

Futur patient : bibliographie établie au niveau suisse pour la revue de littérature du projet "Futur patient"

I tuoi diritti come paziente (1990). Bellinzona: Dipartimento delle Opere Sociali e l'Ordine dei Medici, del Cantone Ticino.

Médecine et contrainte: colloque du 19 octobre 1991 : résumés des conférences: documentation (1991). Genève.

Keywords: SWITZERLAND PATIENT-ADVOCACY/TREATMENT-REFUSAL

Abstract: Résumés des conférences et photocopies d'articles: Droits de la personne et droits de la société; de la contrainte en psychiatrie; contrainte en psychiatrie: point de vue critique; La médecine et la contrainte; droit des patients quel diagnostic; le grand âge: l'esclavage.

L'image de la médecine suisse auprès de la population: résultats d'un sondage d'opinion réalisé par l'Institut Link sur la demande de la Société médicale de la Suisse romande (1994). Schweiz Rundschau Medizin (Praxis), 83, 169-171.

Loi fédérale du 18 mars 1994 sur l'assurance-maladie (LAMal). 832.10. 1994. RO 1995 1328. 2000.

Ordonnance du 27 juin 1995 sur l'assurance-maladie (OAMal). 832.102, http://www.admin.ch/ch/f/rs/c832_102.html 1995.

Tra il dire e il fare : i diritti del paziente messi in pratica (1997). Bellinzona: Sezione sanitaria DOS.

Si e no per la salute : una piccola guida per capire e per decidere (1997). Bellinzona: Dipartimento delle Opere Sociali, Sezione sanitaria.

Manifest für eine faire Mittelverteilung in Gesundheitswesen (1999). Intercura, 65, 17-36. Notes: Unabhängige, interdisziplinäre Arbeitsgruppe "Gerechte Ressourcenverteilung im Gesundheitswesen".

Nouvelles directives médicales pour assurer une meilleure information des patients. 1999.

L'information aux patients peut nuire gravement à la santé (editorial). Centre de documentation en santé (2000). Médecine et Hygiène 1996.

Keywords: SWITZERLAND INFORMATION-SERVICES/SD/PATIENT-EDUCATION/BIAS-EPIDEMIOLOGY/INFORMATION-CENTERS/OG

Abstract:

Sous nos latitudes, le droit à l'information est devenu une évidence. En 1997, le Département de l'action sociale et de la santé de Genève s'est allié à la Faculté de médecine du même canton pour concrétiser cette légitime attente du public en créant le Centre de documentation en santé. Dès la mise en fonction de ce nouveau service, une deuxième certitude habitait les initiateurs du projet: les questions relatives à la santé ou à la maladie relèvent souvent d'une angoisse, d'un désarroi immense. Pas question donc d'abandonner les utilisateurs à la froide réalité scientifique des textes et des chiffres. Il a donc été prévu qu'un groupe consultatif épaulé la bibliothécaire dans sa mission d'information. Celui-ci est constitué de spécialistes qui, chacun dans son domaine, éclairent le débat de leur compétence. Bientôt cependant, au-delà des questions ponctuelles, s'est développée une réflexion plus large qui cherche à préciser le champ de l'information telle qu'elle peut être accessible aujourd'hui à tout un chacun, dans une bibliothèque ou via les médias. Le document ci-dessous représente la première concrétisation de cette démarche. Les auteurs limitent leur propos à baliser le chemin de la personne qui cherche à s'informer sur une question relative à sa santé (défaillante). Ils rappellent que seule une personne de l'Art qui connaît bien son patient est à même de donner sa vraie valeur à une information scientifique.

Résultats de l'enquête de satisfaction 1999: 90% des patients hospitalisés recommanderaient le CHUV à leurs proches (2000). CHUV magazine 6-15.

Keywords: SWITZERLAND PATIENT-SATISFACTION/HOSPITALS-UNIVERSITY/ST/QUALITY-ASSURANCE-HEALTH-CARE/QUESTIONNAIRES

Abstract: 90% des patients interrogés en 1999 recommanderaient le CHUV à leurs proches, si ces derniers devaient être hospitalisés. Et les deux tiers (67%) le feraient sans aucun doute. D'une manière générale, la satisfaction des patients reste élevée sur la plupart des thèmes abordés par le questionnaire et qui touchent tous les aspects de l'hospitalisation: l'admission, les contacts avec les équipes soignantes, l'information médicale, les conditions d'hébergement, etc. Une légère tendance à la baisse est cependant perceptible, même si elle est souvent comprise dans l'intervalle de confiance de l'enquête (+ ou - 2%).

Notes: Le site web cité concerne les résultats 1996-1998 (en référence au Bloc-Note des Hospices)

Du protocole au contrat: négociation avec les patients psychiques (2000). Krankenpflege Soins Infirmiers, 93, 63-66.

Keywords: HOSPITALS-PsYCHIATRIC/QUALITY-ASSURANCE-HEALTH-CARE/HOSPITAL-PATIENT-RELATIONS/Patient Participation/switzerland

Abstract: Confrontée à la nécessité clinique de quitter ses seuls référents contentifs (attachements, isolement, fermeture des divisions hospitalières) et de mettre en oeuvre d'autres paradigmes, l'équipe soignante de la section "E. Minkowski" du Département universitaire de psychiatrie adulte de Lausanne a élaboré un outil de négociation pour des patients psychiquement décompensés afin de favoriser une contractualisation du soin. [Contient] Vers la négociation. Un protocole revu. Un contrat négociable. Améliorer l'évaluation. Les éléments du contrat. Conclusion.

Le bénévolat au CHUV. CHUV magazine [9], 16. 2000.

Politique d'aide et de soins à domicile du canton de Vaud (2000). Lausanne: OMSV.

Health care systems in transition: Switzerland (2000). Copenhagen: WHO Regional office for Europe.

Keywords: Switzerland

Médecin faillible: les praticiens lèvent doucement le voile. 24 Heures . 3-5-2001. Lausanne, Edipresse.

La qualité: étudier les erreurs de traitement (2001). Tribune Patienten Zeitung, 1, 9.

Traversée du bien-être: un autre regard sur la médecine (2001). 24 Heures.

Baromètre annuel des médias suisses. Baromedia , -18. 2001.

L'automédication: pratique banale, motifs complexes (2001). Genève: Médecine & Hygiène.

Keywords: pratique

Système de santé suisse 2001/2002: survol de la situation actuelle (2001). Soleure: Concordat des assureurs-maladie suisses.

Keywords: santé/suisse/système de santé

Etre soigné demain: qui, par qui, ou et comment. Medecine & Hygiène 59[Suppl], -40. 2001.

SIAK Network for Cancer Predisposition Testing and Counseling; (2001). SIAK, Bern, Switzerland - http://www.siak.ch/engl/services/siak/network_genetic/intro.htm [On-line].

Available: http://www.siak.ch/engl/services/siak/network_genetic/intro.htm

Keywords: Counseling

Ammann, Y. (2000). Rapport sur les principaux résultats du sondage: santé et information [sanimedia]. Service cantonal de recherche et d'information statistiques du Canton de Vaud (SCRIS).

Ammon, C. (2001). Epidémiologie de l'automédication: données suisses et aperçu des données d'autres pays. In T.Buclin & C. Ammon (Eds.), L'automédication: pratique banale, motifs complexes (pp. 31-42). Genève: Médecine et Hygiène.

Arroyo, J. F. (2001). Le "prix" du vieillissement. Médecine et Hygiène, 59, 8-16.

Association pour le bien-être des résidents en établissements médico-sociaux (EMS) [Editor] (1996). Votre guide des droits des résidents en EMS. Lausanne: Résid' EMS.

Aufseesser-Stein, M., Ruttimann, S., Lacroix, A., & Assal, J. P. (1992). [Swiss educational experience with a prescription dialogue in ambulatory medicine]. Schweizerische Rundschau für Medizin Praxis, 81, 142-146.

Keywords: Ambulatory Care/Education, Medical, Continuing/Human/Internship and Residency/methods/Patient Compliance/Patient Education/Physician-Patient Relations/Physicians, Family/Prescriptions, Drug/Support, Non-U.S. Gov't/Switzerland
Abstract: Teaching seminars on the topic of medical prescriptions were organized in Switzerland with the cooperation of 34 independent practitioners and residents from outpatient clinics in Basel, Geneva, Neuchatel and Berne. Taped recordings from 230 consultations revealed strong points (biomedical aspects) and weaknesses (insufficient appraisal of the affective side and the participation of patients) in such conversations. These observations permit to compare the five groups of doctors participating in this study

Ayer, A., Despland, B., & Sprumont, D. Analyse juridique des effets de la LAMal. Catalogue des prestations et procédures : définition et portée du catalogue des prestations et procédures de recours dont disposent les assurés. BSV (Bundesamt für Sozialversicherung). [14/00]. 2000. Bern, BSV (Bundesamt für Sozialversicherung). Aspects de la sécurité sociale, Rapport de recherche.

Baierlé, J. L. (1996). Interdire ou autoriser: la n'est pas la question ! Cahiers médico-sociaux, 40, 83-84.

Bailly, A. S. & Mirimanoff, P. (2001). Etre soigné demain: qui, par qui, où et comment ? Médecine et Hygiène, 59, 3.

Bailly, A. S. & Bernhardt, M. (2001). La "clause du besoin": un choix de société. Médecine et Hygiène, 59, 24-28.
Keywords: soin/santé

Bailly, A. S. & Mirimanoff, P. (2001). Etre soigné demain: un choix de société. Médecine et Hygiène, 59, 35-36.
Keywords: soin/santé

Barras, F. (2001). Traversée du mythe: un entonnoir sur l'éprouvette, quand la science fait peur, la culture populaire invente la figure du savant fou. De Frankenstein à Dr Folamour. 24 Heures. Notes: Une exposition retrace deux siècles d'illuminés du théorème.

Beck, A. (1996). La chaire de médecine complémentaire à l'Université de Berne: une création récente. Cahiers médico-sociaux, 40, 55-62.

Bengoa, R. (2001). Evolution du rôle des gouvernements concernant les soins de santé et impact sur les médecins. Médecine et Hygiène, 59, 20-23.

Keywords: soin/santé

Berthou, A. (1998). Mesure des besoins - Quels instruments entrent en ligne de compte. In Association suisse des services d'aide et de soins à domicile (Ed.), Aide et soins à domicile - Profils d'avenir (1st ed., pp. 176-184). Bern: Verlag Hans Huber.

Bertrand, D. & Stalder, H. (2000). Droits de l'homme et inégalité de l'accès aux soins. Médecine et Hygiène 1914-1920.

Bécherraz, J. M. (2001). Festival science et cité: aux frontières de la science. 24 Heures.

Bischoff, A., Tonnerre, C., Loutan, L., & Stalder, H. (1999). Language difficulties in an outpatient clinic in Switzerland. Sozial- und Präventivmedizin, 44, 283-287.

Keywords: Ambulatory Care Facilities/Comparative Study/Cross-Sectional Studies/Female/Human/Language/Male/Physician-Patient Relations/Questionnaires/Refugees/Switzerland/Translating

Abstract: This small-scale study attempts to examine the languages spoken in medical consultations during a one-month period in an outpatient clinic in Geneva and the ways health professionals use to communicate with their allophone patients, in particular by using interpreters. Patients of foreign origin accounted for 58% of all the consultations during the survey. Of these, 37% were Non-French-speakers (NFS). The four major language groups of NFS were Albanian, Somali, Tamil and Serbo-croat. Qualified interpreters were used in 24% of the consultations, relatives acting as interpreters in 17%, and in the other consultations without anyone interpreting (59%), a common language had to be negotiated: French, English, Italian, Spanish or German. In only 14% of the consultations without interpreters, both patient's and doctors ability to speak a common language was rated as good. Our data suggest that there has been an increasing awareness of the possible language barriers in the medical outpatient clinic. Even if proxy solutions (informal interpreters or the use of a common language) still play an important role, access to an interpreter service has been widely used. This calls for systematic and regular interpreter use, planning the interpreting needs in a timely manner. In the future, training in working with interpreters should become an integral part to the introductory sessions for the junior physicians assigned to the outpatient clinic

Bise, J. J., Guillermin, J., & Spohn, M. (1999). Les droits du patient. La Chaux-de-Fonds: GUS.

Bishara, E., Loew, F., Forest, M. I., Fabre, J., & Rapin, C. H. (1997). Is there a relationship between psychological well-being and patient-carers consensus ? A clinical pilot study. Journal of Palliative Care, 13, 14-22.

Bisig, B. (2000). Etat de santé: La santé physique. In R.Calmonte, C. Koller, & W. Weiss (Eds.), Enquête suisse sur la santé: Santé et comportements vis-à-vis de la santé en Suisse 1997 (pp. 11-20). Neuchâtel: Office fédéral de la statistique.

Keywords: santé/suisse/Swiss health survey

Blchinger, C., Junghanss, T., Weiss, R., Herzog, C., Raeber, P. A., Tanner, M., & Hatz, C. (1998). [Asylum seekers and refugees in general practice: problems and possible developments]. Sozial- und Praventivmedizin, 43, 18-28.

Keywords: Adolescence/Adult/Aged/Child/Cross-Sectional Studies/education/Family Practice/Female/Health Services Needs and Demand / Human / Incidence / Language / Male/Middle Age/Minority Groups/Morbidity/Patient Care Team/Questionnaires/Referral and Consultation/Refugees/statistics & numerical data/Support,Non-U.S.Gov't / Surgery /Switzerland/utilization

Abstract: Health and health services provided to asylum seekers and refugees by the Swiss National Health System have so far not been systematically investigated. The aim of this cross-sectional study was to describe the attending asylum seekers and refugees demographically and clinically, to identify main problem areas as perceived by general practitioners and to highlight options and venues for improvements. 272 questionnaires have been filled in by GPs of eight "federal districts" (Kantone) and the consultations of 1477 asylum seekers and refugees have been documented during one month in 193 surgeries. The documented asylum seekers and refugees reflected the distribution of this population in Switzerland. Low consultation rates of asylum seekers and refugees in the majority of surgeries and high diversity of this population in respect to places of origin, education and proficiency in languages appear to be the major determinants of the difficulties in providing adequate health services to them. Readily available information on the past medical history and on the ethnic background of these patients and continuing education on specific topics concerning health care for asylum seekers and refugees were thought to be particularly useful. This needs to be considered in the planning of services for this group. General practitioners specialized in health care for asylum seekers and refugees is an option for providing improved specific services (interpreters, institutional links, culturally adapted medical care)

Boelen, C. (2000). Faire mieux dans le système de santé: créer l'unité d'action entre partenaires. Médecine et Hygiène 1903-1908.

Borghini, M. (1992). L'"individualisation dichotomique": processus idéologique pervers liant le droit à la médecine. In Société Suisse d'éthique biomédicale (Ed.), Médecine et contrainte: éthique et droit (pp. 9-22). Genève.

Notes: Traite notamment du consentement "libre" du patient

Bourrit, B. (2001). Le beurre et l'argent du beurre. Médecine et Hygiène, 59, 37-38.

Keywords: soin/santé

Brink-Muinen, A., Verhaak, P. F., Bensing, J. M., Bahrs, O., Deveugele, M., Gask, L., Leiva, F., Mead, N., Messerli, V., Oppizzi, L., Peltenburg, M., & Perez, A. (2000). Doctor-patient communication in different European health care systems: relevance and performance from the patients' perspective. Patient.Educ.Couns., 39, 115-127.

Keywords: Adolescence/Adult/Aged/Communication/Comparative Study/Cross-Cultural Comparison/Cross-Sectional Studies/Europe/Family Practice/Female/Health Policy/Human/Knowledge,Attitudes,Practice/Male/Middle Age/organization & administration/Patient Satisfaction/Philosophy,Medical/Physician-Patient Relations/Questionnaires/Switzerland

Abstract: Our aim is to investigate differences between European health care systems in the importance attached by patients to different aspects of doctor-patient communication and the GPs' performance of these aspects, both being from the patients' perspective. 3658 patients of 190 GPs in six European countries (Netherlands, Spain, United Kingdom, Belgium, Germany, Switzerland) completed pre- and post-visit questionnaires about relevance and performance of doctor-patient communication. Data were analyzed by variance analysis and by multilevel analysis. In the non-gatekeeping countries, patients considered both biomedical and psychosocial communication aspects to be more important than the patients in the gatekeeping countries. Similarly, in the patients' perception, the non-gatekeeping GPs dealt with these aspects more often. Patient characteristics (gender, age, education, psychosocial problems, bad health, depressive feelings, GPs' assessment of psychosocial background) showed many relationships. Of the GP characteristics, only the GPs' psychosocial diagnosis was associated with patient-reported psychosocial relevance and performance. Talking about biomedical issues was more important for the patients than talking about psychosocial issues, unless the patients presented psychosocial problems to the GP. Discrepancies between relevance and performance were apparent, especially with respect to biomedical aspects. The implications for health policy and for general practitioners are discussed

Broccard, N. & Durrer, A. (1998). Apaisement, mieux-être et détente, méthodes complémentaires, comment choisir, à quoi veiller? : un guide de la Ligue suisse contre le cancer. Berne: Ligue suisse contre le cancer.

Brunner, H. H., Conen, D., Günter, P., von Gunten, M., Huber, F., Kehrer, B., Komorowski, A., Langenegger, M., Scheidegger, D., Schneider, R., Suter, P., Vincent, C., & Weber, O. (2001). Towards a safe healthcare system. Proposal for a national programme on patient safety improvement for Switzerland. http://www.swiss-q.org/apr-2001/docs/Final_ReportE.pdf [On-line]. Available: http://www.swiss-q.org/apr-2001/docs/Final_ReportE.pdf

Keywords: Medical Errors/Patient Safety/Switzerland

Buchs, L. (2001). Managed care. In G.Kocher & W. Oggier (Eds.), Système de santé suisse 2001/2002: survol de la situation actuelle (pp. 124-135). Soleure: Concordat des assureurs-maladies suisses.

Keywords: care/Managed care/santé/soin/suisse/système de santé

Burnand, B., Vader, J. P., & Paccaud, F. (1997). Maîtrise de la qualité dans les hôpitaux universitaires: satisfaction des patients. (Raisons de Santé ed.) (Vols. N° 1) Lausanne: Hospices Cantonaux.

Cassaigneau-Rilliet, I. (1988). [Education in general nursing and the demands of care in the population. Necessary changes]. Krankenpflege Soins Infirmiers, 81, 53-58.
Keywords: Education,Nursing/Health Services Needs and Demand/Health Services Research/Human/standards/Switzerland/trends

Cathieni, F., Di Florio, V., Picard-Kossofsky, M., Perneger, T. V., & Burnand, B. (2001). Projet Qualité Vaud-Genève: satisfaction des patients hospitalisés. (Raisons de Santé ed.) (Vols. N° 61) Lausanne.

Chatelain, M. C. (1998). ISO pour la gestion et l'assurance qualité en EMS. In Association suisse des services d'aide et de soins à domicile (Ed.), Aide et soins à domicile - Profils d'avenir (1st ed., pp. 102-106). Bern: Verlag Hans Huber.

Chevrolet, J. C. (2001). Pourra-t-on soigner tout le monde ? Médecine et Hygiène, 59, 17-19.

Dayer, P. (1996). Le groupe multidisciplinaire d'étude des médecines non-conventionnelles de Genève. Cahiers médico-sociaux, 40, 67-69.

de Preux, F. (1996). Réforme de la loi sanitaire: le Valais mise sur les droits des patients et la maîtrise des coûts. Affaires publiques, 3, 47-51.

Deluze, C. & Vischer, T. L. (1996). Interactions entre médecine académique et médecines non conventionnelles: étude et réflexions sur l'acupuncture. Cahiers médico-sociaux, 40, 33-40.

Demartines, N., Battegay, E., Liebermann, J., Oberholzer, M., Rufli, T., & Harder, F. (2000). [Telemedicine: perspectives and multidisciplinary approach]. Schweizerische Medizinische Wochenschrift, 130, 314-323.

Keywords: care/Communication/education/Human/Patient Care Team/Remote Consultation/Surgery/Switzerland/Telemedicine/Telepathology/therapy/trends
Abstract: BACKGROUND: Telemedicine is use of the new computer-based communication technologies for medical purposes. It augments the exchange of scientific information, while its applications in the fields of patient care and medical education cover remote diagnosis and therapy as well as remote education and training. METHOD: This article reviews the development of telemedicine and its application to specialties such as anaesthesiology, dermatology, medicine, surgery and pathology at the University Hospital of Basle, Switzerland. RESULTS: Since 1980 the Department of Medicine has held multidisciplinary teleconferences for expert consultation and medical education. Since 1992 the Institute of Pathology has been linked to remote hospitals for real-time biopsy, and, since 1997, remote dermato-histopathological diagnosis has been performed in conjunction with a number of centres and practitioners. International academic teleconferences have been held in the field of surgery since 1986 and there is an interactive education programme via telemedicine in the field of anaesthesiology. The

technology in use must be adapted to needs: since few practitioners are currently connected to the Internet, teleconferencing will still be the rule in the Department of Medicine. Remote diagnosis in dermatology and pathology requires high-resolution images transmitted by self-developed software via 64 Kb/s ISDN connection, while surgery works with ISDN teleconferencing at 384 Kb/s to ensure live transmission of surgical procedures with high-quality images. CONCLUSION: Our practice, based on several hundred cases, suggests that telemedicine is useful in simplifying and expanding access to remote interdisciplinary expertise, as well as improving medical education in a number of specialties. Telemedicine's multidisciplinary approach is to be recommended

Desjacques, J. P. (2001). Etre soigné demain: le point de vue de l'assureur. Médecine et Hygiène, 59, 29-31.

Keywords: soin/santé

Diezi, J. (1996). Médecine: une latitude pour des parallèles ? (éditorial). Cahiers médico-sociaux, 40, 3-5.

Diezi, J. (1996). L'enseignement informatif sur les médecines parallèles de la Faculté de médecine de Lausanne. Cahiers médico-sociaux, 40, 63-65.

Diezi, J. (1996). Brève présentation du programme national suisse de recherche sur les médecines complémentaires (PNR 34). Cahiers médico-sociaux, 40, 75-77.

Diezi, J. (2001). Automédication: un besoin d'information et de formation. In T. Buclin & C. Ammon (Eds.), L'automédication: pratique banale, motifs complexes (Genève: Médecine et Hygiène).

Keywords: données/Epidémiologie/formation/pratique

Domenighetti, G., Luraschi, P., Casabianca, A., Gutzwiller, F., Spinelli, A., Pedrinis, E., & Repetto, F. (1988). Effect of information campaign by the mass media on hysterectomy rates. Lancet, 2, 1470-1473.

Keywords: Adult/Aged/Female/Health Education/Health Services

Misuse/Human/Hysterectomy/Information Services/Mass Media/Middle Age/statistics & numerical data/Support, Non-U.S. Gov't/Switzerland/utilization

Abstract: The annual frequency of hysterectomy was monitored in the Canton Ticino, Switzerland, from 1977 to 1986. From February to October, 1984, there was a public information campaign in the mass media about rates of and need for hysterectomy. After the start of the campaign and during the following year the annual rate of operations per 100,000 women of all ages dropped by 25.8%, whereas in the reference area (Canton Bern), where no information was given to the public, hysterectomy rates increased by 1%. In the same period the hysterectomy rate per 100,000 women aged 35-49 declined by 33.2%, and the number of hysterectomies performed annually per gynaecologist decreased by 33.3%. In Canton Bern these rates were unchanged. The decline began 2 months after the start of the information campaign. The reduction in the number of hysterectomies was greater (p less than 0.001) in non-teaching hospitals (31.9%) than

in teaching hospitals (18.1%). Information on regional rates and on the need for hysterectomy given through the mass media to the general population can change professional practices

Domenighetti, G. (1993, September). Ethique de l'ignorance et consommation de soins: quelles conséquences pour administrateurs et patients? Revue Economique et Sociale - Bulletin de la Société d'études économiques et sociales, 217.

Domenighetti, G., Casabianca, A., Gutzwiller, F., & Martinoli, S. (1993). Revisiting the most informed consumer of surgical services. The physician-patient. International Journal of Technology Assessment in Health Care, 9, 505-513.

Keywords: Adolescence/Adult/Aged/Child/Child,Preschool/Comparative Study/Female/Health Services Accessibility/Health Services Needs and Demand/Human/Infant/Male/Middle Age/Patient Acceptance of Health Care/Physicians/Questionnaires/statistics & numerical data/Surgical Procedures,Operative/Switzerland/utilization

Abstract: Little is known about the consumption of medical and surgical services by the most informed consumer in the health care market: the physician- patient. Such knowledge should be important for the understanding of the role of information on consumption, supplier-induced demand, the doctor-patient relationship, unnecessary medical services, and the adequacy of professional practices to the renal health needs of the "ordinary patient." We measured by questionnaire the standardized consumption of seven common surgical procedures. Except for appendectomy, the age- and sex-standardized consumption for each of the common surgical procedures was always significantly higher in the general population than for the "gold standard" of physician-patients. The data suggest that (a) contrary to prior research, doctors have much lower rates of surgery than does the general population; and (b) in a fee-for-services health care market without financial barriers to medical care, less-informed patients are greater consumers of common surgical procedures

Domenighetti, G. (1994). Marché de la santé, ignorance ou adéquation ? essai relatif à l'impact de l'information sur le marché sanitaire. Lausanne: Réalités sociales.

Keywords: MESH: SWITZERLAND,MARKETING-OF-HEALTH-SERVICES/HEALTH-SERVICES-NEEDS-AND-DEMAND/HEALTH-SERVICES-ACCESSIBILITY/PHYSICIANS-PRACTICE-PATTERNS/EC/INFORMATION-THEORY

Abstract: Information et offre / demande de prestations (marketing pharmaceutique, etc). Information et incertitude professionnelle. Information, prévention et promotion de la santé. Information, management, organisation et financement du secteur sanitaire. La consommation médicale des médecins : un standard de référence? Demande induite de soins chirurgicaux.

Domenighetti, G. & Bisig, B. E. (1995). Tonsillectomy: a family-transmissible surgical procedure. Lancet, 346, 1376.

Keywords: Attitude of Health Personnel/Child/Comparative Study/Female/Human/Male/Parents/Physicians/psychology/Tonsillectomy

Domenighetti, G. (1997). Estime des Suisses pour leur système sanitaire; comparaison avec les pays de l'UE [Union européenne]. Sécurité sociale (Office Fédéral de la Santé Publique) 279-281.

Keywords: SWITZERLAND/EUROPE CONSUMER-SATISFACTION/DELIVERY-OF-HEALTH-CARE/OG/HEALTH-CARE-SURVEYS/PUBLIC-OPINION

Abstract: Cette analyse donne une évaluation subjective de la satisfaction quant au fonctionnement des soins de santé en Suisse dans l'optique des consommateurs réels et potentiels. Elle montre aussi qu'une majorité de Suisses (58,3%) se déclarent très ou plutôt satisfaits. Il s'agit d'une perception générale sans référence spécifique à des thèmes comme l'équité, l'efficacité, la qualité et la satisfaction par rapport aux différents types et niveaux de soins et de services.(...) La comparaison avec les pays de l'UE semble toutefois montrer un degré de satisfaction générale n'ayant rien d'exceptionnel par rapport à la dépense par tête d'habitant corrigée par le pouvoir d'achat. (...) La vraie importance de cette analyse est de disposer d'un point de départ (baseline) pour évaluer et contrôler l'évolution future de la satisfaction du public envers notre système de soins et les changements qui vont intervenir à court et à moyen terme lorsque la LAMal aura déployé tous ses effets.

Domenighetti, G. (1997). Médecine fondée sur des preuves et société. Avant-propos. Med & Hyg. 55, 1610-1617.

Keywords: MESH: SWITZERLAND EVIDENCE-BASED-MEDICINE/HEALTH-EDUCATION/HEALTH-SERVICES-MISUSE/PATIENT-PARTICIPATION

Domenighetti, G., Grilli, R., & Liberati, A. (1998). Promoting consumers' demand for evidence-based medicine. International Journal of Technology Assessment in Health Care, 14, 97-105.

Keywords: care/Consumer Advocacy/Evidence-Based Medicine/Health Education/Health Policy/Health Services Needs and Demand/Human/Information Services/Physician-Patient Relations/Physicians/Public Opinion/Quality

Assurance,Health Care/standards/Support,Non-U.S.Gov't/United States/utilization
Abstract: The widespread implementation of rationing and priority-setting policies in health care opposes the stochastic practice of medicine induced by professional uncertainty and professional vested interests in market-oriented clinical environments. It also clashes with consumers' overly optimistic and "mythical" view of the effectiveness of medicine, which is bound to support a potentially unlimited provision of health services. Thus, for consumers and society at large, it is necessary to create conditions favorable for a more conscious demand of evidence-based health care. In pursuit of this goal, we suggest the adoption of a community-oriented strategy based upon delivery of information to the public in order a) to generate greater awareness ("healthy skepticism") among consumers, through disclosure of data on the true effectiveness of health care interventions and on the existing variation in their utilization, and b) to provide tools to empower consumers in dealing better with both the uncertainty in their own individual patient-physician relationships and with the health policy issues to be faced in the future. Such a community-oriented strategy could also reinforce and support, through the generation of a "bottom-up" pressure from consumers toward physicians, a wider adoption of evidence-based interventions by health care professionals. This paper, using data from surveys on public opinions and attitudes toward the practice of medicine, focuses on how consumer demand for more evidence-based medical practice can be promoted.

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Keywords: Health Status Indicators/Switzerland

Abstract: Le premier objectif de cette analyse est de mesurer pour la première fois l'opinion de la population suisse sur des thèmes d'actualité liés à la limitation des ressources destinées au financement du secteur sanitaire, au rationnement des soins et à la définition des priorités sanitaires. Le deuxième objectif est celui de comparer l'opinion exprimée par la population avec celle des administrateurs hospitaliers et des directions sanitaires des cantons suisses. Concrètement les questions posées touchaient: - le financement limité ou illimité du secteur sanitaire; - le choix de ou des entités qui devront décider les priorités; - entre des démarches explicites ou implicites; - la mise en ordre prioritaire de différentes prestations médico-sanitaires; - l'adhésion à quelques critères généralement retenus pour définir les priorités de prise en charge à savoir: ->l'âge; -> la responsabilité individuelle du patient dans la maladie à soigner; -> la qualité de vie future du patient; -> les soins palliatifs versus les transplantations;-> les soins dont l'efficacité est scientifiquement démontrée (Evidence Based Medicine EBM); -> l'efficacité sanitaire versus l'équité d'accès; -> l'utilité individuelle versus l'utilité sociale. Quelques questions ont été reprises d'autres sondages effectués en Grande-Bretagne et aux Etats-Unis. Une comparaison obtenus en Suisse et ceux observés dans ces pays a été effectuée lors de l'analyse.

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Dreifuss, R. (1998). Les soins à domicile: un système victime de son succès? In Association suisse des services d'aide et de soins à domicile (Ed.), Aide et soins à domicile - Profils d'avenir (1st ed., pp. 17-23). Bern: Verlag Hans Huber.

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Keywords: SWITZERLAND FRAIL-ELDERLY/HEALTH-SERVICES-FOR-THE-AGED/ACTIVITIES-OF-DAILY-LIVING/HEALTH-SERVICES-NEEDS-AND-DEMAND/PATIENT-PARTICIPATION/LONGITUDINAL-STUDIES

Abstract: Voici le compte rendu d'une enquête longitudinale réalisée à Genève en 1992-9 auprès de 560 personnes âgées de 65 ans et plus, clientes des institutions genevoises. La dépendance concerne surtout des personnes très âgées. Que se passe-

t-il lorsqu'elles font appel à l'aide des professionnels ? Quelles sont les composantes de leur demande ? Quelle est leur participation aux décisions qui les concernent ? Quelles sont leurs trajectoires dans le réseau des services et institutions ? Comment l'aide des professionnels s'articule-t-elle avec celle de l'entourage ? Comment la dynamique de l'aide s'organise-t-elle et évolue-t-elle. Et, dans ce processus, quelle est la place réservée à la personne âgée elle-même? TABLE DES MATIERES: L'enquête Philémon et Baucis. Caractéristiques de l'échantillon au premier passage de l'enquête. Etude des trajectoires. Circonstances et motifs d'admission. Les incapacités. L'aide des réseaux informel et formel. L'autonomie.

Dubois, A. & Santos-Eggimann, B. (1999). [Measurement of patient satisfaction admitted to the home care services of Vaud]. Revue Médicale de la Suisse Romande, 119, 637-646.

Keywords: Adult/Aged/Aged,80 and over/Feasibility Studies/Female/Home Care Services/Human/Male/Middle Age/organization & administration/Patient Satisfaction/Pilot Projects/Program Evaluation/Questionnaires/Switzerland

Dubois, A. & Santos-Eggimann, B. (2001). Evaluation of patients' satisfaction with hospital-at-home care. Evaluation and the Health Professions, 24, 84-98.

Keywords: Home Care Services,Hospital-Based/Human/Interviews/Patient Satisfaction/Pilot Projects/Questionnaires/standards/Switzerland/United States

Abstract: On July 1, 1997, in the Canton of Vaud, Switzerland, a pilot experiment of Hospital-at-Home Care (H-Hcare) was set up for a 2-year period at four sites to measure patients' satisfaction with this type of health care. Out of 174 patients referred to the H-Hcare program for a wide range of treatments, 107 were medical patients admitted for heart failure, community acquired pneumonia, or for an infectious disease requiring i.v.-antibiotherapy; 95 of these agreed to express H-Hcare satisfaction and dissatisfactions during a semistructured interview conducted 6 weeks after admission. H-Hcare was considered a viable alternative to hospitalization when the illness is not too serious, and for patients who are still independent and need little care. When patients are more severely ill, they prefer to go to hospital to avoid overburdening their caregivers and to feel more secure

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Faisst, K., Schilling, J., & Gutzwiller, F. (2000). [Quality of dispensation of prescription medication from the patients' point of view]. Schweizerische Medizinische Wochenschrift, 130, 426-434.

Keywords: Adult/Aged/Cross-Sectional Studies/drug therapy/Female/Human/Male/Middle Age/Patient Education/Patient Satisfaction/Physicians/Prescriptions,Drug/Quality Assurance,Health Care/standards/Switzerland

Abstract: A cross-sectional survey investigated quality relevant aspects of the most common distribution channels (pharmacies, self-dispensing physicians) for prescription drugs in Switzerland. A self-administered questionnaire focusing on consumers' behaviour, perception and priorities regarding the process of dispensation of prescriptive medication was mailed to a random sample of 3000 patients, aged 18 years or older, with regular intake of prescriptive medication. Chi-square analysis was performed on 1058 responses. 60% of the respondents received their medication mainly or exclusively from pharmacies and 40% from self-dispensing physicians. In German-speaking Switzerland 53% of participants received their prescription drugs exclusively or mainly from self-dispensing physicians, compared to only 10% in the French-speaking area ($p = 0.00$). This distribution confirms the existing differences in regulation of self-dispensation in these regions. Most of the patients took 2-4 prescriptive drugs a day. The French Swiss received slightly more prescriptive medication than the German Swiss ($p = 0.05$). 45% of the participants, especially women and people using a pharmacy, reported additional, usually occasional over-the-counter medication. Provision of technical information (41%), friendliness (19%), and the availability of drugs (19%) were valued most important when receiving prescription drugs and 96% of the participants were satisfied with the service. In consequence, the participants were strongly bound to their source of drug supply. Some 80% received instructions for use there. However, only half were informed about the purpose of the medication, drugs' side effects, or possible drug interactions. Physicians provided such information more often than pharmacy staff. This observation may be attributable to the double role played by the self-dispensers, who provide medical care and at the same time hand out the drug. In conclusion, patients' satisfaction is achieved equally by both medication channels. However, there is a need to improve counselling to ensure excellence in the supply of drugs

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Keywords: Attitude of Health Personnel/Communication/education/Health Facility Environment/Human/Job Satisfaction/Morale/Nurse Clinicians/Nursing Evaluation Research/Nursing Staff,Hospital/Organizational Culture/Patient Satisfaction/psychology/Quality of Health Care/standards/Switzerland

Abstract: The second part of this report contains the most important knowledge and the results gained through the study carried out at the Inselspital Berne, Switzerland, concerning the influence a clinical nurse practitioner has on work environment and patient satisfaction. Nurses who had the support of a clinical nurse practitioners had better guidelines at their disposal and got more feedbacks than the others. There were, however, no great differences between the units with a clinical nurse practitioner and those without one regarding communication, motivation for further education and support in difficult patient situations. The motivation for higher education was remarkably high on all units. However, the nurses on the units with a clinical nurse practitioner showed more interest in psychological and social matters and they had according literature at their

disposal. The patients were generally satisfied, although there were differences regarding trust of the patients in nurses. Patients of units with a clinical nurse practitioner addressed nurses more frequently and easily with their problems and questions than patients from other units. This case study showed that clinical nurse practitioners play an active and important role concerning teamwork, particularly by giving feedbacks and helping to create an atmosphere of support regarding personal continuing education, using all available resources, discussing patient situations, evaluating them and finding solutions

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Gehri, M. (1997). L'enfant et l'hôpital [Dossier]. La Tribune du GHRV 2-7.

Keywords: SWITZERLAND PEDIATRICS/MT,TD/PEDIATRIC-NURSING/MT,TD HOSPITAL-PATIENT-RELATIONS

Abstract: Pour faire face à la souffrance, particulièrement intolérable, de l'enfant, le réseau pédiatrique vaudois s'est profondément restructuré ces dernières années. Comme tous les autres secteurs de la santé, il subit de plein fouet les effets de la rigueur budgétaire: Plus que jamais, dans ce contexte, les très nombreuses associations de parents jouent leur rôle de partenaire incontournable du système.

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Gianinazzi, A., Villaret, M., & Domenighetti, G. (1992). Inchiesta "Salute 4" rapporto conclusivo Bellinzona: Dipartimento delle opere sociali, Sezione sanitaria.

Keywords: HEALTH-PROMOTION/INFORMATION-CENTERS/UT/PATIENT-ADVOCACY REFERRAL-AND-CONSULTATION/SN,UT/HEALTH-SERVICES-NEEDS-AND-DEMAND/UT PROGRAM-EVALUATION/Switzerland

Abstract: Le présent rapport cherche à évaluer 1) l'efficacité d'une campagne de promotion

de la santé conduite par le Département des affaires sociales du canton du Tessin.

2) l'impact d'une brochure décrivant les droits des patients et les informant de la possibilité d'obtenir un second diagnostic. 3) l'utilisation que la population tessinoise aurait d'un centre de promotion de la santé.

Notes: A, Gradimento delle campagne di prevenzione del DOS; B, Valutazione

dell'impatto dell'opuscolo sui dritti dei pazienti; C, Opinione circa un Centro di informazione sanitaria

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Gilliand, P. (1999). Démographie médicale et vieillissement de la population en Suisse. Cahiers de sociologie et de démographie médicales, 39, 289-312.

Keywords: MESH: SWITZERLAND PHYSICIANS/SD,SN,TD/POPULATION-DYNAMICS/HEALTH-SERVICES-NEEDS-AND-DEMAND

Abstract: La densité médicale, en forte croissance en Suisse depuis 1970, voisinera 210 en 2005 et sera de l'ordre de 235, voire 265 pour 100 000 habitants vers 2020 (un praticien pour 425, respectivement 375 habitants). En Suisse, les demandes d'introduction d'un numerus clausus limitant l'accès aux facultés de médecine ont été nombreuses, notamment depuis 1974-1977. En fait, seul a "numerus fixus" a été établi, notamment par le biais d'un taux d'échecs accru. Toutefois le canton de Zürich vient d'accepter une limitation pour la volée

1999. Cependant, un numerus clausus existe, ainsi au plan de la formation postgrade concernant certaines spécialisations, afin de préserver un niveau élevé de compétences. "Certes les risques de surmédicalisation existent potentiellement. Mais il y a de nombreux modulateurs". Entre cantons suisses, la densité médicale varie de un à trois; des régions disposent encore de peu de médecins. Les exigences des patients augmenteront le recours aux praticiens. Le vieillissement de la population va accroître les "besoins" de consommation médicale et de soins en institution, donc les "besoins" en effectifs de médecins et de soignants. (...).

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Keywords: Defensive Medicine/Human/Informed Consent/legislation & jurisprudence/Patient Education/Physician-Patient Relations/Quality Assurance,Health Care/Surgery/Switzerland

Abstract: Swiss courts have progressively imposed to surgeons a wider duty to inform their patients. But the process of getting informed consent could, and should, still be considerably improved. Real progress requires that patients take more responsibility for their own health. Surgeons should also depart from a defensive attitude caused by fear of a lawsuit and pay more attention to the quality of the relationship and dialogue with their patients. Then they would better respect the patient's rights while serving their own interests, since the quality of the relationship with the patient is one of the most effective ways to prevent legal claims for damages

Guinchard, J. M. (2001). Un bateau ivre. Médecine et Hygiène, 59, 39-40.

Keywords: soin/santé

Guisan, Y. (2001). Médecine globale ou médecine de l'individu ? Médecine et Hygiène, 59, 4-7.

Gurtner, F., Stahel, R., & Koch-Wulkan, P. (2000). Thin layer technology for cervical cancer screening. Bern: Federal Social Insurance Office, Switzerland.

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Keywords: Adolescence/Adult/Aged/Aged,80 and over/Cost-Benefit Analysis/economics/Female/Financing,Personal/Health-Insurance/Home Care Services/Human/Male/Middle Age/National Health Programs/Neoplasms/nursing/Oncologic Nursing/Palliative Care/Patient Care Team/Patient Satisfaction/Switzerland

Abstract: The Oncology Home Care Service in Basel provides nursing support to let cancer sufferers choose where they receive palliative care. Most of the cost is borne by the patient's health insurance

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Hausser, D., Jeangros, C., & Van Melle, G. (1991). [Patient compliance in ambulatory medical care]. Revue d'Epidémiologie et de Santé Publique, 39, 389-397.

Keywords: Ambulatory Care/Appointments and Schedules/France/Human/Outpatient

Clinics,Hospital/Patient Compliance/Physicians/Private Practice/psychology/Referral and Consultation/Support,Non-U.S.Gov't/Switzerland

Abstract: During February and March 1987, 313 private practitioners and 35 outpatient clinics in the cantons of Vaud et Fribourg participated in the study "Ambulatory medical practice". A representative sample of more than 17,800 records was collected and analysed from the 110,000 weekly consultations. In this paper we discuss the patient flow in ambulatory medical care. Overall, patient flows appear to be influenced more by practitioner and patient characteristics than by contextual factors such as medical density. In private practice the proportion of patients who are appointed and indeed attend the consultation is 50%; in outpatient clinics only 30%. The patient's compliance (probability of keeping an appointment) depends on one hand of the physicians' speciality and, on the other hand, it decreases when the appointment rate increases

Hell, D. (1998). [Ethics in psychiatry]. Schweizerische Rundschau fur Medizin Praxis, 87, 34-37.

Keywords: Dangerous Behavior/Ethics,Medical/Human/legislation & jurisprudence/Mental Competency/Physician-Patient Relations/Psychiatry/Switzerland

Abstract: Psychiatric ethics are a part of general medical ethics. But there are some special ethic problems in psychiatry: The often especially intensive emotional relationship between patient and doctor, the need to make decisions for patients who have lost decisional capabilities, the question of involuntary treatment for patients who are dangerous to themselves or others and further some diagnostic and therapeutic difficulties

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Keywords: Questionnaires

Hupkens, C. L., van den Berg, J., & van der Zee, J. (1999). National health interview surveys in Europe: an overview. Health Policy, 47, 145-168.

Keywords: Comparative Study/European Union/Health Behavior/Health Policy/Health Services Needs and Demand/Health Status Indicators/Health Surveys/Human/Iceland/Life Style/Norway/Switzerland

Abstract: In order to study the value of national health interview surveys for national and international research and policy activities, this paper examines the existence and content of recent and future health interview surveys in the 15 member states of the European Union (EU), Norway, Iceland and Switzerland. National health interview surveys are performed in most countries, but not in Greece (only regional surveys), Luxembourg, Ireland and Iceland (only multi-purpose surveys). The health interview surveys in the other 14 countries provide regular data on the main health topics. Of the 14 health topics that are examined in this inventory seven are measured in all countries. Questions on health status (e.g. self-assessed health, long-term physical disability, and height and weight) and medical consumption (e.g. consultations with the general practitioner, GP) are often included. Lifestyle topics are less often included, except

smoking habits, information about which is sought in all countries. Topics like diet and drugs/narcotics are more often included in special surveys than in general health interview surveys. Despite differences in the content, frequency and methodology of national health interview surveys in different countries, these surveys are a valuable source of information on the health of Europeans

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Keywords: soin/santé

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Keywords: care/nursing/Switzerland

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Notes: submitted to BMJ in 1999 however no published article has been found. The website refers to a bibliography, but does not contain the Benchmarking 1998

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Keywords: Managed care/care

Lehmann, P., Mamboury, C., & Minder, C. E. (1990). Health and social inequities in Switzerland. Social Science and Medicine, 31, 369-386.

Keywords: Adolescence/Adult/Aged/Child/Child,Preschool/Comparative Study/Cross-Cultural Comparison/Europe/Female/Health Services Accessibility/Health Services Needs and Demand/Health Status/Human/Infant/Infant,Newborn/Male/Middle Age/Morbidity/Mortality/Quality Assurance,Health Care/Risk Factors/Social Justice/Socioeconomic Factors/standards/statistics & numerical data/Switzerland/trends

Abstract: Despite standards of living and life expectancy amongst the highest in Europe, Switzerland exhibits fairly substantial social inequities in health. As regards male mortality by socio-economic group, these differentials are both marked and independent of cause of death. There is a wealth of information on morbidity and disability supporting the hypothesis that people in lower socio-economic groups tend to age faster and suffer more at younger ages. It is similarly evident that infants of low class mothers, particularly those unwed, underprivileged immigrant, are at excess risk. The Swiss results are of political and scientific interest in that they suggest that the average wealth of a community does not determine health differentials

Lepori, V., Perren, A., & Marone, C. (1999). [Adverse internal medicine drug effects at hospital admission]. Schweizerische Medizinische Wochenschrift, 129, 915-922.

Keywords: Adolescence/Adult/adverse effects/Aged/Aged,80 and over/Ambulatory Care/Angiotensin-Converting Enzyme Inhibitors/Cardiovascular Agents/care/Cross-Sectional Studies/Diuretics/epidemiology/Female/Human/Incidence/Italy/Male/Middle Age/Patient Admission/Patient Education/Pharmaceutical Preparations/Platelet Aggregation Inhibitors/Prospective Studies/statistics & numerical data/Switzerland/therapy

Abstract: Hospital admissions due to adverse drug reactions are an important concern, but there are few data concerning the specific situation in Switzerland. During one year we therefore prospectively studied all admissions to our medical department to determine the profile. 138 of 2168 patients presented a total of 150 adverse drug reactions at hospitalisation (6.4%) and among them 65% of the admissions were directly related to adverse drug reaction. Age stratification revealed that with each decade of age there was an increasing risk of adverse drug reactions and that the patients were sicker (more diagnoses), were consuming more drugs and had longer stays. The majority of adverse drug reactions were type A reactions and therefore potentially preventable. Cardio- and cerebrovascular drugs (diuretics, ACE-inhibitors, platelet aggregation inhibiting therapy) accounted for 65% of the side effects. Analysed by affected organ system, the most frequent adverse drug reactions were gastrointestinal complications followed by dehydration (contracted extracellular fluid volume) and hypo-/hyperkalaemia. Non-compliance by the patients was less frequently at the origin of the admission than iatrogenic causes related to physician errors. The patients generally did not know the reasons, details and side effects of their medical treatment. Based on our data, we estimate that the national number of drug-related hospital admissions caused by inappropriate or unnecessary treatment is 12,000-16,000, with direct annual extra costs of 70-100 million Swiss francs. Adverse drug reactions therefore represent a serious

medical and financial problem. Specialised computing systems designed to reduce these events should be introduced in hospitals and ambulatory care

Leutenegger, A. & Frutiger, A. (1997). [The trauma patient: open hospital choice?]. Swiss.Surg., 3, 136-141.

Keywords: Cost-Benefit Analysis/economics/Emergency Medical

Services/Human/Patient Admission/Patient Participation/Quality Assurance,Health Care/Switzerland/therapy/Trauma Centers/Triage/Wounds and Injuries

Abstract: Victims of trauma have usually no choice regarding the physician or hospital they are admitted to. In order to deliver the best possible trauma care it is crucial that trauma victims first receive competent on site primary care before being admitted directly to a hospital that is sufficiently equipped and qualified to take care of their injuries. Recent literature suggests that individual outcomes, but also per-case costs of trauma patients clearly improve, when prehospital care, triage and admission to specially designed trauma centres are coordinated within regional trauma systems. This provides supporting evidence for the recent proposals by the Swiss Medical Association (FMH) in 1996 who formulated 12 statements regarding rescue services in Switzerland. In order to optimise rescue and trauma care there is an urgent need for restructuring existing systems nation-wide. Trauma patients may thus to some degree lose their freedom in choosing their preferred physician or hospital

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Keywords: Confidentiality/Human/Physician-Patient Relations/Quality of Health Care/Refugees/Switzerland/Transients and Migrants/Translating

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Keywords: santé/soin/suisse/système de santé

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Keywords: Adult/Aged/Alternative Medicine/Attitude to Health/Communication/Family Practice/Female/Human/Interviews/Longitudinal Studies/Male/methods/Middle Age/Physician-Patient Relations/Prejudice/Professional-Patient Relations/Switzerland/Telephone

Abstract: QUESTION: In Switzerland some 40% of the population use complementary healing methods, whereby 28% also make use of the services of alternative therapists. Are different demands made upon these alternative therapists in terms of their time, the respective perception of authority, understanding and trust, from those made upon conventional medical practitioners? METHOD: Within the framework of the Swiss National Research Programme 34: Complementary Medicine, qualitative interviews were initially conducted with 38 patients of natural-care doctors or traditionally-oriented family doctors. In a second stage, 3077 Swiss residents were interviewed by telephone in a longitudinal survey in 1995 and 2276 in 1996. RESULTS: The demand for doctors with partnership qualities decreases in favour of doctors more inclined to be directive, particularly in complementary medicine users in poor health. It took courage for about half of all those questioned to express an opinion at variance with that of their doctors. Both natural-care doctors and academically-trained family doctors clearly allocate sufficient time for consultation. Higher expectations were placed upon general practitioners in terms of accessibility, while natural-care doctors tended to be providers of advice in difficult situations. The level of compliance in terms of medication regime adherence is higher in the case of natural-care doctors. While users and non-users of complementary medicine alike expressed the expected attitudes and prejudices towards

the other medical system, once again certain attitudes expressed by complementary medicine users depended upon their particular state of health. Natural-care doctors enjoy a relatively high legitimacy. DISCUSSION: The demands placed in terms of communication skills are high for both conventional and alternative medical practitioners, and call for a situation-sensitive approach to changing patient needs. General practitioners must accept that their traditional performance is as appreciated as ever but that in certain situations there are more significant explanation patterns concerning health and illness for patients than conventional medicine can offer. The (poor) level of compliance in the case of conventional medication should also be viewed in terms of the cost factor. In general, questions raised during consultations concerning medication should be seen as significant, as both users and non-users of complementary medicine pay close critical attention to them.

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Keywords: Adult/Aged/Alternative Medicine/Attitude to Health/Christianity/Educational Status/Female/Human/Male/methods/Middle Age/Religion and Psychology/Social Values/Support,Non-U.S.Gov't/Switzerland

Abstract: BACKGROUND: The use of complementary medicine is increasing in the countries of the West. To find out the reason for this, research concentrated on the patients' demands for these methods, on their dissatisfaction with conventional medicine, and on their health conceptions. Quantitative research into the influence of attitudes and convictions in a broader sense on the use of complementary medicine are lacking, but would be of interest. QUESTIONS: This article aims to throw light on the specific question of whether materialistic or postmaterialistic values and spiritual preferences correlate with the use of unconventional medical methods. METHOD: Within the framework of the Swiss National Research Programme 34: 'Complementary Medicine', 3,077 and 2,276 Swiss residents were interviewed by telephone in 1995 and 1996, respectively, about their use of the medical system as well as about their attitudes towards materialism and spirituality. RESULTS: Hypotheses were confirmed: Attitudes and convictions influence the use of complementary medicine. Postmaterialists and interviewees who tended to agree with neoreligious statements used complementary medicine significantly more frequently than materialists and interviewees who tended to disagree with neoreligiosity or who tended towards traditional Christian values. CONCLUSIONS: Further research should concentrate on the interaction of different attitudes and convictions in order to learn more about the background of the growing trend towards complementary medicine. Another important conclusion is that the so-called health market is not simply subject to supply and demand, and cannot be regulated by marketing means alone.

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Keywords: Adult/Aged/Family Practice/Human/Influenza Vaccine/Inpatients/Middle Age/Patient Compliance/Physicians/Questionnaires/Retrospective Studies/statistics & numerical data/Switzerland/Treatment Refusal/Vaccination

Abstract: The influenza vaccine was underused in Switzerland in 1996, as less than half of people at risk for the disease were vaccinated. We performed this study in 1997 to determine (1) the immunisation rate in the patients admitted to the internal medicine ward of the Cantonal Hospital, Fribourg and in those seen by family physicians, (2) the reasons underlying the decision of the physician to vaccinate their patients or not, (3) the physicians' opinion of the vaccination. The study was retrospective and included 383 patients hospitalised in the medicine ward between October 15 and November 25, 1997. 249 of them (65%) had an indication for vaccination against influenza according to the recommendations of the Federal Office of Public Health. Only 20 patients (8%) were vaccinated during their hospital stay. 86 family physicians (83%) answered the questionnaire concerning 141 patients (57%) whom they examined after their hospital discharge. Of these patients, 77 (55%) were vaccinated by the family physician. The main reason for not vaccinating the patients was the patient's refusal (33%). The effectiveness of the vaccine was considered to be very good (effectiveness > 80%) by 40% of the family physicians and good (effectiveness 60-80%) by 50%. The local and systemic side effects were reported to be rare (incidence < 5%) by 55% and 71% of family physicians respectively. The cost and the route of administration were not felt to have any effect on acceptance of the vaccine. In decreasing importance the family physicians considered the recommendations of the Federal Office of Public Health useful for (1) chronic pulmonary disease, (2) immunosuppression, (3) chronic cardiac disease, (4) chronic renal insufficiency and residency in homes or institutions, (5) diabetes, (6) age over 64, (7) health care workers. In conclusion, the influenza immunisation rate in Fribourg was very low at the hospital but was higher than the Swiss figures for the family physicians. Patient's refusal was the main reason for non-vaccination. The family physicians have a favourable opinion of the effectiveness and tolerance of the influenza vaccine

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Keywords: Adolescence/Adolescent Health Services/Adult/Ambulatory Care/Counseling/Educational Status/Female/France/Human/Male/Middle Age/Physician-Patient Relations/Sex Factors/Support,Non-U.S.Gov't/Switzerland/utilization

Abstract: In industrialized countries, statistics on health services exhibit a low level of health care use by adolescents, despite the fact that their needs have been widely described. OBJECTIVES: To assess ambulatory health care use by 15-20-year-old teenagers in Switzerland. METHOD: Nine thousand, two hundred and sixty-eight adolescents responded to the self-administered questionnaire distributed in secondary schools and vocational classes for the Swiss Adolescent Health Survey. Questions about visits to general practitioners, specialists and gynecologists, reasons for visit, the availability of a regular health care provider and a confidential health care resource were analysed. RESULTS: Within the previous 12 months, 87.6% of the girls and 75.3% of the boys reported having seen a physician. General practitioners were visited more frequently than specialists. The contact with a specialist was the only one to be related

to socio- demographic variables: a lower proportion of reported visits to a specialist was related to apprenticeship, low educational status of parents or rural living area. Thirty-nine percent of the girls reported having seen a gynecologist during the previous 12 months. Two adolescents out of three reported having a personal doctor, and one out of two declared being aware of a confidential health care resource. Girls reported a larger number of reasons for visits than boys: chronic conditions, fatigue, headache and depressive symptoms were the most often cited in a list of ten reasons. Among the subjects who declared a health concern (sleep disturbances, eating disorders, depressive symptoms, smoking or alcohol-related problems) and a need for help, less than 10% declared having seen a health care provider for this reason, even if more than 70% reported contact with a physician within the last 12 months. CONCLUSION: These results show that most adolescents, especially girls, reported recent use of medical services, but did not discuss their health concerns with the doctor. Training should be improved to give better knowledge and counseling skills to health professionals, in order to allow them to address adolescents' health needs

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Keywords: Advance Directives/Ethics,Medical/Human/Humanism/legislation & jurisprudence/Patient Advocacy/Patient Participation/Physician-Patient Relations/Practice Guidelines/Switzerland

Abstract: The relationship between the patient and a medical care giver is complex specially as it implies to the human, juridical and practical points of view. It depends on legal and deontological considerations, but also on professional habits. Today, we are confronted to a fundamental modification of this relationship. Professional guidelines exist, but are rarely applied and rarely taught in universities. However, patients are eager to move from a paternalistic relationship to a true partnership, more harmonious and more respectful of individual values ("value based medicine"). Advance directives give us an opportunity to improve our practices and to provide care consistent with the needs and wishes of each patient

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Abstract: OBJECTIVES: To measure satisfaction with medical visits in various health care settings and to assess the extent to which differences in satisfaction scores between health care settings can be attributed to patients' characteristics. DESIGN: This was a cross sectional survey to measure seven dimensions of patient satisfaction. SETTINGS: Ambulatory visits to 'gatekeepers' or specialists in a newly established managed care organisation, a private group practice, or a university hospital outpatient clinic in Geneva, Switzerland. PATIENTS: There were altogether 1027 adult patients (81% participation rate). RESULTS: Patients who consulted physicians in the private group practice reported higher levels of satisfaction (overall mean 83.2 on a scale between 0 and 100) than university clinic patients (79.7), patients of independent specialists within the managed plan (78.5), and patients of managed plan gatekeepers (69.8, intergroup differences $p < 0.001$). Differences between settings were reduced after adjustment for sex, age, country of origin, general practitioner versus specialist visit, and scheduled versus urgent visit (adjusted scores: 80.8, 78.8, 77.6, and 72.7 in the four settings, $p < 0.001$). Intergroup differences were largest for general satisfaction, but small and non-significant for satisfaction with explanations given by the physician and for time spent with the patient. CONCLUSIONS: Patient satisfaction varied widely between health care settings. Differences in satisfaction ratings could be ascribed only partly to disparities in patient populations. Patients of managed plan gatekeepers were least satisfied, presumably because they could not choose their physician freely. Comparison of patient satisfaction across health care settings can provide a basis for targeted quality improvement initiatives

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Keywords: Adult/Female/Health Benefit Plans,Employee/Health Services

Research/Health Status/Health-Insurance/Human/Male/Managed Care Programs/organization & administration/Patient Satisfaction/Prevalence/Prospective Studies/Support,Non-U.S.Gov't/Switzerland

Abstract: OBJECTIVES. In 1992, most members of a Swiss indemnity health insurance plan were automatically transferred into a newly created managed care organization. This study examined whether this semivoluntary change affected enrollees' health status and satisfaction with care. METHODS. Three groups of enrollees were compared: 332 plan members who accepted the switch (managed care joiners); 186 plan members who opted to maintain indemnity coverage (non-joiners); and 296 persons continuously enrolled in another indemnity plan (indemnity plan members). Health status, health related behaviors, and satisfaction with care received in the previous year were surveyed at baseline and 1 year later. RESULTS. Health status remained unchanged in all three groups. Smoking prevalence decreased among managed care joiners but remained constant in the other groups. Satisfaction with insurance coverage increased between baseline and follow-up in managed care joiners, but decreased in nonjoiners and indemnity plan members. The latter groups had higher satisfaction with health care, particularly with continuity of care. CONCLUSIONS. A semivoluntary switch from indemnity health insurance to managed care reduced satisfaction with health care but increased satisfaction with insurance coverage. There were no changes in self-perceived health status

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Keywords: Health-Insurance

Notes: Propositions pour lancer une initiative

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Keywords: Acute Disease/Anesthesiology/drug therapy/Education,Nursing/Europe/Human/methods/nursing/Pain/Pain Clinics/Patient Education/standards/Switzerland/trends/United States

Abstract: Despite unprecedented interest in understanding pain mechanisms and pain management, a significant number of patients continue to experience unacceptable pain after surgery. Recent surveys show that there has been no apparent improvement since an early study in 1952 (15). It is increasingly clear that the solution to the problems of postoperative pain management lies not so much in the development of new techniques but in developing an organization to exploit existing expertise. The most obvious components of an acute pain team include anesthesiologists, surgeons, nurses, and physiotherapists. Protocols encourage consistent standards of safe and effective care and should be used as a framework to individualize treatment. The concept of skilled pain therapists collaborating to provide improved postoperative analgesia within the framework of an organized APS appears to be universally applicable. Acute pain service models have been described from the United States, the United Kingdom, Germany, Switzerland, and Sweden. The U.S. model, which consists of anesthesiologist-based comprehensive pain management teams, is quite effective but is more expensive, and it is not transferable to Europe. A recent United Kingdom survey showed that there is a large degree of variation in what is thought to constitute an APS in the U.K. (16). A nurse-based anesthesiologist-supervised APS in which pain is evaluated in every patient who undergoes surgery has been developed in Sweden. Pain above 3 on the 10-grade VAS is promptly treated. Clearly, neither the anesthesiologist nor the APN guarantees good pain management on wards. In this low-cost model, the role of the anesthesiologist is to teach and train ward nurses, to supervise the APN, and to select patients for special pain therapies such as epidural, PCA, and peripheral nerve blocks. All senior anesthesiologists (section chiefs) working in the operating room are part of this APS. The means of providing satisfactory analgesia are already present in most hospitals. Careful planning and a multidisciplinary approach to pain management will ensure that resources are optimally utilized, and the quality of pain management is consistently maintained

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Keywords: Attitude of Health Personnel/Cultural Diversity/Delivery of Health Care/education/Health Personnel/Human/Language/Switzerland/Transients and Migrants/Translating

Abstract: Why organize a training course destined for health care professionals which is specifically devoted to cultural mediation in the sphere of health care? There are several reasons justifying such an initiative, mainly relating to the social and cultural mutations pertaining to the present world situation. In fact, two major phenomena may be said to directly influence the health care scene in the current context of generalized migration: the internationalization of diseases on the one hand and on the other hand, the cultural plurality to be found to an increasing degree in society in general. While the responses to the first scenario fall within the limits of standard medical practice, those which are necessitated by the second situation demand a widening of expertise. By reason of the relationship they establish with migrants, it is mandatory that carers should modify their own personal attitudes as well as their professional framework. In the face of the requirements imposed by cross-culture, it is imperative to move in the direction of co-discipline

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Relations/Questionnaires/Switzerland

Abstract: To determine whether patient expectations are fulfilled when they are expressed to physicians, self-administrated questionnaires were given to 360 consecutive ambulatory patients. Information was randomly given or not given to physicians. Diagnosis (94%), information about prognosis (82%) and prevention (76%), and continuing care (80%) were important expectations. There was no agreement between global or individual patient expectation and physician response ($\kappa < \text{or} = 0.3$). The physicians prescribed more medications than expected, and almost never discussed prevention or prognosis. Finally, the characteristics of care were not different between the physicians who knew and those who did not know patient expectations. The authors conclude that ambulatory patients visit physicians to receive a diagnosis, continuing care, and information about prognosis and prevention. In this study, physician knowledge of those expectations did not increase their fulfillment

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Keywords: Aged/Breast Neoplasms/Cancer Care Facilities/Community Health Services/Female/Home Care Services/Hospitalization/Human/Length of Stay/Lung Neoplasms/Male/Medical Oncology/Middle Age/Neoplasms/organization & administration/Palliative Care/Professional-Patient Relations/Retrospective Studies/Switzerland/Terminal Care/therapy/Treatment Outcome

Abstract: The clinical data on terminal cancer patients who have died since the establishment of a program of collaboration between community services and the cancer center of Canton of Ticino, southern Switzerland, were retrospectively analyzed to describe the characteristics of patients seen and the effect on them of a home-care program coordinated by the cancer center. The home-care program is based on five geographically grouped community-based domiciliary services, with the addition of one nurse responsible for coordination and one physician from the oncology center. Selection criteria for participation in the home-care program are defined. The main outcome measures were: number of hospitalizations and median hospital stay during the last 3 months of life; reasons for and median length of last hospitalization; place of death of patients who had home care and those who did not. In the group of 993 patients analyzed, the median contact time with the cancer center was 9.5 months (10th percentile: 1 month, 90th percentile: 71 months); the most frequent neoplasm was lung cancer (22%) with the briefest contact time (7.5 months; 10th percentile: 1 month; 90th

percentile: 21 months); 13.5% of patients were never hospitalized; half of the patients had a total hospital stay of 24 days or longer and 23% died at home. The sociodemographic and medical characteristics of home-care users were similar to those of the home-care non-users and to those of the overall group. In the group of home-care users (32% of the total) 22% were never hospitalized, half of the patients had a total hospital stay of 17 days or longer, and 43.5% of them died at home. These values were significantly different ($P > 0.001$) from those reported in the group of home-care non-users. Palliative care, provided at home through community-based domiciliary services, is associated with less frequent and shorter hospitalizations in the last 3 months of life. Medical oncology and palliative treatments should be mutually complementary to improve patients care. Cancer centers should be involved in the planning and coordination of supportive-care domiciliary services

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Keywords: données/Epidémiologie/formation/pratique/résultat

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Keywords: Clinical Competence/Ethics,Medical/Human/Medical Futility/Physician-Patient Relations/Surgery/Switzerland

Abstract: From the large spectrum of possible subjects concerning ethics in surgery the following questions shall be considered in more detail. a) The problem of trust the patient puts in his surgeon as a technician as well as a physician and human being. b) The influence of ethical considerations on the indication to operate. c) Reflexion about the limits of what is possible and what is ethical

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Abstract: In the present study a validated questionnaire was used to measure patient satisfaction in a clinic of gynecology in a regional hospital. The goal was to assess problems, to solve them, and to increase patient satisfaction. A 50-item questionnaire was applied to assess satisfaction scores of 60 gynecology patients in 1996, and of 185 patients in 1998/99. The overall degree of patient satisfaction amounted to 74.2 +/- 22.7% increasing two years later to 78.0 +/- 25.8%. This represents a significant improvement and can be considered as success to improve quality. A significant increase of the satisfaction scores was obtained in four domains: 1. Information about the planned intervention, 2. courtesy and willingness to explain the procedures of the anesthesiologists, 3. cleanliness and 4. comfort of room. The present study confirms that validated assessment of patient satisfaction allows to identify problems and to solve them with appropriate corrective measures. This results in an increase of patient satisfaction