SOCIETÀ MEDICA
DI SANTA MARIA NUOVA

IX EDIZIONE

Giornate Mediche di
Santa Maria Nuova 2017

L'Ospedale dei Fiorentini

LA DIMISSIONE OSPEDALIERA "RITARDATA": *Complicanze intraospedaliere e criticità gestionali*

Lo strumento indispensabile della comunicazione medico, paziente, familiare

Alfredo Zuppiroli – Firenze

Firenze, 6 ottobre 2017

BMJ 2017;358:j4347 doi: 10.1136/bmj.j4347 (Published 2017 September 21)

EDITOR'S CHOICE

Unrelieved uncertainty

Fiona Godlee *editor in chief*

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Unrelieved uncertainty

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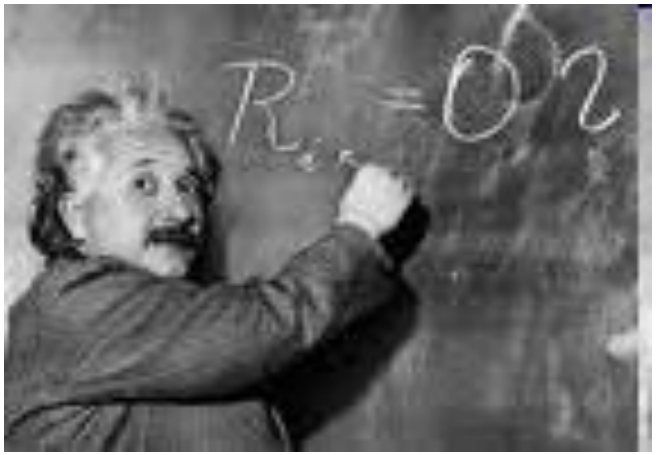
The only certain thing about medicine is its uncertainty.

Patients and doctors must make decisions on the available information, which is always incomplete, variably relevant to individual circumstances, hedged around with likelihoods, best bets, and gut feelings, balanced by individual preferences, and constrained by available resources.

Somehow, sometimes, good decisions are made



Non tutto ciò che può essere contato

conta

e non tutto ciò che conta

può essere contato.

VIEWPOINT

The McDonaldization of Medicine

E. Ray Dorsey, MD, MBA
Department of Neurology, University of Rochester Medical Center, Rochester, New York.

George Ritzer, PhD, MBA
Department of Sociology, University of Maryland, College Park.

As put forth in *The McDonaldization of Society*, "the principles of the fast-food restaurant are coming to dominate more and more sectors of American society,"[1] including medicine (Table). While designed to produce a rational system, the 4 basic principles of McDonaldization—efficiency, calculability, predictability, and control—often lead to adverse consequences. Without measures to counter McDonaldization, medicine's most cherished and defining values including care for the individual and meaningful patient-physician relationships will be threatened.

length of patient visits can result in equal care that does not address individual needs.

The final dimension of McDonaldization is control of humans by nonhuman technology,[1] which is increasingly applied to both physicians and patients. In fast-food restaurants, machines, not workers, control cooking. In medicine, resident physicians now spend far more time with computers (40%) than with patients (12%).[4] Billing codes and policies, which specify the length and content of visits, dictate the care that patients receive, influence clinicians, lead to unnecessary procedures, and

Ministero della Salute

DIREZIONE GENERALE DELLA PROGRAMMAZIONE SANITARIA

Piano Nazionale della Cronicità

«C'è bisogno di nuove parole-chiave, capaci di indirizzare verso nuovi approcci e nuovi scenari (pag 14):

- ***salute "possibile"**, cioè lo stato di salute legato alle condizioni della persona;*
- ***malattia vissuta** con al centro il paziente/persona (illness), e non solo malattia incentrata sul caso clinico (disease);*
- ***analisi integrata** dei bisogni globali del paziente, e non solo "razionalità tecnica" e problemi squisitamente clinici;*
- ***analisi delle risorse del contesto ambientale**, inteso come contesto fisico e socio-sanitario locale, fattori facilitanti e barriere;*
- ***mantenimento e co-esistenza**, e non solo guarigione;*
- ***accompagnamento,** e non solo cura;*
- ***risorse del paziente,** e non solo risorse tecnico-professionali gestite dagli operatori;*

«C'è bisogno di nuove parole-chiave, capaci di indirizzare verso nuovi approcci e nuovi scenari (pag 14):

- ***empowerment inteso come abilità a "fare fronte"*** *alla nuova dimensione imposta dalla cronicità e sviluppo della capacità di autogestione (self care);*
- ***approccio multidimensionale e di team*** *e non solo relazione "medico-paziente";*
- *superamento dell'assistenza basata unicamente sulla erogazione di prestazioni, occasionale e frammentaria, e costruzione condivisa di* ***percorsi integrati, personalizzati e dinamici****;*
- ***presa in carico pro-attiva ed empatica*** *e non solo risposta assistenziale all'emergere del bisogno;*
- ***"Patto di cura"*** *con il paziente e i suoi Caregiver e non solo compliance alle prescrizioni terapeutiche.*

«C'è bisogno di nuove parole-chiave, capaci di indirizzare verso nuovi approcci e nuovi scenari (pag 14):

…Ma nella sezione attuativa riemerge il modello riduzionista-deterministico centrato sulla patologia…

La sfida: trasformare il nuovo modello culturale che emerge chiaramente dal Piano in pratica clinica quotidiana

«C'è bisogno di nuove parole-chiave, capaci di indirizzare verso nuovi approcci e nuovi scenari (pag 14):

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Informed Decision Making for Percutaneous Coronary Intervention for Stable Coronary Disease

Michael B. Rothberg, MD, MPH; Senthil K. Sivalingam, MD; Reva Kleppel, MSW, MPH; Marc Schweiger, MD; Bo Hu, PhD; Karen R. Sepucha, PhD

IMPORTANCE Patients with stable coronary disease undergoing percutaneous coronary intervention (PCI) are frequently misinformed about the benefits of PCI. Little is known about the quality of decision making before angiography and possible PCI.

OBJECTIVE To assess the quality of informed decision making and its association with patient decisions.

DESIGN, SETTING, AND PARTICIPANTS We performed a cross-sectional analysis of recorded conversations between August 1, 2008, and August 31, 2012, among adults with known or suspected stable coronary disease at outpatient cardiology practices.

MAIN OUTCOMES AND MEASURES Presence of 7 elements of informed decision making and the decision to undergo angiography and possible PCI.

RESULTS Of 59 conversations conducted by 23 cardiologists, 2 (3%) included all 7 elements of informed decision making; 8 (14%) met a more limited definition of procedure, alternatives, and risks. Specific elements significantly associated with not choosing angiography and possible PCI included discussion of uncertainty (odds ratio [OR], 20.5; 95% CI, 2.3-204.9), patient's role (OR, 5.3; 95% CI, 1.3-21.3), exploration of alternatives (OR, 9.5; 95% CI, 2.5-36.5), and exploration of patient preference (OR, 4.8; 95% CI, 1.2-19.4). Neither the presence of angina nor severity of symptoms was associated with choosing angiography and possible PCI. In a multivariable analysis using the total number of elements as a predictor, better informed patients were less likely to choose angiography and possible PCI (OR per additional element, 3.2; 95% CI, 1.4-7.1; $P = .005$).

CONCLUSIONS AND RELEVANCE In conversations between cardiologists and patients with stable angina, informed decision making is often incomplete. More complete discussions are associated with patients choosing not to undergo angiography and possible PCI.

JAMA Intern Med. doi:10.1001/jamainternmed.2015.1657
Published online May 18, 2015.

Editorial and Invited Commentary

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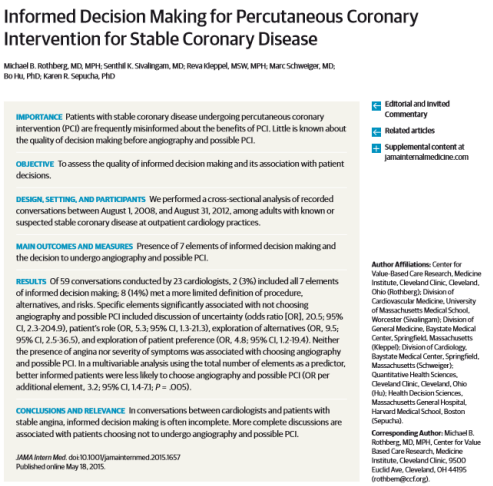
Author Affiliations: Center for Value-Based Care Research, Medicine Institute, Cleveland Clinic, Cleveland, Ohio (Rothberg); Division of Cardiovascular Medicine, University of Massachusetts Medical School, Worcester (Sivalingam); Division of General Medicine, Baystate Medical Center, Springfield, Massachusetts (Kleppel); Division of Cardiology, Baystate Medical Center, Springfield, Massachusetts (Schweiger); Quantitative Health Sciences, Cleveland Clinic, Cleveland, Ohio (Hu); Health Decision Sciences, Massachusetts General Hospital, Harvard Medical School, Boston (Sepucha).

Corresponding Author: Michael B. Rothberg, MD, MPH, Center for Value Based Care Research, Medicine Institute, Cleveland Clinic, 9500 Euclid Ave, Cleveland, OH 44195 (rothberm@ccf.org).



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Braddock CH III et al
Informed decision making in outpatient practice:time to get back to basics.
JAMA.1999;282:2313-2320.

1) **Discussion of the patient's role in decision making**
2) **Discussion of the clinical issue or nature of the decision**
3) **Discussion of the alternatives**
4) **Discussion of the pros and cons of the alternatives**
5) **Discussion of the uncertainties**
6) **Assessment of the patient's understanding**
7) **Exploration of patient preference.**

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thebmj

BMJ 2017;358:j3203 doi: 10.1136/bmj.j3203 (Published 2017 July 05)

ANALYSIS

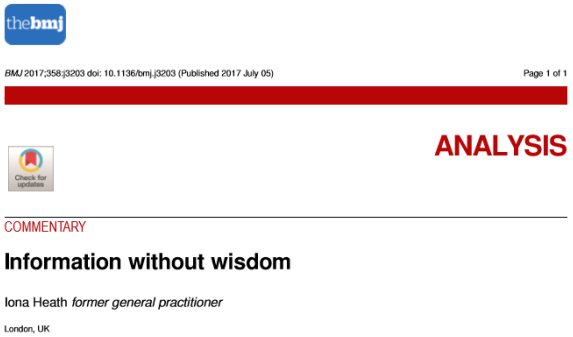
Check for updates

COMMENTARY

Information without wisdom

Iona Heath *former general practitioner*

London, UK


thebmj

BMJ 2017;358:j3203 doi: 10.1136/bmj.j3203 (Published 2017 July 05) Page 1 of 1

ANALYSIS

COMMENTARY

Information without wisdom

Iona Heath *former general practitioner*

London, UK

- …Big data, biometric sensors, and the vaunted promise of e-health have undoubted contributions to make to contemporary healthcare but fall far short of delivering the moral core of medicine that has always been the relief of suffering…

- …The whole process is profoundly normative, always looking for deviations from the mean to define abnormality and a need for action. The biologically normal is a broad and accommodating phenomenon, but big data will be interpreted within arbitrarily set limits. From experience, these limits will likely be narrowed in the financial interests of companies eager to maintain their place in the healthcare market…

thebmj

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ANALYSIS

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Information without wisdom

Iona Heath *former general practitioner*

London, UK

- **We deny death but also the dying, whose care is an essential part of medicine within which big data and e-health have nothing to offer**
- **Recent history suggests that the latest wave of technological innovation will work more in the interests of the medical-industrial complex than in those of the distressed and suffering individual**

OSSERVATORIO
QUALITÁ ED EQUITÁ

ARS TOSCANA
agenzia regionale di sanità

Regione Toscana

SST Servizio Sanitario della Toscana

LA QUALITÁ DELL'ASSISTENZA NELLE CURE DEL FINE VITA

La popolazione in studio:
i deceduti con storia clinica
li tumore o malattie croniche

Indicatori di qualità
dell'assistenza
nelle cure del fine vita

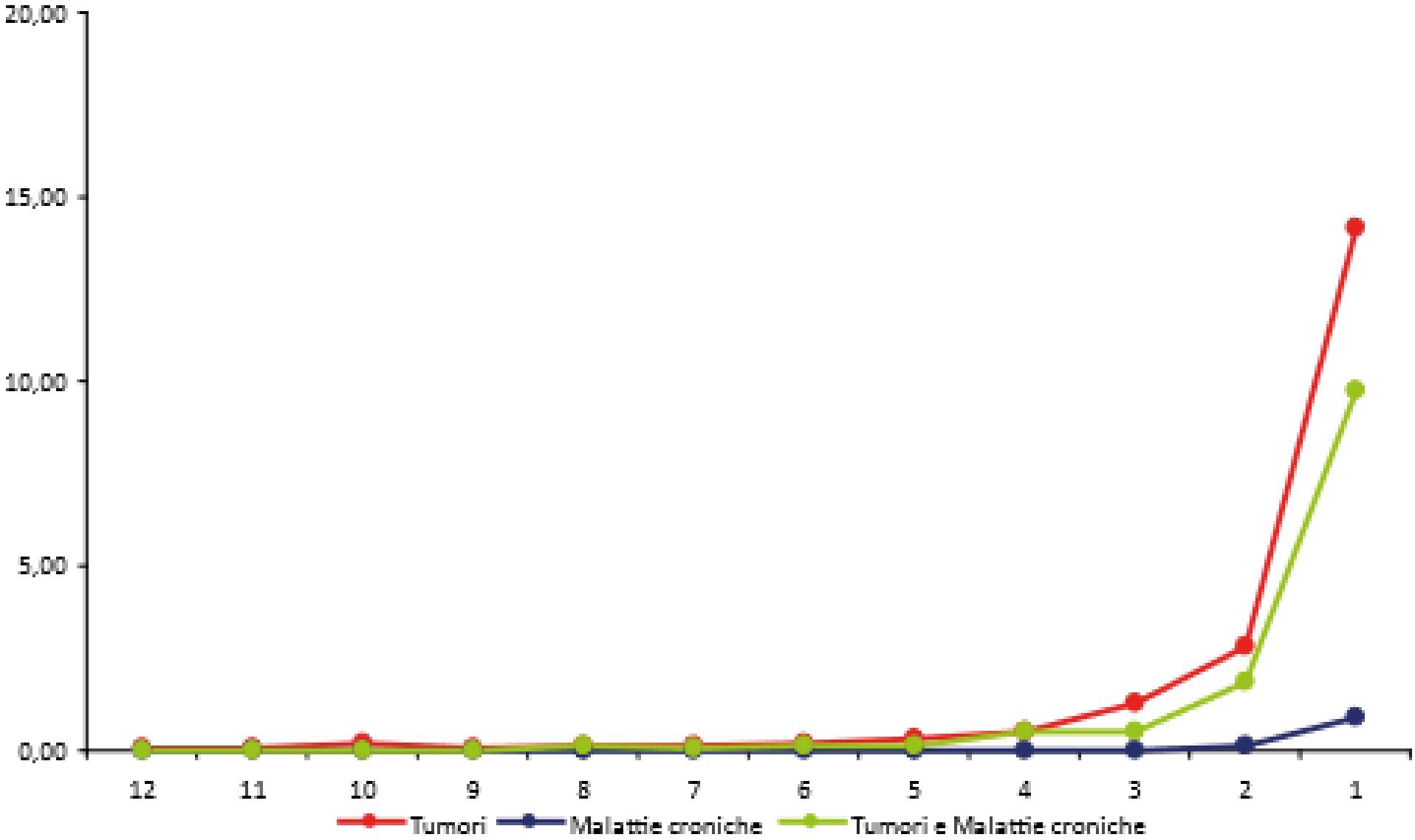
Documenti dell'Agenzia Regionale
di Sanità della Toscana

93

Maggio
2017

Alfredo Zuppiroli – Fire

Figura 2.39 - Percentuale di deceduti con storia clinica di tumore, patologie croniche o tumore e patologie croniche con accesso all'*Hospice* nell'ultimo anno di vita, suddivisione per singolo mese



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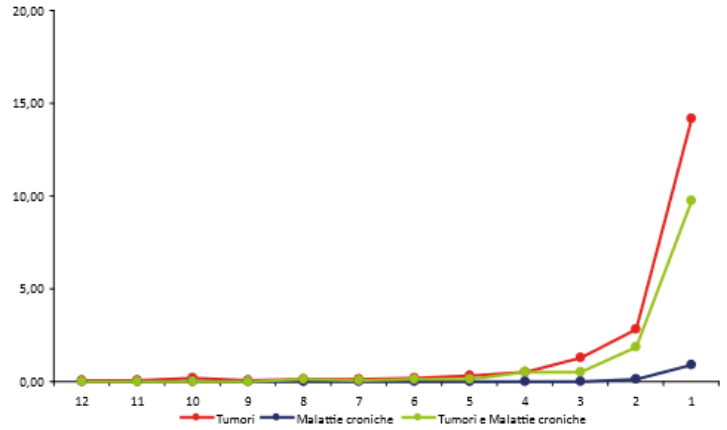
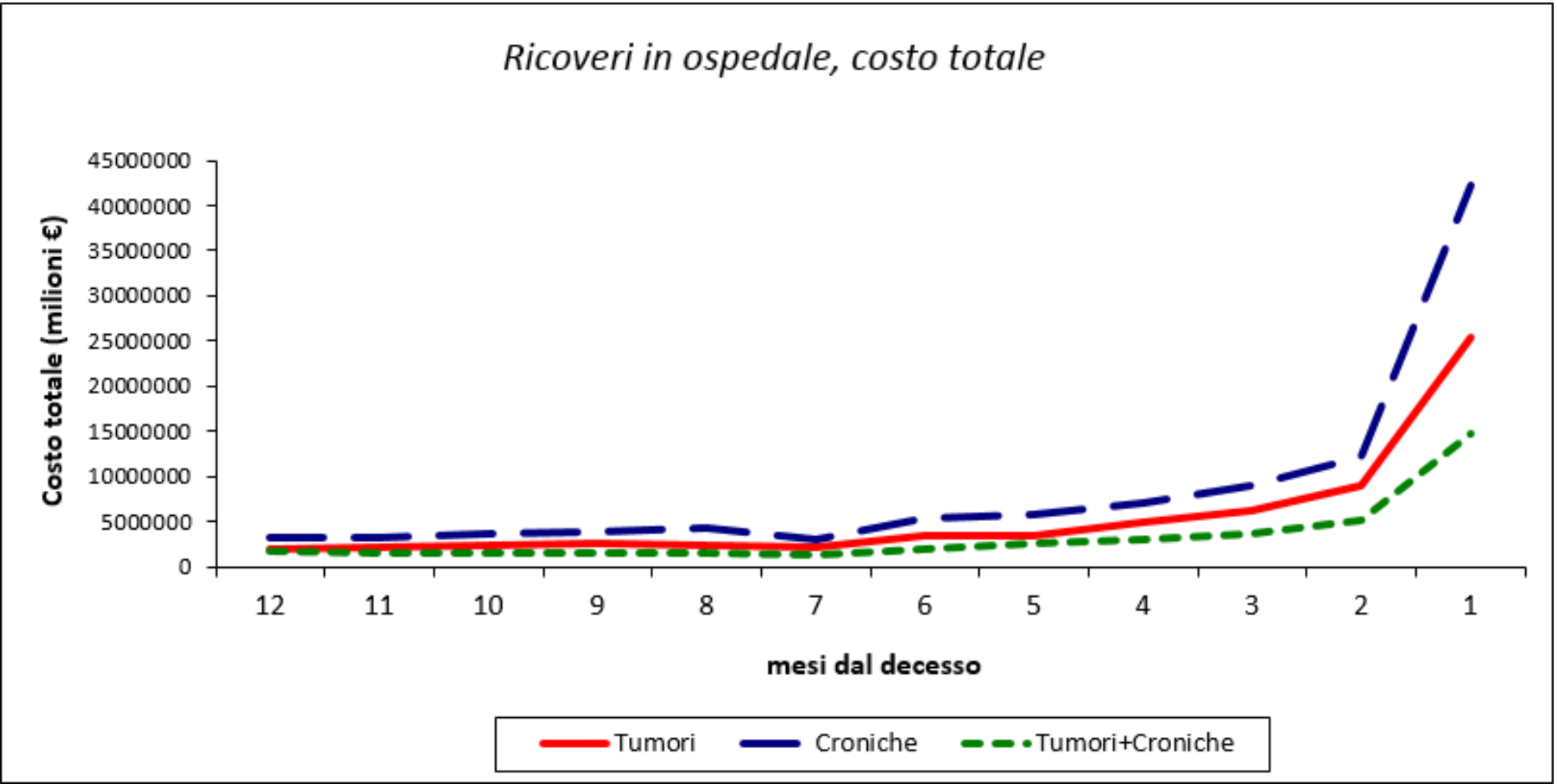
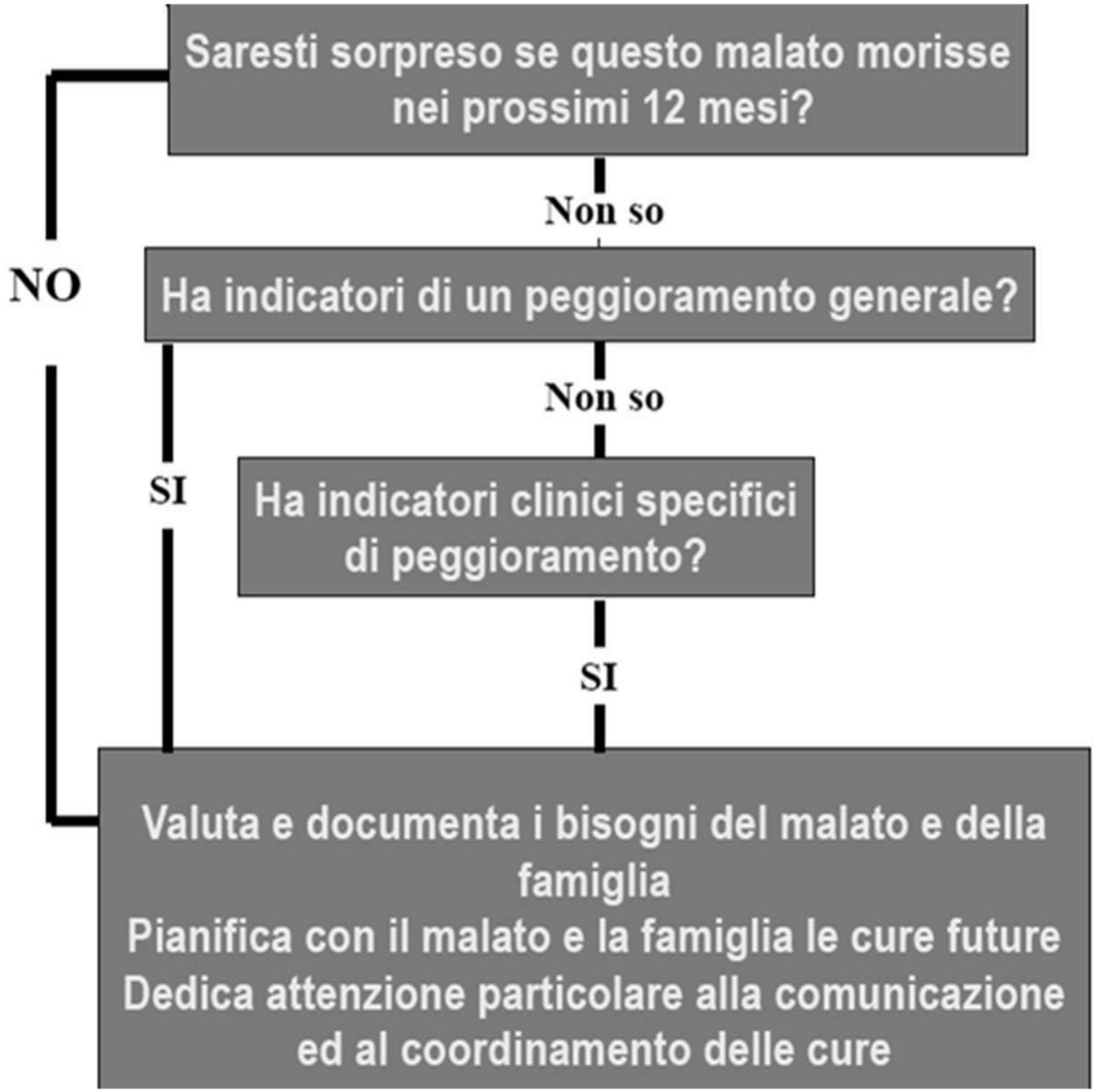




The «surprising» question



GRANDI INSUFFICIENZE D'ORGANO "END STAGE": CURE INTENSIVE O CURE PALLIATIVE? "DOCUMENTO CONDIVISO" PER UNA PIANIFICAZIONE DELLE SCELTE DI CURA

Documento approvato e condiviso da:

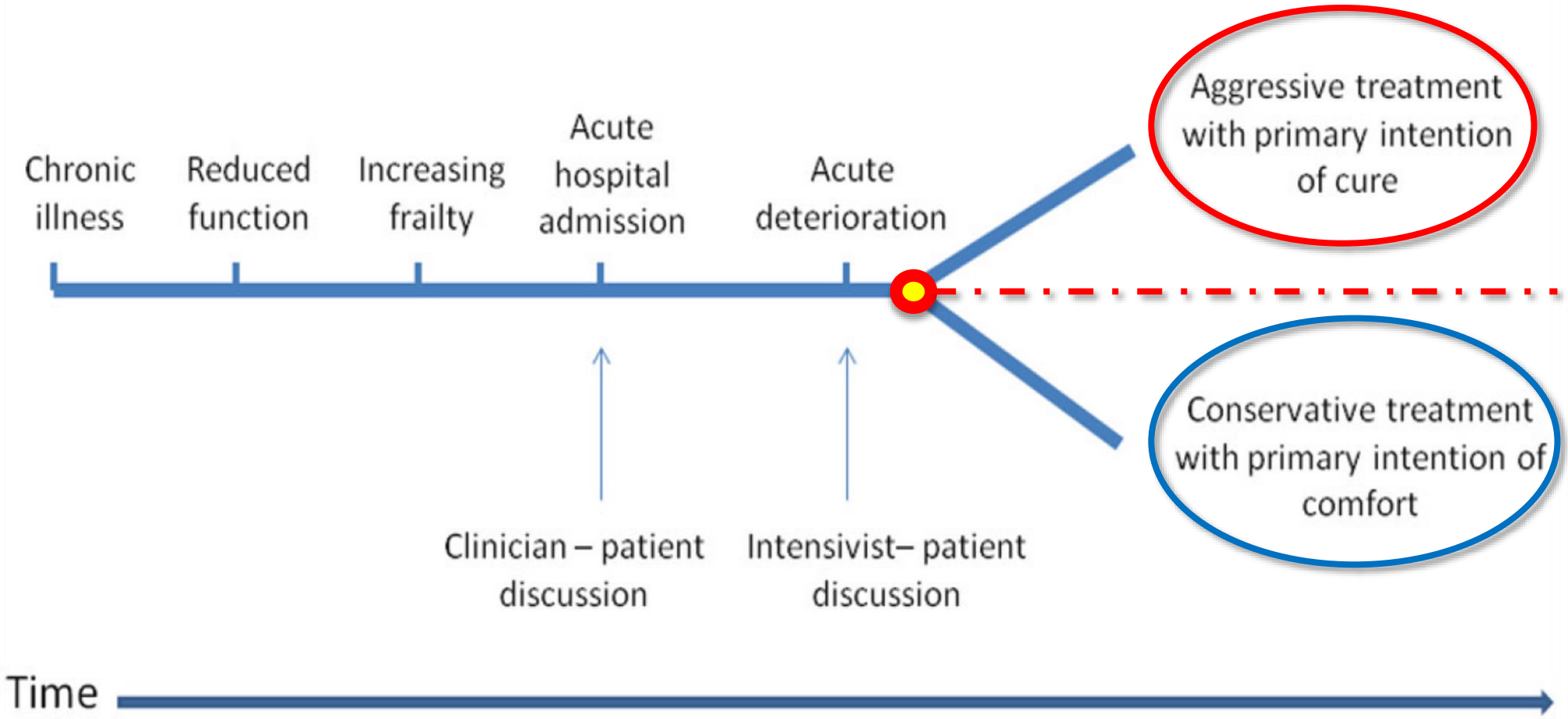
- SOCIETÀ ITALIANA ANESTESIA ANALGESIA RIANIMAZIONE TERAPIA INITENSIVA (SIAARTI)
- ITALIAN RESUSCITATION COUNCIL (IRC)
- ASSOCIAZIONE NAZIONALE MEDICI CARDIOLOGI OSPEDALIERI (ANMCO)
- SOCIETÀ ITALIANA MEDICINA EMERGENZA URGENZA (SIMEU)
- SOCIETÀ ITALIANA CURE PALLIATIVE (SICP)
- SOCIETÀ ITALIANA NEFROLOGIA (SIN)
- ASSOCIAZIONE NAZIONALE INFERMIERI DI AREA CRITICA (ANIARTI)
- SOCIETÀ ITALIANA MEDICINA GENERALE (SIMG)
- ASSOCIAZIONE ITALIANA PNEUMOLOGI OSPEDALIERI (AIPO)

Processo condiviso di Advance Care Planning (ACP)

L'accento sulla condivisione del processo decisionale, senza nulla togliere al ruolo propulsivo dei professionisti sanitari, è anzitutto una forte garanzia per evitare che il paziente sia sottoposto a trattamenti sproporzionati in eccesso;

in secondo luogo, è strumento di garanzia che il paziente sia sottoposto a trattamenti che lui stesso ha considerato proporzionati, contro il pericolo che le scelte del team curante siano guidate da sole esigenze di efficienza e razionalizzazione della spesa sanitaria.

una decisione cruciale …
in un momento critico!



Hilton AK, Jones D, Bellomo R. Clinical review: The role of the intensivist and the rapid response team in nosocomial end-of-life care Critical Care 2013, 17:224-234

Take home message

- **Superare le visioni dualistiche,**
- **Integrare**
  - **il contare con il raccontare**
  - **la biologia con la biografia**
  - **lo spiegare e il comprendere**
  - **l'individuazione delle cause con l' interpretazione del significato**
  - **la legge matematica generale con la singola vita.**

Pablo Picasso, 1897 - Ciència i Caritat