

## Report of my Hippokrates Exchange Experience

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### FAMILY MEDICINE OR GENERAL PRACTICE?

A comparison between “Medicina de familiar” in Portugal and General Practice in the UK through 1 week’s observation at Unidade de Saúde Familiar Santiago de Leiria (Leiria, Portugal) as part of the Hippokrates program.

The “Golden minute”, the perfect “10 minute consultation”, problem lists and so on. In Portugal I had the opportunity to step outside our consultation framework and see what happens when these boundaries are less clear....



*The patient walks in, the door of the consultation room is often left open (except for during examinations) and on greeting the doctor it is as if I am watching the meeting of old friends (here almost all patients embrace the doctors with a hug, kisses or handshakes). People will walk in and out of the room, there is no line that this is a consultation that should not be disturbed, more of a conversation in a person’s home and that would naturally would have disturbances. The patient talks freely about each problem one after another and is not limited by time. They will talk about other goings on in family life, politics, work or even sport and the doctor will be enjoying this “banter” and insight into the person and not the illness for which they came. The doctor will then perhaps address the other family members in the room and deal with an issue regarding them, this is not a patient they are treating but their whole family...*

I found that in Portugal the emphasis of the treatment of the family was much stronger. A family network is all attached to the same GP (unless they wish otherwise). Under the “list system” which operates there they will always see their own doctor unless he or she is away. During the consultation

there is a much greater emphasis on the 'social' aspects rather than the 'medical'. Their consultations last between 15 to 30 minutes and perhaps in our 10 minutes we only see the surface of what's happening in our patient's lives rather than becoming more of a friend that these doctors were to their patients.

There are 1800 patients to each GP in Portugal (similar to the UK) yet their appointment lists were much shorter than my experience in south Wales. This is possibly due to health beliefs or a fitter population. However, other explanations were the nominal attendance fee of €2.15 (except if exempt) and the strong emphasis on health promotion and surveillance. In their first year children under 1 year see the doctor (their own doctor) at least 6 times per year and indeed although Portugal has a lower GDP than the UK it has a significantly lower under 5 years mortality rate (U5MR)<sup>1</sup>. The GPs run the antenatal, hypertension and diabetes clinics for themselves instead of nurse specialists/midwives we have in the UK. From the outside we may see this wasteful of resources however the relationship they have is stronger. They too are paid on attainment of targets, yet the emphasis is simply ensuring a condition is monitored rather than achieving a specific target.

I had originally thought my time in Portugal would be about learning about health systems and training structure but instead I had an eye-opening insight into a more personal way of general practice. Maybe this would be difficult to embrace fully into our hectic appointment schedules in the UK and the more formal British style. However, during the times when things are less busy I will definitely take this as an opportunity to spend more time with the patient; not clinical time but social time. I will see not just one patient in the room, but their family who they have brought with them. Be not just a generalist doctor but a family doctor.

By Dr Madeleine Attridge (née Ginns)

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With thanks to Dr Denise Alexandra for kindly hosting and teaching me during my exchange and to Dr Margarida Sá for letting me observe her also.

#### REFERENCES:

1. UNICEF: [http://www.unicef.org/sowc08/docs/sowc08\\_table\\_U5MR.pdf](http://www.unicef.org/sowc08/docs/sowc08_table_U5MR.pdf)