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Family Medicine-MacryhoriKarditsas,Greece

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Health provision and promotion in rural areas of Greece.

In the 80s, the Greek national health system created primary health care centres that were established in over 200 places of rural Greece. This was expanded to 2000 peripheral medical offices in small municipalities.

Alongside the creation of the primary health care centres, the Open Care centres for the elderly were established. Funded publically, these centres had a huge impact in the care of the elderly. Physiotherapy, ergotherapy, preventative services, rehabilitation and health education programmes were only a few of the services offered. Something, totally new and innovative for the Greek health system. These centres truly contributed to the increase in life expectancy and the aging population.

Although these centres have provided health provision in the rural areas, it is noticeable even nowadays the lack of specialty doctors in these centres. The Greek government created a financial incentive for doctors in order to fill these spaces. In the future years the government also decided that every doctor graduating and wanting to progress to postgraduate posts, they will have to complete a mandatory period in a rural area as junior doctors before they progress to a resident post.

As the Greek National Health systems is modernising, so is the health care provision in rural areas. Currently the notion of substituting doctors with nurses in rural areas is something that is in talks. It has been noted, and something I also noted during my elective, that the reasons why patients are visiting the health care centres are for check ups(blood pressure measurement), minor ailments, injections, vaccinations, minor wounds and only 1/3 of patients visiting were due to medical reasons. As these junior doctors are spending their time performing tasks that could be performed by nurses or even patients(if they had the right health promotion and training in blood pressure measurement and glucose levels etc.) it can be seen how this is not cost effective. This would prove a major transition for the Greek health system which not only is doctor lead but also culturally doctor lead.

Mental health issues were something I did not come across while at the surgery. Culturally mental health problems in Greece are a taboo. Doctors are cautiously approached and since there was no provision at the surgery it was even more difficult for patient to seek help.

I was also surprised by the fact that no health promotion took place while I was at the surgery. There was no specific clinic held for monitoring blood pressure or managing diabetes where advice on management and living with a health problem can be made. It was in this case that I believe the role of nurses in rural Greece could be of benefit to the population. The comparison between the UK health system was inevitable especially at health promotion. Patients can be educated and this is something I have experienced as a medical student studying in the UK the past 5 years.

Overall I did enjoy my time at Macryhori. I was very glad I had the chance to experience the Greek mentality and the expectation of the Greek population by being on the other side, with the health professionals.

The surgery I took my elective was situated in Greece, in the rural area of Macryhori in Karditsa.

There are 2000 patients registered with the surgery and this population is spread over 4 villages. Macryhori is predominantly populated by farmers. Throughout my days at the surgery (working hours: 8.30-14.00) I was seeing mostly patients over 65 years of age who visited the surgery for review of medication.

In a few occasions I did witness cases of minor trauma, infections, patients with allergy and asthma attacks. The real emergency cases are directed towards the main hospital which is a 15 minute drive away from Macryhori.

My work experience in the surgery gave me the opportunity to come across the health problems dealt by the General Practitioners which were mostly chronic conditions such as heart disease, diabetes type 2 and COPD.

The surgery was also equipped to deal with minor surgical procedures (under local anaesthetic), minor trauma and was able to provide care for both children and adults.

The cases I encountered in Macryhori were blood pressure management, vaccinations, geriatric management, general health check ups, gynaecological issues, urological problems.

In general, primary health care services are provided through rural health centres and provincial surgeries in rural areas, the outpatient departments of regional and district hospitals, the polyclinics of the social insurance institutions and specialists in urban areas. Secondary care is provided by public hospitals, private for-profit hospitals and clinics or hospitals owned by social insurance funds.

There are major differences in terms of the health care provision in Greece and the UK. The Greek public health system provides free and low cost care only to the population that is contributing to the social security system. Also specialists can be contacted and an appointment can be arranged with them directly without the patient having been referred to them. The downside of this system has proved long waiting lists, however the possibility to be looked after by a specialist not in the residential area you live in is also possible. The Greek health system has been aware of this issue and over the years it has introduced a new scheme where the patient can be seen by a private physician and the costs are later reimbursed by up to 85% in some cases.

Another issue that is noted is the presence of public insurance companies such as IKA, OGA, TEBE. These public companies have insured most of the population in Greece, with IKA having insured 50% of the population, OGA 25% and TEBE 13%.

What the Greek health system is battling at the moment is the rising of the elderly population. In 2007, 18.6% of the population was 65+ age and the projected figure for 2050 is over 75%. Increasing life expectancy and low fertility rates are the main causes.