



Hippocrates Report

The Hippocrates Exchange took place from the 27th June 2011 till the 1st July 2011. On Monday the 27th I arrived at Lægerne Koefoed & Jakobsen in Køge, Denmark.

I met Dr Morten Jakobsen, who introduced me to the staff of this practice and toured me through the physical installations of the clinic.



Image 1 - Køge's central plaza

We had a little briefing about how the clinic worked, what I could do during my stay in the clinic and what was my expected behavior in the consultation room. After that, we immediately started seeing some patients.

After the morning work, Dr Morten Jakobsen kindly invited me to lunch with him and the staff in the clinic's premises, which I very gratefully accepted. During the lunch we had the opportunity to know each other a little better and talked about medical and general issues.

Dr Morten and his staff took lunch as an opportunity to nourish the body and mind, talking about the daily events of the clinic on a relaxed and smooth way. In the next 4 days I have always attended the clinic's lunches, where I also had the opportunity to try some of tasteful Danish food.

On Tuesday the 28th I spent the morning observing Dr^a Pia Koefoed in her daily consultations tasks. Her room is side by side with Dr. Morten's one, but organized in a different way. It is a larger room, the desk lies by the window; the examination bed is set in a place where if someone by accident enters it won't be able to see the patient.



Image 2 - Dr^a Pia consultation room

In this morning, amongst other things, Dr^a Pia did one Gynecological examination, I was surprised by the head illumination light she wore. It is in fact a good idea; it is much more practical and efficient. In this morning, we saw

different medical situations, some easy another difficult, some in the child and another in the elder, some with a good prognosis, another's with a more reserved one.

Dr^a Pia impressed me by her smoothness in the consultation and rather big ability to deal with her patients, giving the patient the opportunity to speak freely, in his own rhythm and

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taking the time to listen the person who was in front of her. Dr^a. Pia never appeared contaminated by the previous consultation when she greeted the new patient.

On Wednesday the 30th I stayed with Dr^a Christine, a 1st year general practice trainee. It was nice to be able to talk with someone of my age about the faculty, the training and the expectations of someone who was a new arrival at the medical job. She explained to me how the General Practise training works in Denmark.

Amongst the most remarkable and different things that I learned was the fact that trainees had a 6 month trial period in every specialty. On the end of the 6 month trial the superior and responsible for the trainee would evaluate de work and profile of the trainee for that specialty. If the superior realized that the trainee had not the desirable profile, then the trainee would have to search a new specialty. If the superior thought that the candidate had the skills needed for the job, then he would write one approval letter and the candidate would be able to move on searching a new place for the next step in the training.



Image 3 - Dr^a Christine practicing one diagnostic maneuver

Dr^a. Christine was kind enough to involve me in every medical subject she discussed with the patients of hers, namely asking me to perform a knee physical examination and to collaborate on a nevus removal.

She also took same time to talk about her interest in education and community intervention and how she was planning to open a school to serve the community where she lived. She also talked a Danish tradition that takes place if a woman reaches 30 years old and hasn't got married yet.

On the Thursday the 30th of June and on the 1st of July I stayed with Dr. Morten. We saw a reasonable amount of patients. Dr. Morten explained a little bit of the History and Geography of Denmark. We also discussed a very pertinent issue: How much of your personal life can you disclose to a patient, in order to strengthen empathy between the both without enabling the patient to have a power relationship upon you that could affect the functionality of the doctor-patient relationship. Dr. Morten reveals to his patients that he is married, has two kids, lives in the heart of Copenhagen and has a summer house in the north of Jutland.



Image 4 - A good doctor-patient relationship

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He also talked about the average Danish GP earning. A Danish GP earns about 150.000 euro *per year*, a Portuguese GP around 35.000 euro *per year*. Although Portugal has a cheaper living cost, Danish Doctors are still better paid than Portuguese ones.

We also talked a lot about how the different national health systems are organized. I understood that the basis of the Danish medical assistance is conventionated medicine, where the practice works like a company which provides medical and nursing assistance to the population and the government pays the bill, which is sent via internet after each consultation.

When a GP needs analysis, he schedules the patient in the reference hospital via internet, requesting the specific analysis in his e-request. The results are sent via internet to the GP. Danish citizens may choose whatever practice they want. If they are displeased with their GP they may just go to another GP and enrollee their practice list without any burocratic obstacle.

Danish citizens can consult by their own initiative a GP, an Ophthalmologist and an Otorinolaringologist. Danish citizens have access to the remaining medical specialties via GP referral. There is no co-payment by Danish citizens in the primary health care services.



Image 5 - Lunch in the practice

This system is remarkably different from the Portuguese one, where there is greater state intervention and less individual initiative from the GP's. The state also recruits its own human resources, which the state pays on a fixed amount (independent of the amount of consultations / work done). This system is changing with the introduction of new methods of providing medical assistance to the population - Family Health Units -, which resemble much more the Danish system.

This exchange was for me a great and valuable experience. When I compare the two realities, I may conclude that human resources are scientifically and technically similar, but there is a real difference in the way the two systems are thought and organized, perhaps with advantage to Denmark's Primary Health Care System.