

Analysis of patients' reports to the oncological surgery clinic

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Introduction

In the Polish healthcare system, the primary care physician is responsible for directing patients to outpatient specialist care if such need occurs. [1] This is usually performed basing on the physical and subjective examination alone, because often it is not possible to perform more advanced diagnostic imaging that can confirm or rule out a disease requiring specialist intervention. Cancer diseases are a group of diseases where the time from diagnosis to treatment is particularly important and plays a key role in prognosis. [2]Oncological surgery is a field of medicine, that deals with the surgical treatment of a close group of cancers.

Aim of the study

The aim of the study is to determine whether the system of referring patients to the oncological surgery clinic is appropriate.

Material and methodology

The research material comprises of a group of patients (1081 people of different sex, over 18 years of age) reporting to the oncological surgery clinic of the West Pomeranian Center of Oncology. The study was retrospective. The analyzed data was that included in patient history reports of the patients consulted in July 2018. The considered data was the reason for the patient's admission to specialist counseling, whether diagnostic imaging was ordered or whether full oncological diagnostics were taken leading to an operation.

The patients were divided into three groups:

1. Patients who have been fully diagnosed oncologically and were directed to the ward for surgery (67 people)
2. Patients referred to the counseling center in which the tests were performed without finding any neoplastic disease (322)
3. People who came to the clinic and did not have imaging tests or oncological diagnostics because there was no need for further diagnostics (692).

Methodology

It was determined what percentage of all patients are patients who have been fully diagnosed and which percentage of all patients reporting are patients who had to undergo imaging tests to exclude an oncological disease requiring surgical treatment.

Results

Patients who required the implementation of a complete oncological diagnosis resulting in an operation were 6.2% of all patients. Patients who did not require the implementation of diagnostics constituted 64% of patients, and patients who required a diagnostic test to exclude cancer were 29.8% of all patients reporting.

Discussion

A patient reporting to a oncological surgery clinic in whom cancer is suspected is directed to specialized imaging or invasive tests (depending on suspicion of MMG, USG, CT, MRI, markers, biopsies, endoscopes, etc.). A large percentage of patients who come to the clinic (from all 3 groups) bring with them previously performed tests (those that are available to be ordered by a Primary Care Physician), some of these tests require only proper interpretation to explicitly exclude cancer, some of those tests required further diagnostic procedures because basing on the tests ordered by the primary care physician solely it was impossible to explicitly

confirm or exclude the presence of a neoplastic disease. Some patients who did not require further oncological diagnostics (group 3) - were misdiagnosed or no evidence of cancer was found in the collected interview or re-examined medical documentation.

The costs of running an out-patient health care is very high. Such Out-patient wards require the employment of many specialists. It happens that running specialist outpatient care brings losses to the hospital budget and is economically unprofitable. A very large percentage of patients reporting to the out-patient clinic without clear indications suggests that out-patient specialist care is not being managed in the right way.

Summary

Treatment and detection of cancer in Poland is at a very low level compared to Western European countries or the USA. [3] This is due to low budget spent on health services dictated by the general state of the economy. [4] The majority of patients (93.8%) came to the specialist clinic unnecessarily, using the financial resources of the health service. The funds consumed in this way surely could be distributed in a better way. Something that could positively influence the improvement of the profile of patients reporting to the oncological surgery clinic would be the education of the public in the field of cancer prevention, risk factors and symptoms that may be indicative of the onset of the disease. [5,6] A real way to reduce costly specialist care is to extend the diagnostic possibilities of the primary care physicians, and to unify the tests they carry out, even providing a diagnostic scheme for Primary care physicians. [7] The problem of outpatient specialist care does not only concern oncological surgery. There are many specialties requiring urgent changes [8] in the scope of the functioning system in order to strive for European standards of treatment.

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