Hippokrates Exchange Programme

Final Report

Report of my Hippokrates Exchange Experience:

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First I want to express my gratitude every professional who has made the effort to translate their daily work into English and share it with me. They are a great partnership model.

I have shared with them workdays in the clinic, hospital meetings, courses, and training days. They have been fantastic colleagues during and after working hours.

Health system structure:

Unlike the Spanish system, the Dutch government is no longer in charge of the healthcare system . Instead, it remains responsible for the quality and accessibility of the system and its services. A new healthcare insurance system was introduced in early 2006 (Zorgverzekeringswet), it requires all residents of the Netherlands to take out their own health insurance with a Dutch insurance company. They are obliged to purchase a basic health insurance plan, but free to choose your own plan and insurer. The insurance companies cannot reject anyone who applies. The fees for the basic health insurance package are annually determined by the health insurance companies and are normally approximately €95 per month. The following items are usually covered under the basic plan:

. Medical care, including services by GP's, hospitals, medical specialists and obstetricians
. Hospital stay
. Dental care (up until the age of 18 years, when 18 years or older you are only covered for specialist dental care and false teeth)
. Various medical appliances
. Various medicines

. Prenatal care
. Patient transport (e.g. ambulance) and paramedical care

You can decide to purchase additional insurance for circumstances not included in the basic package. However, in this case insurance companies can reject your application and they have the right to determine the price.
Children under the age of 18 years do not have to pay any health insurance and are insured for free for the basic package of health care.
In the Dutch insurance system every patient had an "own risk" of €170. You don't have to pay the GP visits from this own risk but medication, laboratory investigations and hospital visits you have to. Poor people can get a tax refund for every health costs.
GPs get paid partly with a fixed amount per patient per quarter and get €9/consultation from the insurances.

GP practice:
The *huisarts* (literally: "home doctor") administers first line,) is your first point of contact for all medical matters and provides answers for most your general health questions. The GP is your link to other services such as hospitalisation, specialists, midwifery, physiotherapy etc. Your GP is important for all health matters, including re-ordering your acute or chronic prescription or sick days off work. One exception are the medical certificates, made by independent doctors.
Patients cannot consult a hospital specialist without a required referral. Most GP's work in private practice although more medical centers with employed GP's are seen.
They have a phone with a multi-lingual staff in case they need a translator, most of the doctors speak good English and sometimes more languages.
Making appointments is always necessary. Your phone call will be answered by a trained medical assistant who will ask you what the reason is for the appointment. Your complaints will be noted and discussed and you will receive a phone call with the answer or an appointment will be scheduled.
Appointments are only 10 minutes, so if you think you'll need more time, or if you have more than one complaint, ask for a double appointment.
Doctors don't work out of their surgeries (offices), but will come to your home if deemed necessary.
The doctors in the Netherlands are very accessible. Changing GPs is discouraged and rarely done.
For emergencies outside office hours (after 17.00 p.m. and during weekends) you can call the doctor on duty at the "huisartsenpost". It is usually located near the first aid department of the Hospital. And every GP has to do 2 or 3 shifts per month there (8 or 12 hours each one). They answer your questions by phone, visit you if it is necessary, or see you at the Huisartsenpost.

GP organization: they have a unique GPs association "Landelijke Huisartsen Vereniging". It has their own journal, website, courses… And the most important thing is that they unify criteria and do a review every rewrite the Dutch GP guidelines and protocols:
"NHG-Standaarden voor de Huisarts" (Clinical guidelines for General Practice), and some other very interesting books like "Kleine Kwalen in de Huisartspraktijk" (Minor Ailments in General Practice).

Training:
In the Netherlands, training consists of three years (4 years in Spain) of specialization after completion of internships. First and third year of training takes place at a GP practice. The second year of training consists of six months training at an emergency room of a general hospital, three months of training at a psychiatric hospital and three months at a nursing home (verpleeghuis). Unlike the Spanish trainees, in Netherlands is not mandatory to do 24h shifts.
During all three years, residents get one day of training at university while working in practice the other days. They have 2 afternoons per week to study and one training day per week to share their experiences and attend courses (the Spanish trainees have to study in their free time and do the courses in the evenings, except 5 days per year dedicated to congress or special formation). The first year, a lot of emphasis is placed on communications skills with video training. Furthermore all aspects of working as a GP gets addressed including working with the medical standards from the Dutch GP association NHG (Nederlands Huisartsen genootschap). All residents must also take the national GP knowledge test (landelijke huisarts kennistoets) twice a year. In this test of about 160 multiple choice questions, medical, ethical, scientific and legal matters of GP work are addressed.

Ethic:
The Netherlands was one of the first European countries to have developed and implemented ethics committees. Hospital ethics committees started appearing at the beginning of the 1980s and grew until nowadays many public hospitals and nursing homes have one. A reason put forward for the ease in which ethics committees were incorporated and accepted is that the Netherlands has a 'natural affinity to deliberative structures and consultative bodies' due to its political structure.
The preservation of confidences entrusted is a longstanding obligation of physicians. There are situations, however, in which information involving patients must be disclosed. Those circumstances that include infectious diseases are most properly prescribed by law. Other conditions under which confidences should be divulged are not always clear to physicians. Most professionals in this field apply the rule of medical confidentiality very strictly, they only bring information to the families if the patient accepts.
They play special attention to the communication skills, much more the GPs, the approach to the patients and treatments are very similar to our system, but they focus much more on the interaction with the patient. I could see it in special lessons in the training days and in meetings between different specialties and GPs at the hospital.
Euthanasia is not allowed in Spain but in the Netherlands is regulated by the "Termination of Life on Request and Assisted Suicide". It states that euthanasia and physician-assisted suicide are not punishable if the attending physician acts in accordance with criteria of due care. These criteria concern the patient's request, the patient's suffering (unbearable and hopeless), the information provided to the patient, the presence of reasonable alternatives, consultation of another independent physician (SCEN artz) and the GP apply the method of ending life. To demonstrate their compliance, the Act requires physicians to report euthanasia to a review committee
The law allows medical review board to suspend prosecution of doctors who performed euthanasia when each of the following conditions is fulfilled:

- the patient's suffering is unbearable with no prospect of improvement
- the patient's request for euthanasia must be voluntary and persist over time (the request cannot be granted when under the influence of others, psychological illness or drugs)
- the patient must be fully aware of his/her condition, prospects and options
- there must be consultation with at least one other independent doctor who needs to confirm the conditions mentioned above
- the death must be carried out in a medically appropriate fashion by the doctor or patient, in which case the doctor must be present
- the patient is at least 12 years old (patients between 12 and 16 years of age require the consent of their parents)
- Euthanasia of children under the age of 12 remains technically illegal; however, prosecutors will refrain from pressing charges if this Groningen Protocol is followed: The presence of hopeless and unbearable suffering + The consent of the parents to termination of life + Medical consultation having taken place + Careful execution of the termination.

Most of the GPs have attended some cases of euthanasia during their carreers.

Some curious differences: the daily GP work is very similar u can across Europe, but you can find minimal differences and some curiosities. I will describe some of them as an example.

The GP can phone directly the specialist to ask for different test or in case they suspect malignant pathology, or want a urgent referral, minimizing by this way the waiting list for CT scan, MRI or other test.

Most of the surgeries bring the patients the option of IUDs (it is not necessary to visit the gynecologist), minor surgery, nurses for elderly, lung nurses, DM nurses, psychiatry nurses… The nurses have 30 min per patient and use to review them every 3 months if is necessary, reducing the GP visits for treatment changes or annual exams. The Dutch GPs have less pressure with a similar number of patients, avoiding the abuse.

It is very interesting that they play special attention in the diets and most of the surgeries have a dietician at least one time per week. They study the patient and make a monthly monitoring. Not only do diets for weight loss, diabetic or pregnant, there are also some curious to improve the fertility, cancer patients, children with various problems, malabsorptive processes...

In Holland sometimes you can find anthroposophical doctors. Anthroposophical medicine is a complementary medicine that integrates theories and practices of modern medicine with alternative, nature-based treatments, including the use of homeopathic medicaments and physical and artistic therapies and biographical counseling. The approach regards human wellness and illness as biographical events connected to the body, soul and spirit of the individual.It uses a holistic approach ("salutogenesis") that focuses on factors that support human *health*, rather than on factors that cause *disease*, and also focusing on strengthening both the patient's body and individuality. The self-determination, autonomy and dignity of patients is a central theme; therapies are believed to enhance a patient's capacities to heal.

Recently some researches suggest vitamin D may provide protection from osteoporosis, hypertension (high blood pressure), cancer, several autoimmune diseases, and associated with higer mortality. Vitamin D deficiency mostly results from inadequate intake coupled with inadequate sunlight exposure.

It can be also the result of disorders that limit its absorption or conditions that impair conversion of vitamin D into active metabolites, such as liver or kidney disorders. If the patient have depression, asthenia, HBP, DM.. the GPs look for it and treat it with UVA lamps and vitamin D supplements. This is not a usual pathology in my country because of the weather.

Finally I want to bring special thanks to Dr Berthon Rikken and to the whole team of his clinic, without them this experience couldn't be possible.

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