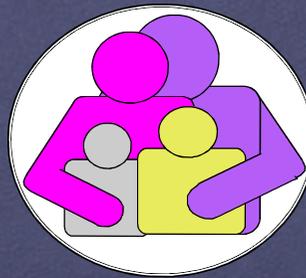


Clinical Interventions – Slovenia
BMA House, London
24th -25th March, 2015



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President of the Slovenian Association of
Family Physicians



Objectives



At the end of this talk the participant will:

- ❧ Know about John's story
- ❧ Know about so called „pro-bono“ practices in Slovenia
- ❧ Think about the limits of the Primary Care team
- ❧ Understand the necessity to move towards the inclusion of social determinants of health in everyday practice

John's story



- ✧ 30-year John* visits a GP for a certificate, which he needs to provide it to the Centre for Social Care – a “sick note”.
- ✧ Only with this certificate, which contains a description of his health status, he will be allowed to receive financial support.

*personal data changed in order to anonymise the patient



- ❧ He rarely visits GPs or other doctors.
- ❧ He has not taken any medication for his schizophrenia for two years.
- ❧ He stopped seeing his psychiatrist because “the shrink does not have enough sympathy for his problems”.



- ☞ He prefers to cook and study concepts of healthy lifestyle over the internet.
- ☞ He loves drawing.
- ☞ He lives with his parents, who have both become unemployed during the recession.



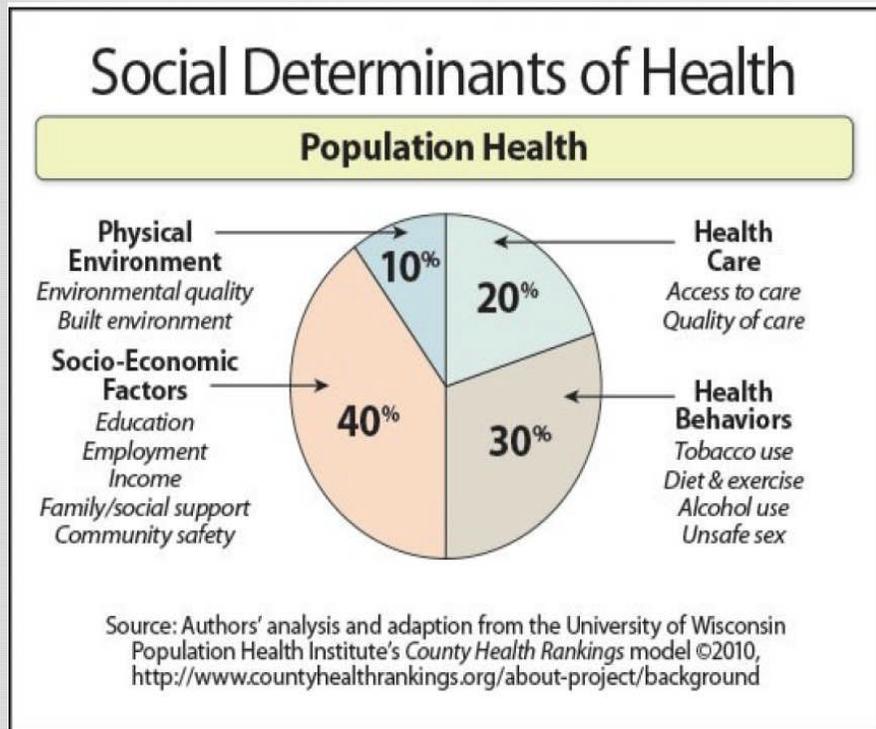
- ❧ The family denies John's illness. His father believes that he is lazy and he should work.
- ❧ During a visit to the GP, the nurse finds that John does not have basic health insurance.

WHO definition



The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

John's social determinants



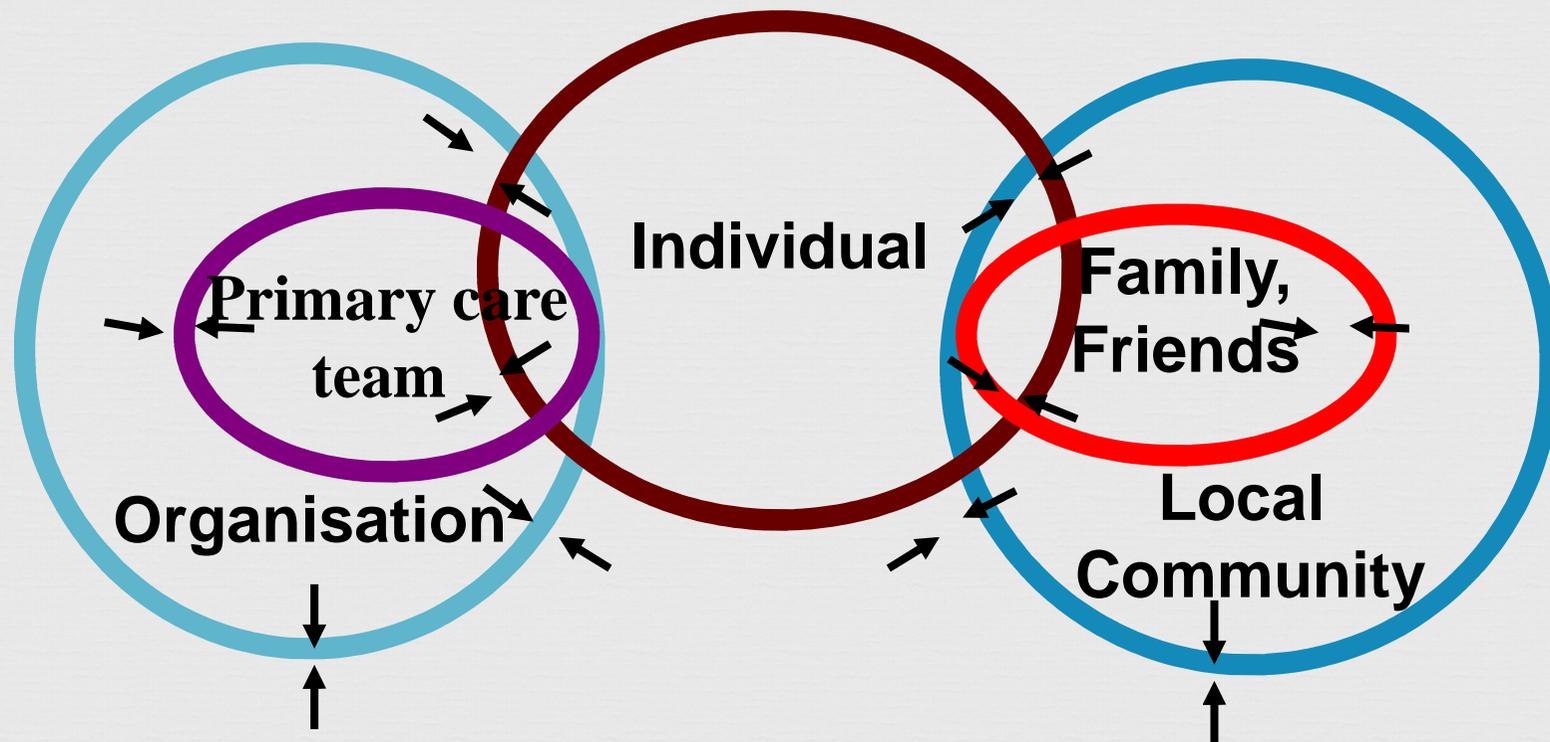
- Health care
 - access to GP (simple but episodic)
 - access to psychiatrist (difficult)
- Health Behaviours
 - stopped taking medicines
 - exercising
- Physical environment (solid)
- Socio-Economic factors
 - doesn't finish secondary school
 - unemployed
 - uninsured
 - family members are burnout
 - social support is limited
 - living in isolation from the community
 - not attending supportive groups for self-help

How can the Primary Health
Care team help John?

Pro bono practices



How can we introduce changes in our work and focus on the needs of the local community, including the social determinants of health?



Society - economy, politics, cultural and social expectations

Challenges



- ∞ Normality at individual or population level ?
- ∞ Clinically normal – socially abnormal and vice-versa?
- ∞ Deviation from social normality – treatment ?
- ∞ Normal range is not optimal range (social risks)

**THE ONLY
NORMAL
PEOPLE ARE
THE ONES
YOU DON'T
KNOW VERY
WELL!**

**-JOE
ANCIS**

Where is the limit of the Primary Care Team?

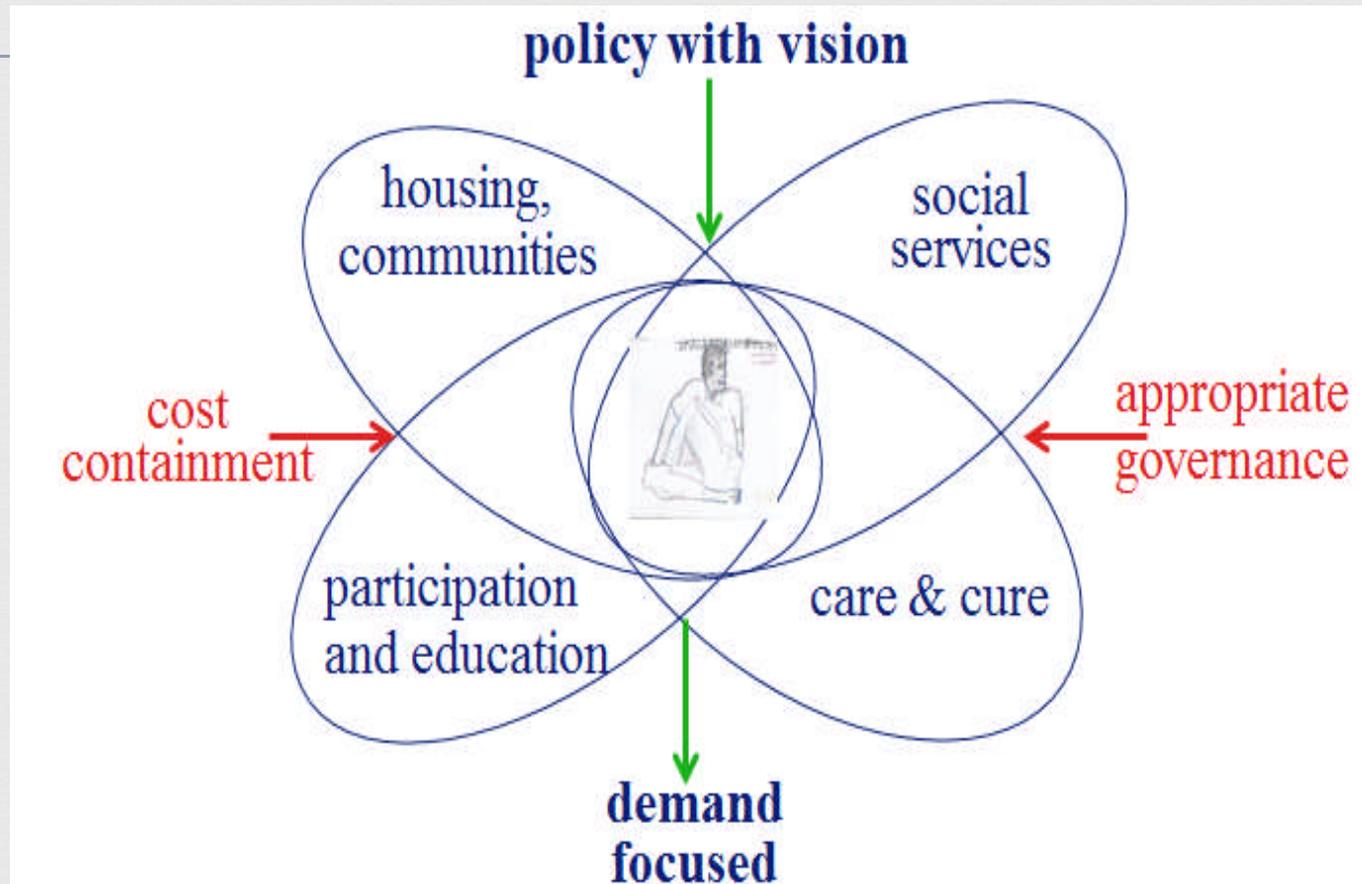
- ❧ Besides taking care of the needs of the individual, Primary Health Care teams also look at the community as a whole, especially when addressing social determinants of health.
- ❧ In Slovenia we have a long tradition this within our profession. However we are increasingly faced with the fact that we are trying to solve problems for which we are not responsible. Some of the support services required are substantially insufficient
- ❧ GPs are frequently the last refuge of patients - the only thing they can do is to listen to them and try to understand.

Is there a limit?



- ❧ Should we as teachers of Primary Health Care, which is the medical discipline that encounters most of people's misery, stay safely hidden within the ivory towers?
- ❧ Or should we try to make a change and go beyond medicine in order to improve the situation?

Ideology for integrated primary care



Let's get back to John.



- ❧ Is it really possible that disaster always strikes the poor guy without mercy?
- ❧ Should “good people” alone represent a solution for isolated, miserable people?
- ❧ Or should this be a wider social responsibility?