# Practicing chest medicine in the Syrian private sector

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A big challenge in a low income country

The success rate is not very high

# Who asks for the service

- **Highly, low, and very low educated people**
- **Rich, poor and the very poor people**
- **Rich but low educated and low mentalities**
- **People from urban and rural areas**
- **People from abroad**
- **People who consult  through the net**



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# Who asks for the service

- People from Aleppo and its villages

- People from other provinces:

  Commonly, Edlib,  North of Syria, East of Syria,

  Less common the rest of provinces.

# The concept of classification

- Financial support
- Social background
- Geographical placement

# Practicing at the level of the patients income

- The majority of patients, more than 90%, pay for their medical services
- Others pay through medical charities, collected family money, and Ashira
- Few patients get help from medical insurance companies which pay total or partial medical bills

# The super-man practice






# ‘The Profit Touch’ practice

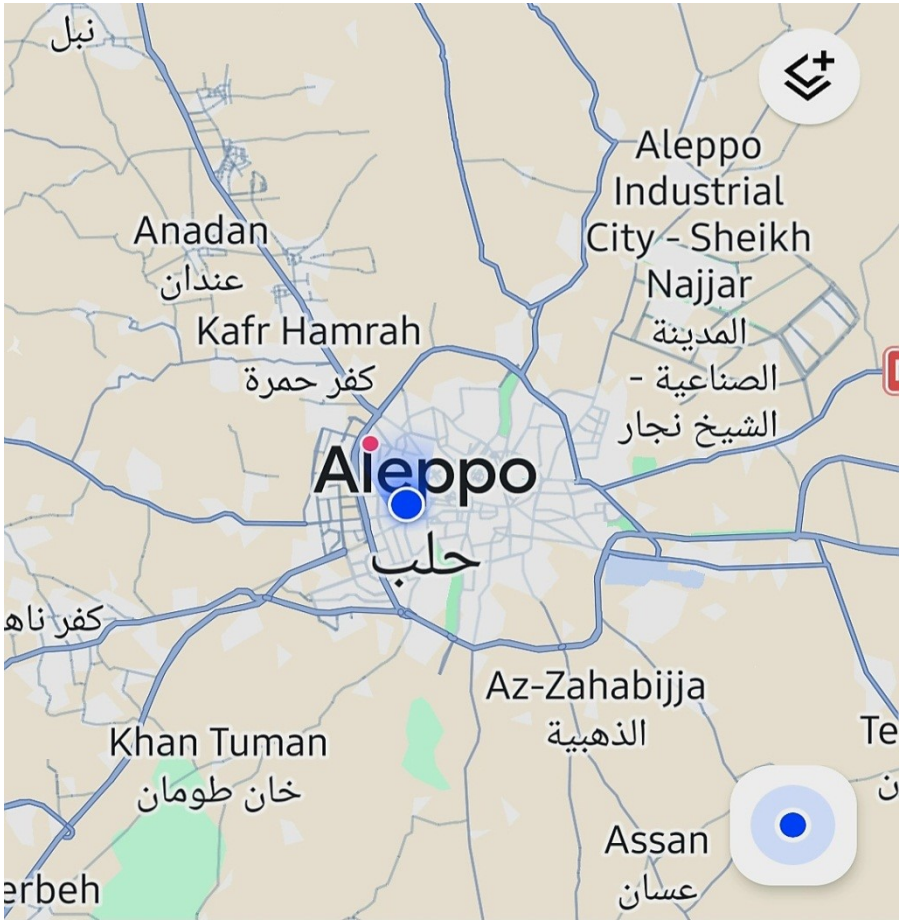
# الغزالة تغزل على عود





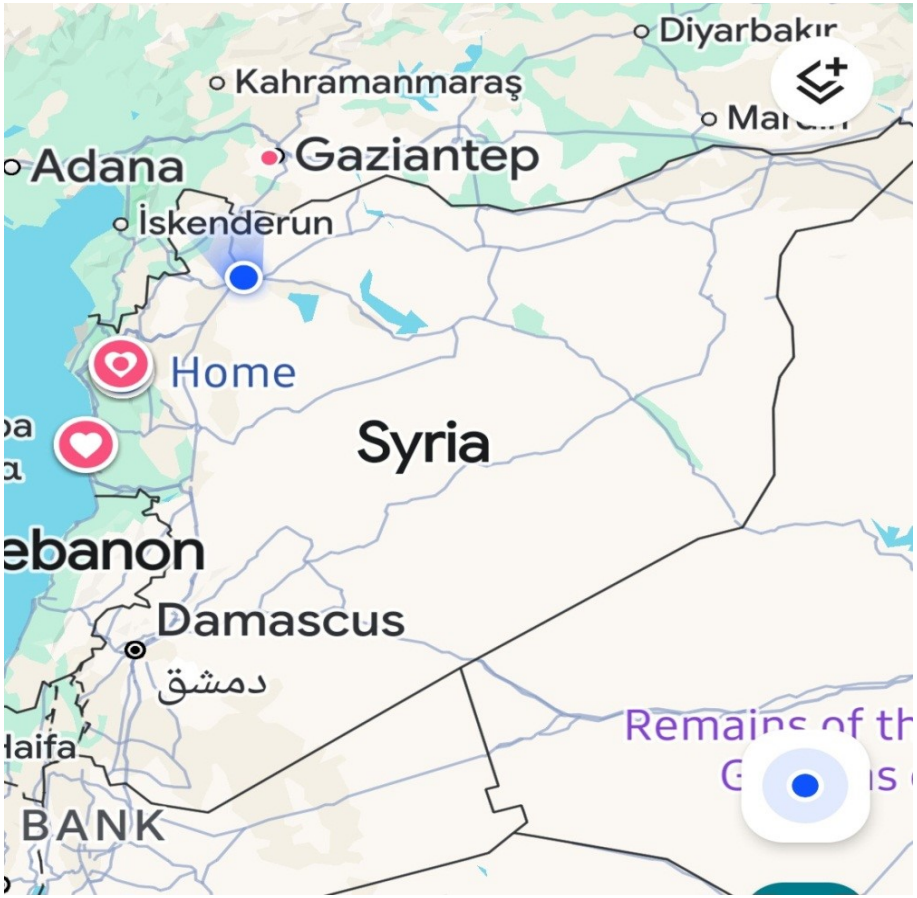

# The medical local map

- **All the city** is the area of the practice
- **Selected labs**
- **Selected radiologists**
- **Selected colleagues** from other specialties
- **Hospitals**, private or governmental, for referral



# The medical map at a national level

- Other cities, Damascus, Homs, latakia and all other provinces
- People who need radiotherapy and PET scans
- People who need selected lab. Tests
- People who need to be followed in collaboration with colleagues from another provinces



# The successful practice

- The medical service is tailored to the patient's financial circumstances
- The least demanding laboratory tests
- The least radiological studies

# The clinical professionalism in reducing financial burden

- **People expect too much, especially for low income patients. The concept of 'Profit Touch'**
- Use the clinical skills to reach the most likely diagnosis
- The cxr is a demand in most chronic cases
- Few helpful laboratory tests
- CT scan only if much needed
- Peak flow meter, can help for airways obstruction and follow up
- Spirometry when needed

# The therapeutic trial

- Used only for a few cases, if the most likely diagnosis is reached
- Definitely not the gold standard for practice
- Only for special cases in very low income individuals
- If you aren't sure refer the patient to governmental hospitals

# Mechanisms which can help

- Send patients to free governmental hospitals for investigations
- The TB centers are good and helpful
- Knock the doors of medical charity suppliers for bronchoscopy and sleep studies and even hospitals admissions

# The time limit challenge

- Patients from outside the city most of the time ask a quick and even ‘hyper-sonic’ medical services
- The ‘one-day’ maximum time from a clinical examination to a prescription
- Extra burden on practicing physicians mainly for difficult cases
- The whats up is helpful sometimes

# The smoking challenge

- Over 80% of patients are smokers
- Mostly they do not quit smoking
- Smokers do not like paying money for their health problems
- Most smokers are poor and spend substantial money of their income on the habit
- Controlling their health problems are difficult

# The half-educated patient challenge

- Interferes with the diagnosis made, the laboratory tests, and radiological demands asked
- Uses the net information, and now the AI
- Discuss much about management plan
- Refuses medicines, procedures needed for diagnosis

# The relatives of the patient

- Difficult to deal with in many cases
- The intelligent guy, is the person who is selected by most families or Ashirat to decide on the behalf of the patients health conditions
- Communications with regard to this patient should be through this person
- In many cases, especially in patient with cancer, they prefer not to tell the patient about his(her) disease.

# The mobile patient challenge

- Definition, the patient goes from a clinic to another
- Usually has cancer, IPF, asthma, COPD, and chronic cough
- Neither patient nor his relatives has much confidence in doctors
- Some patients with high income go abroad, mostly to Jordan or Lebanon

# conclusions

- Practicing chest medicine in the private is a challenging task
- Successful rate is not high, in some cases due to many factors
- The financial and educational factors of the patients play an important role in the practice
- A need for medical insurance is mandatory for a successful practice

# Thank you