

SURVEY ON HEALTH LEGISLATION INFLUENCE ON THE QUALITY OF LIFE OF THE PATIENTS WITH CHRONIC RENAL DIALYSIS STAGE

G. DIACONU¹, L. VULCU²

^{1,2}“Lucian Blaga” University of Sibiu

Keywords: chronic renal failure, dialysis, commitment, doctor, health legislation, impact, quality of life

Abstract: Chronic renal failure treatment goals are now grouped in two main directions: decreasing mortality and improving quality of life for patients. Data on the mortality of patients in this category offers an incomplete picture of the medical effectiveness, while the concept of chronic kidney disease management is developing, this comprising as an essential component, the patients' perception about their own health. In this context, assessing quality of life becomes a very important task of all professionals in contact with the patient, to detect those areas of chronic renal failure in which therapeutic efforts, research and social support are extremely important.

Cuvinte cheie: insuficiență renală cronică, dializă, implicare, medic de familie, legislație sanitară, impact, calitatea vieții

Rezumat: Obiectivele tratamentului insuficienței renale cronice sunt grupate în prezent pe două mari direcții: scăderea mortalității și creșterea calității vieții pacienților. Datele despre mortalitatea acestei categorii de pacienți oferă o imagine incompletă asupra eficienței actului medical, în condițiile în care conceptul de management al bolii renale cronice este în plină dezvoltare, acesta cuprinzând ca o componentă esențială percepția pacienților asupra sănătății proprii. În acest context, evaluarea calității vieții devine o sarcină deosebit de importantă a tuturor cadrelor medicale cu care pacientul intră în contact, în vederea detectării acelor arii ale insuficienței renale cronice în care efortul terapeutic, cercetarea și suportul social sunt extrem de importante..

INTRODUCTION

Among the major objectives of „Health for All” declared by the World Health Organization are the following: equity in health, improving quality of life, improving healthy life expectancy, increased life expectancy.

To achieve these objectives, especially if the persons in case are diagnosed with diseases like chronic renal failure which requires dialysis, we must keep in mind that the family doctor has a very important role in surveillance, monitoring and education, in terms of health, of such patients and the assessment and awareness of its special needs to achieve a high standard of quality of life.

Decident bodies are required to support both a permissive health legislation for the active involvement of the family doctor in these activities and regulations concerning the quality of life, in order for this support to compile a set of measures that ensures and acts upon keeping the dimensions of quantitative and especially quantitative indicators of life quality, because everyone is entitled to equity regarding health.

THE AIM OF THE STUDY

Chronic renal failure treatment goals are now grouped in two main directions: decreasing mortality and improving quality of life for patients.

Data on the mortality of patients in this category offers an incomplete picture of the medical effectiveness, while the concept of chronic kidney disease management is developing, this comprising as an essential component, the patients' perception about their own health.

In this context, assessing quality of life becomes a

very important task of all professionals in contact with the patient, to detect those areas of chronic renal failure in which therapeutic efforts, research and social support are extremely important. Also, the study of the life quality of the patients suffering from this disease is a previous step to the development of the rehabilitation programs, which ultimately aim at lowering costs needed for caring for these patients and for increasing the quality of life.

Initiation of chronic dialysis is an extremely stressful time for patients with terminal chronic renal failure. Probably the most difficult issue which the patient and the family must understand and accept is that it is no cure for the renal disease. Through dialysis, the patient is kept alive, but kidney function may not be fully substituted. Awareness of this fact disorganizes the patient's life, who is otherwise required to perceive his body differently and to reconsider his professional and family roles.

A major role in improving the quality of life of these patients is played by the family doctor, who can detect the needs felt, but not expressed by the patients with chronic renal failure, both through active involvement in monitoring and education, such patients, in terms of health, and to propose and include the new health legislation to increase the quality of life.

MATERIAL AND METHODS

We conducted a questionnaire survey based on an original work, anonymously and free preformulate answers on family doctors opinion on the influence of current health legislation in the quality of life for patients diagnosed with chronic renal failure, dialysis stage.

The questionnaire included questions to identify and

¹Corresponding Author : G. Diaconu, 18, Bd. M. Viteazu street, block of flats P 15, app. 55, Sibiu, Romania; e-mail: gabi_72dia@yahoo.com; tel +40-0721275802

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characterize the study group and the level of satisfaction of the family physicians to the correlation between the health legislation of this population with special needs, and proposals for inclusion of health legislation in the legislature to allow both the active involvement of the family physicians in monitoring patients with chronic disease such as regulations to contribute to a better quality of life of these patients.

The study was conducted on a number of 25 family physicians from urban and rural county of Sibiu in 2010.

Data were collected and were statistically registered.

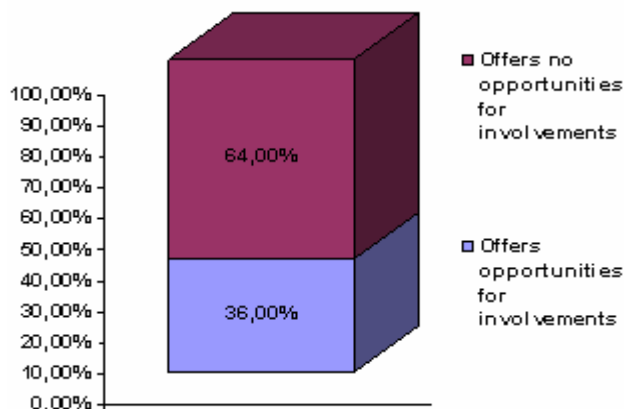
RESULTS AND DISCUSSIONS

Over half of respondents are females and come from urban areas, all subjects are between 26 and 65. Over one third of family physicians in the study confirmed having on their list of insured patients the ones diagnosed with chronic renal failure, in the dialysis stage.

Data analysis shows that only a share of 36.00% of the respondents believe that the current health legislation allows active involvement of family doctors in real support for patients through their continuous monitoring and surveillance.

The great majority of subjects, representing 64.00%, expresses dissatisfaction with the possibility of involvement of the family physicians in the supervision, monitoring and education, in terms of health, of the patients diagnosed with chronic renal dialysis stage. (Chart 1)

Figure no. 1. Percentage of the family doctors questioned on their opinion of legal opportunities of their involvement in active surveillance of dialysis patients



After analyzing the data we find that equal percentages of only 8.33% of the subjects believe that active involvement in monitoring patients diagnosed with chronic-stage renal dialysis by the family doctor would have little impact on the quality of their lives and half of them, representing 50.00%, declares that continuous medical supervision would have a moderate effect on the quality of life.

It is noted that one third of the respondents - 33.33% - say that if the current health legislation would extend the active involvement of family doctor in supervision, monitoring and education, in terms of health, of such patients, it would help the staff to improve their quality of life, affecting more the continuous medical supervision (20.83%) and very much (12.50%) the quality of life. (Chart 2)

Pursuing data analysis reveals that only approximately one third of the family physicians surveyed, representing 32.00% believe that the current health legislation meets the special needs of such patients.

Noted increased share of the respondents - 68.00% - who expresses dissatisfaction with the inconsistency of the

current health legislation on the special needs of patients diagnosed with chronic renal dialysis stage. (Chart 3)

Figure no. 2. Percentage of family doctors questioned according to their opinion on positive continuous medical supervision, on the quality of life of chronic dialysis patients

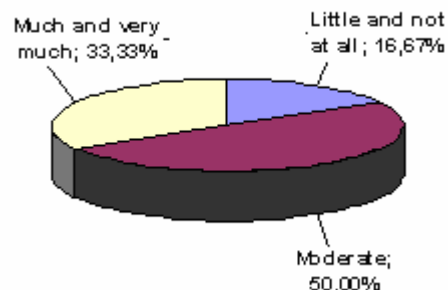
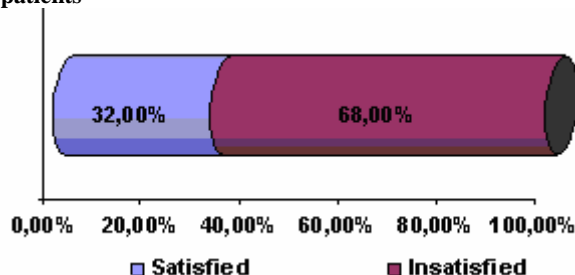


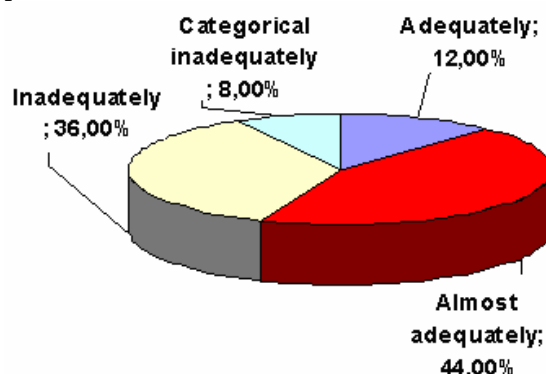
Figure no. 3. Percentage of the family doctors questioned about the satisfaction toward the concordance between the legislation for the special needs of the chronic dialysis patients



A share of 12.00% of respondents considered that the framework contract regulations and detailed rules for implementing the care of such patients are appropriate to their needs, and over two fifths of the subjects, representing 44.00%, consider it less appropriate.

It is remarkable the high percentage of family physicians surveyed - 44.00% - who expresses dissatisfaction over these issues, arguing that 36.00% of the regulations of the framework contract and detailed rules for implementing the medical care of patients diagnosed with severe chronic renal dialysis stage is inadequate to the needs of these patients, and 8.00% of respondents believe that these rules are definitely inadequate. (Chart 4)

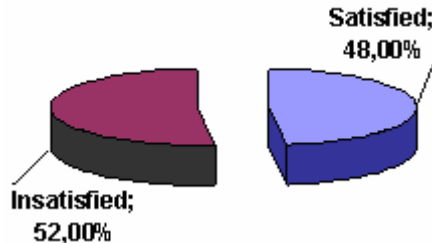
Figure no. 4. Share of the family doctors questioned based on their satisfaction with the regulations from the Framework Contract and Methodological Rules for implementing the medical care of the chronic dialysis patients



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From data analysis is to note that over half of the physicians surveyed - 52.00% - expresses dissatisfaction about the ability to cover the ongoing National hemodialysis compared to the actual patient care. (Chart 5)

Figure no. 5. Share of the family doctors questioned on the satisfaction of being able to cover the current National Programme of hemodialysis compared to the actual patient care

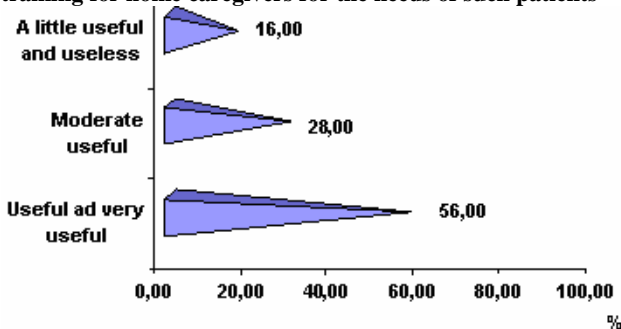


Decident forums of healthcare should develop a system of palliative care in patients with chronic diseases. There isn't a form of treatment for the patients with chronic diseases that worsen over time. Patients with chronic renal failure should receive palliative care that is intended to improve the quality of physical, mental and spiritual life. Palliative care can help manage symptoms and side effects of the therapeutic medication, helping patients to cope with a prolonged disease progression, grants support for the patient's family to better understand the disease and the support the patient needs.

In the studied group, more than half of the respondents - 56.00% - say developing and implementing a training programme for carers at home, specialized in the needs of patients with chronic renal dialysis stage, would be very helpful and useful to increasing the quality of life of these groups of patients.

A 28.00% share the view that this type of programme would be only moderately useful, equal percentages of 8.00% of the family physicians consider it only slightly useful, useless in achieving high quality life standards for patients diagnosed with chronic kidney disease and dialysis. (Chart 6)

Figure no. 6. Share of the family doctors questioned on their views on the usefulness of a program of specialized training for home caregivers for the needs of such patients



CONCLUSIONS

1. Over half of the respondents are females and come from urban areas, all subjects are between 26 and 65 years and over one third of the family physicians in the study confirmed having on their list of insured patients persons diagnosed with chronic renal failure dialysis stage.
2. Approximately two thirds of the respondents expressed dissatisfaction with their opportunities to involve family physicians in the supervision, monitoring and education, in

terms of health, of the patients diagnosed with chronic renal dialysis stage.

3. Over two thirds of the respondents show their dissatisfaction of the inadequacy of legislation on the special needs of patients with chronic renal dialysis stage.
4. Over two fifths of the physicians surveyed are dissatisfied with contract regulations and detailed rules for implementing the framework for caring the patients diagnosed with chronic renal failure, in the dialysis stage.
5. Over half of the physicians surveyed show their dissatisfaction on the ability to cover current National Programme for hemodialysis, as compared to the actual patient care.
6. Over half of the respondents considered very useful and in the complete benefit of these patients, the organization of training courses to specialize in home caregiving for such patients and also the endowment of these patients' homes with the proper and equipment for hemodialysis.

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