

Guidelines from theory to practice. The Neapolitan experience.

Do people really want guidelines?

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The adoption of guidelines, for an 'acceptable' running of big social impact pathologies, is mainly a political act and not only a scientific and methodological route.

The common semantic misunderstanding of the word 'guide' (confused or exchanged with protocols, diagnostic and therapeutic routes, and so on) as well as the desired identification of the scientific proofs derived by trials, with the evidence medicine, in which the doctors' experience is not rejected and the external evidences are more and more 'proved' in a reality medicine and before being cultural aberrations are instrumental occasions to state on Economy Medicine rather than on Health one, a Medicine for the customer rather than for the person.

The Neapolitan experience called 'Progetto Napoli' was born in 1997 as a consequence of the first regional agreement for General Practitioners (that beyond giving birth to cooperatives to create "... favourable conditions for an organizational growth of General Practitioners; and to... improve the use of SSN resources", obliged the latter to adopt common and shared guidelines), and refers to a document supervised by Liberati and Donati on behalf of the Guidelines Committee and FISM quality indicators (Italian Medical Scientific Society Federation) of September 1996.

The assumption is that the guidelines are not a document but a route (creation of the document, formation of the suggestions and their improvement on the territory, check of the results) that has to be shared among the interested subjects to the running of the question; the most important problem is the patient whose health results have to be checked. At first 12 cooperatives of Neapolitan (and of its suburbs) General Practitioners participate and are coordinated (about 300 doctors for a populations of 400.000 people). The Italian section of SIMG, the University Federico II and representatives of the scientific societies of the dealt pathologies (arterial hypertension; ischemic cardiopathy; diabetes mellitus, peptic disease); later on the trade unions' category and ASL Napoli 1 (the greatest Italian Health Company) have joined; at last ARSAN Campania (Regional Doctors' Agency) has joined. The latter is going to run a propaedeutic mini consensus to the publication in the first months of 2002 on BURC Campania of the four written documents. Thanks to it the Neapolitan General Medicine will become patrimony of the regional government and of the whole population. It is a formal act, acknowledgement of a correct methodology of a work that has not been able to or was willingly avoided to undergo a quality check, because of the difficulty to find acceptable indicators, for the different land realities from which suggestions came or for the different aims of those who refer to the guidelines. They were health objectives for the doctor, parsimony one for the administrator. A correct application of the guidelines constitutes an opportunity for an ethical Medicine of evidence and of reality; but does it produce an economical saving beyond a safer resource allocation? Do our politicians want to exchange health results, that are valuable with the passing of the time maybe also economically, with the ephemeral but immediate saving of euros, according to big or small laws, financial acts, ticket and anything else that makes difficult what is indeed easy? And here we are back to the starting question: do people really want guidelines? And here we are back to the starting argument: the guidelines are a political act before a scientific and methodological route and our experience wants to give evidence of it.

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