

● Text: Health Care System

TRANSLATE

Once we become ill, we have to decide whether to go to see a doctor, or to stay at home and try to cure the disease by ourselves. On the one hand, our frequent and frivolous visits to a physician can make him or her angry and ultimately we can acquire a bad reputation for being a hypochondriac. On the other hand, trying to treat everything at home or putting off a necessary medical examination can lead to a substantial deterioration in our state of health. Also, there is always a chance that you might miss the opportunity of having the disease treated successfully.

When we finally accept the idea of undergoing the medical examination, we have to know the essentials of our health care system and medical care organization. In the Czech Republic, there are two main types of health care establishments: primary and secondary. Patients have to visit one of the primary establishments first. The primary medical establishments are mainly staffed by general practitioners (G.P.) for children (called pediatricians) and general practitioners for adults. The practitioner will ask us many questions, such as questions about our present illness (e.g., "What seems to be the problem?", "What prompted you to come?", "What can we do for you?", etc.), history of the pain (e.g., when the onset of the disease was and how it started, how long it has been bothering us, etc.), characteristics of the pain, location of the pain, other symptoms, previous and recent medication, previous health, family history, etc. The aim of this interview is to summarize relevant information about the current illness and to create a complete anamnesis. In spite of the very rapid development of examination techniques and instruments, anamnesis still plays a very important role in decision-making about the type and severity of the disease.

After the interview, the practitioner has at least three options. First, if he or she is very sure about the disease and its severity, our medical problem may be solved. The practitioner will prescribe medicine, give us instructions on how to modify our behavior, what to observe, and when to come back again. We will then be sent home by the medical practitioner. This is the best case we can expect. Second, if there are some doubts about the origins of our pain, the practitioner will take samples of our body liquids (i.e., blood, urine, saliva, etc.) and other samples (e.g., bowel swab), and will send them to the hematological, microbiological, or biochemical laboratory. Results of the blood cell analysis (known as a complete blood count, or CBC), microbial, and biochemical analyses will help the practitioner to make a diagnosis. The third possibility becomes topical when the disease is too severe for a home treatment, or when the

treatment requires a focused examination and the care of specialists. In this case, the practitioner will send us to a secondary establishment, e.g., to the Intensive Care Unit (the ICU, sometimes referred to as the Intensive Treatment Unit, IT, or ITU) if we suffer from an acute and life endangering disease. If we have a Sexually Transmitted Disease (STD), we will probably be sent to the Department of Dermatology and Venerology. With other acute complications, we will be sent to Surgery, Ophthalmology, Neurology, Psychiatry, Gynecology, Hematology, the Isolation Unit, etc. If our health condition is very poor, we will probably be admitted to a specialized department of a hospital.

It is sometimes possible or necessary to bypass a primary medical establishment and go directly to a specialized department, but only if our state of health is very severe and the intervention of specialists must come as soon as possible. First of all, there is the so-called "Accident and Emergency Department" (A/E), which is set up to provide first aid in most cases of injuries. When we call the Emergency Rescue Service, an ambulance will transport us to the A/E Department.

We can go directly to a specialized department if we are very sure that our state of health requires it, but only when we know where to go. As examples, we can go directly to the ITU if our observations indicate an angina pectoris attack or heart attack (HA), to Orthopaedy if we have a serious leg injury, or to the Department of Otorhinolaryngology (ENT) if we have an acute problem with our ear, nose, or throat, etc.