and in an emergency of the many cases which are sent to them, the central hospitals carry on the role imposed of a final link, assisting “urbi et orbi”.

It is not physician’s astigmatism that, through hard work (many are well over 30 years of age) serve in the monsters central hospital. It is authorities’ myopia neglecting the promotion of staff and technologies in peripheral hospitals. As very well stated by the Professor, they are ‘much more humane and less bureaucratic’ however many of them are too basic regarding post-graduation teaching. I wish this situation changes, but I have neither the role nor the ranking to promote change.

Well, I come to the conclusion that the points of disagreement with Prof. Fonseca Ferreira do not neutralize a wide area of agreement: both of us want a better teaching and assistance. I am happy as it is always good to have company when one dares to criticize namely on highly sensitivity matters as the training of new physicians. And I appreciate, flattered the favor of his good and stimulating words. ■

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*\* The expression “big patient” is not an invented nosology entity, but an inferred tribute to Hamburger who created and used in several works, as a colloquial designation of a patient with a serious pathology and in need of a complex treatment.*