



Odgovor na primjedbe dr. Bilića

Answer to the remarks of Dr Bilić

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D rago mi je da ste se javili i načeli jedan problem koji mi pokušavamo riješiti već više godina, ali za sada neuspješno. Za početak napominjem da se moj komentar odnosi na organizaciju zdravstvene službe u Koprivničko-križevačkoj županiji, jer ja ne mogu niti znati, niti procjenjivati situaciju u drugim županijama. Vjerojatno znate kako je zamišljena Mreža primarne perkutane koronarne intervencije (pPCI) pa o tome ne moram govoriti. Naše pacijente pogodne za pPCI već četvrtu godinu zbrinjavaju i prate u transportu do tercijarnog centra bolnički liječnici i medicinske sestre, a ne osoblje Hitne medicinske pomoći (HMP). Pokušali smo u više navrata dogovarati zajedničku strategiju zbrinjavanja, ali nismo do sada uspjeli, bolje reći uspjeli smo djelomično s HMP u Križevcima gdje je dio liječnika pokazao interes za suradnju, ali ne svi (radilo se o 1-2 dežurstva u HMP mjesečno). Morate priznati da je nelogično transportirati bolesnika s akutnim infarktom miokarda iz Križevaca u Koprivnicu, a potom u Zagreb preko Križevaca). S HMP u Koprivnici i Đurđevcu nismo uspjeli do sada ništa promijeniti. Prije dvije godine pokušali smo provesti anketu kod svih liječnika HMP i primarne zdravstvene zaštite da vidimo kakvi su problemi na terenu i na koji bismo ih način mogli rješavati, no nismo dobili niti jedan povratan odgovor. Po tome sam zaključila da nema volje niti interesa da taj problem riješimo. Jasno mi je da ima premalo timova HMP, ali ako ćemo o tome i dalje šutjeti, stanje se neće nikad promijeniti.

U potpunosti shvaćam Vašu ogorčenost, preopterećenost poslom (nismo li uostalom svi u takvoj situaciji) i ne mislim da bi liječnici na terenu trebali zaključati svoju ordinaciju i pratiti pacijenta u tercijarni centar. To je potrebno organizirati putem HMP.

Još jednom napominjem da se moj tekst odnosio na Koprivničko-križevačku županiju i probleme u njoj. Sigurno je da slični problemi postoje i u drugim centrima te bi mi bilo drago da ih počnemo javno iznositi, jer je to jedini način da ih počnemo rješavati.

Usput, ne slažem se s vama da radimo kao magarci, jer mislim da magarci to ne bi izdržali.

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I am glad you have written to us bringing up a problem that we have been trying to solve for several years now, but so far without any success. First of all, I'd like to point out that my commentary was related to the organization of the healthcare service in the County of Koprivnica-Križevci, because I am not able to know or assess the situation in other counties. You are probably familiar with the way how the Primary Percutaneous Coronary Intervention Network is to function, so I don't need to talk about it. Our patients appropriate for primary percutaneous coronary intervention have been for the fourth year now managed and accompanied during transport to the tertiary medical center by hospital physicians and nurses and not by the staff of the Emergency Medicine Department (EMD). On several occasions we have tried to agree on a joint management strategy, but we have not managed to do it yet, or rather, we have partially succeeded in doing so with the EMD in Križevci where a part of the physicians showed interest in cooperation, but not all of them (there were 1-2 attendances in EMD per month). You have to admit that it makes no sense to transport a patient with acute myocardial infarction from Križevci to Koprivnica, and then to Zagreb via Križevci. We have not managed to change anything in EMD in Koprivnica and Đurđevac so far. Two years ago, we tried to conduct a survey with all the EMD physicians and the primary healthcare to see what the problems in that field were and to think of the ways how solve them but we did not get one single feedback. This is how I concluded that there is neither wish nor interest to solve this problem. I understand that there are not enough EMD teams, but if we keep on being silent about it, the situation will never change.

I completely understand that you are bitter, overloaded with you work (but aren't we all in the same situation) and I don't think that the physicians in the field should lock their outpatient clinics and accompany a patient to the tertiary center. This needs to be organized through the EMD.

I once more mention that my text was related to the County of Koprivnica-Križevci and the problems in that county. Surely there are similar problems in other centers and I would be glad if we start bringing them up, because that is the only way how we shall start solving them.

I also do not agree with you that we work like horses, because horses could not endure it.

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