

Paris, old hospitals and modern hospital care

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Abstract

The author highlights the changes introduced in Clinical Medicine. The Author comments on the impression caused by an incidental visit to the Hôtel Dieu in Paris, regarding the transformation of an

old Hospital into a modern one. He was particularly impressed with the quality of the medical care provided to patients.

Key words: Hôtel Dieu, old hospital, hospitalization.

By mere chance I came across the Hôtel Dieu, in Paris, on the way out right hand side of Notre Dame Cathedral, on the other side of the street.

I thought the hospital no longer existed, although knowing that personalities of the History of Medicine as Claude Bernard, who changed the future of Medicine driving it in the sense of science it has today, or Bichat, a major personality of the clinical onset being a reference with organ changes, have practiced and taught there as well as other remarkable names as Dupuytren and Trousseau.

Passing through the doorway, one has access to a wide hall with reception staff ready to provide any information, a reception desk available and as any other big hotel, sofas and chairs apart of other comforts which make dialog more informal and private. In another area of this hall, one can buy magazines, newspapers and books, besides several information publications on the hospital itself and health, namely AIDS, with practical information on Parisian centers available in case of need.

One of the publications was a recent edition of the magazine published by the hospital group that Hôtel Dieu is part of, at present; several other information for inpatients and people with an interest in the hospital are also available. It is referred here the hospital was founded on the year 651 and was, until the Renaissance, the only one in the French capital. After several vicissitudes, the pavilion shape was abandoned to take its definitive structure by the end of the last century.

He survived to several guardianships and it is at present part of the Public Assistance of Paris Hospitals (APHP) with a further 50 hospitals in the region. Along with the 85,000 people employed as members of staff, it is the biggest European hospital group. This Hospital Group performs 1/3 of all organ transplants in France, and it is the first national center against AIDS and the biggest European center against cancer.

But what is the position of this old hospital founded by monks, with an old architecture and situated in the center of Paris?

The most frequent diseases in children, adults and the elderly have in the hospital the best conditions for their treatment. For such purpose, it has 508 beds, grouped in bedrooms with one (most of them), 2 and 3 beds (being closed down), 34 beds for the day hospital, for precise care (diagnosis, chemotherapy, ophthalmic surgery) and 120 beds for prolonged hospitalization. It is the first emergency service in Paris. The wards available for inpatients are mainly medical, only one in Surgery, Gynecology and Obstetrics and Ophthalmology. Specialties are mainly represented in the Outpatients Clinics.

Physicians are grouped in teams with 3-4 degrees of differentiation. There are also an additional kind of doctors called "attaché" that practices in town and works part time in the hospital, where they ensure appointments or practice some tests.

When the patient is admitted to hospital, he/she is encouraged to address the hospital staff clearly identified by a card or a "badge", as the French call it, with the name and role, and one of the five colors according to the professional rank (physician, student, hospital staff, technical staff, administrative staff). It is worth of note that there are around 150 different kinds of professions in the hospital, what gives a guarantee of quality and competence in the

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healthcare provided. The team caring for patients includes several elements, apart of doctors and nurses, as well as the psychologist or the hotel manager and a member of staff, the hospital secretary, without equivalent among us, whose role is helping patients with the formal part of admission, discharge and liaison with other team members.

The patient will get well acquainted with the hospital and the facilities it can offer. It can request for personal use, a telephone, a TV set, he/she can chose meals with a diet advisor, he/she can use the books from a mobile library and, if needed, to carry out any banking movement. He/she can also ask for religious assistance of one of the five cults (Catholic, Islamic, Jewish, Christian Orthodox and Protestant faiths). If he/she is an immigrant, he can ask for translating help, if he/she has no support from family and friends, the social welfare assistant can ensure the support of charity associations. There also associations to take the school to the hospital, when that is necessary.

When a patient is in doubt regarding the hospital secretary explanations, about the hospital appointments or administrative formalities, it is granted access to computers providing more accurate details.

Patients do not have only rights; they also have obligations emerging from the hospital life itself. The “Patient Chart”, official document existing since 1974, reminds this natural embarrassments emerging after all from common sense and good manners.

After being discharged, patients return to the care of their assistant physician, whose cooperation while in admission, is also encouraged. Possibly the patient might need other sorts of care that modern Medicine made imperative as: short or medium term hospitalization, home hospitalization and day care hospital.

A last surprise was reserved to me, in a short visit to the French hospital. While sneaking out to another public area I came across a wide internal area, much wider than a tennis court, laid out in the French style gardening with several paths. On both sides, there is an ample monastic gallery supporting different hospital services. On the farthest end, a Catholic Chapel, and in the closest end a small yard “la cour d’honneur”, with walls engraved with the hospital remarkable names, namely physicians killed in wars or resulting of their selfless dedication fighting disease.

To compare the hospitalization between the French and Portuguese hospitals was a first aim in such remarks, although it does not seem to me that such

stressful exercise can be useful. However, one gets the impression of a frank investment in the health of the French citizens, and it is recommended to those who visit Paris on holidays, to introduce a bit of “tourism with a medical theme”, visiting one of the old public hospitals in Paris. ■