



Nejasno u članku “Registar za akutni infarkt miokarda”

Unclear in the article “Registry for acute myocardial infarction”

Marijan Bilić

Dom zdravlja Vojnić, Vojnić, Hrvatska • Medical Centre Vojnić, Vojnić, Croatia

U svom članku u zadnjem *Kardio listu*¹ kratko navodite bez da podrobnije objašnjavate: “...Bolničko osoblje i dalje (uz iznimku HMP Križevci) primarno zbrinjava bolesnike sa STEMI i prati ih u transportu do Kliničke bolnice Dubrava u Zagrebu što smatramo dodatnim gubitkom vremena, no liječnici primarne zdravstvene zaštite (prvenstveno HMP) još uvijek ne nalaze ni interesa, ni volje, a niti odgovornosti da se prihvate tog posla...”

Molim Vas da mi objasnite što ste pod tim mislili — prvenstveno mislim da sekundarno prozvanu primarnu zdravstvenu zaštitu (PZZ). Što bi mi liječnici iz PZZ-a trebali napraviti — da li invazivno liječiti pacijenta na terenu, ili bi ga mi trebali pratiti u Dubravu? Ispada da mi nemamo volje, mi nemamo interesa, mi nećemo preuzeti odgovornost za pacijenta. Veoma sam zainteresiran za odgovor kojeg ću prosljediti na mailing listu *Koordinacije hrvatske obiteljske medicine* gdje je 1.000 liječnika PZZ-a.

Osobno uz ambulantu PZZ radim i pripravnosti — kad “uleti” hitnoća moji pacijenti (koji su nakon dvije ure čekanja dočekali svojih pet minuta), ako idem s kolima hitne medicinske pomoći (HMP) u obližnji grad (Karlovac), moraju čekati po dva sata dok se vratim u ambulantu. Što tek govoriti o pratnji za Zagreb? Trebam li reći da ako “uleti” infarkt ili teška prometna nakon radnog vremena idem s vozačem i da imam samo svoje dvije ruke... Zar očekujete u takvim uvjetima da ću zbrinuti pacijenta kao što čini organizirana HMP? Zar očekujete da će liječnik u dežurstvu nakon 60 svojih pacijenata u ambulanti istim žarom raditi dežurstvo? Radni mjesec nije ograničen maksimalnim brojem radnih sati za liječnike i neki liječnici su tjerani da rade kao magarci. Moj radni mjesec iznosi 320 sati, borim se na svim instancama protiv toga (Hrvatska liječnička komora, Ministarstvo zdravstva i socijalne skrbi, Hrvatski zavod za zdravstveno osiguranje)...

Received: 11th Mar 2009
E-mail: marijanbilic@inet.hr

Literature

1. Kramarić D. Registar za akutni infarkt miokarda *Kardiološkog odjela Opće bolnice Koprivnica. Kardio list* 2009;4:7-8.

In your article in the last issue of the *Kardio list*¹ you briefly quoted the following without any further explanation: “...The in-hospital personnel still (with exception of Emergency Medicine Department Križevci) organizes primary management of patients suffering from STEMI, accompanies them in the transport to the Dubrava Clinical Hospital in Zagreb which we think is an additional waste of time, however, primary healthcare physicians (especially EMD) still show neither interest, desire nor responsibilities to get down to this work...”

Will you please explain what you meant with that — first of all I wish to refer to what was said about the primary healthcare (PH) physicians. What should we, the PH physicians, do — should we invasively treat the patient in the field, or should we accompany him to Dubrava? We seem to lack will, interest and we desire to assume the responsibility for a patient. I am very interested in the reply which I will forward to the mailing list of the *Coordination of Croatian Family Medicine* which numbers 1000 PH physicians.

I personally, alongside my work in PH outpatient clinic, work in the emergency and in the case of emergency, my patients (who get their five minutes after two hours that they have been waiting) need to wait for an additional couple of hours for me to return to the outpatient clinic if I go to the nearest town (Karlovac) with the ambulance, so what about accompanying patients to Zagreb? Do I need to accompany a patient who has infarction or a has had a severe traffic accident and join a driver in the ambulance after I have finished my working hours taking into account that I only have two hands... Do you really expect me to take care of the patient under those conditions in the same way as the organized EMD does that? Do you really expect a physician in attendance to do his attendance with the same passion after having managed 60 patients in the outpatient clinic? For physicians, the working month is not limited by a maximum number of working hours and some physicians are forced to work like horses. My working month consists of 320 working hours and I'm fighting at all instances against it (Croatian Chamber of Physicians, Ministry of Health and Social Welfare, Croatian Institute for Health Insurance)...