

Hippokrates Exchange Programme

Final Report

Report of my Hippokrates Exchange Experience:

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Dates the Exchange took place: From 16 to 27 August 2010

This Hippokrates exchange at Skødstrup (Denmark) overcame my expectations at all levels. Firstly, at a personal level, it was very fulfilling to get to know this culture and way of living, in many aspects so different from what I am used to, in Portugal. Also, it was quite of a nomad experience, since I got to be hosted at the houses of three different families. That ended up being very interesting, in the way that I was able to experience different (and yet so similar) lifestyles, where the busy life of parents is always so well accommodated with their childrens' needs, in the true sense of what a family is supposed to be like.

Additionally, I was very welcomed at Skødstrup Lægepraksis by all personnel, who made great effort in explaining everything they could about their practice's particularities as well as answering my questions and doubts about different aspects of the healthcare system. It was also very rewarding to see their interest regarding Portugal and how the health system works in my country, especially after the presentation I made about General Practice in Portugal, where I briefly mentioned some of these aspects.

In Denmark, as in Portugal, general practitioners (GPs) tend to be the patients' first contact with the healthcare system, as well as the "gatekeepers" to secondary care. In that way, they are generally the first doctor that a patient sees and often are the ones that provide the necessary treatment for most of the problems presented. This is quite similar between the two countries.

However, the Danish Health System is very different from the Portuguese one, especially

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when Primary Care is concerned. In Denmark, GPs are financed by the regions through capitation and/or fee-for-service payment, whereas in Portugal they are employed directly by the NHS and therefore receive a salary. On the other hand, Danish GPs run private practices (either on their own or, more frequently, in collaboration with other GPs). Therefore, they are responsible for all the costs of their practice, including both the building and the hired staff, namely the nurses and the secretaries. Another major difference concerns the work done by secretaries at the practice, that includes not only administrative tasks but also some health-related functions, like collecting blood samples, performing ECGs, measuring blood pressure and determining the INR of patients on anticoagulants, for example. Also, as Skødstrup Lægepraksis had a laboratory for performing some tests (blood counts, c-reactive protein, sedimentation rate and urine tests, including cultures) the secretaries also participated and performed these tasks.

Besides the practice personnel, several other professionals are involved in the provision of primary health care in Denmark, including district nurses (provide nursing care for patients in their own homes), health visitors (providing care and promoting health for children in the families' own homes) and midwives (providing care for pregnant women). This is quite different from Portugal, where there are no district nurses, midwives or health visitors, whose tasks are than performed either by GPs or practice nurses.

Finally, the range of general medical services provided by GPs in Denmark is considerable and care is delivered either by consultations at the practice or by home visits, including nursing homes for the elderly.

Overall, this experience had a huge impact on my education, as it provided a great opportunity to better understand the multiple competences of a GP and the different ways a primary care system can be organised. I strongly recommend it to all trainees, without thinking twice!

27.08.10 Liliana Laranjo

