Towards a regional network of respiratory medicine

Dear Sir,

Modern medicine is at a stage when very little can be achieved if working in isolation. This is true for individual departments, but it is also true for individual physicians who still wish to practice in isolation. David M. Eddy, a physician, mathematician, and healthcare analyst, who has done seminal work in mathematical modeling of diseases, clinical practice guidelines, and was the first to publish the term "evidence based"[1] summarized very nicely the current state of affairs: "the complexity of modern medicine exceeds the capacity of the unaided expert mind".

In Central and Eastern Europe (CEE) we still like to work in isolation. Perhaps we are made to believe, by the pressure of our patients, that some of us are the best, or some demi-gods in our chosen area of medicine. Our patients are not educated to ask to see "the best network of doctors"; our patients still want to see "the best doctor" in town.

In reality much of the clinical work and research in CEE is done in isolation, is fragmented, is driven by individual connections and sources of funding, and the clinical practice varies greatly. Despite integration in EU, there is still a wide variation in clinical practice and in research potential between countries, with a significant gap between Western Europe and CEE. Because of this, very little clinical and research work from CEE that is relevant to the local patients is encouraged, and even less gets acknowledged and published in the Western, high impact, journals[2].

So what can be done? Establishing a regional respiratory network for respiratory clinical and research cooperation seems to be a sensible step forward. Models exist for TB, but the rest of respiratory pathology is hardly covered. Networks are able to deliver a higher volume of relevant clinical and research studies, a locally relevant peer review system and a stronger voice on the European arena. A regional network can promote regional relevant education and training. A regional network can offer a coordinated system of support for standardization of clinical practice, according to the local facilities, technical assistance and support for funding. Moreover a regional respiratory network can support the formation of clusters that can provide specific assistance and spread their excellent work they have been doing.

Are you interested? It is not difficult to set up a regional network.

In order to create one we need a set of clinicians interested in working together. For a network to be efficient it is critical that we share information and that we have formal and informal ways of communicating. The journal Pneumologia, now published fully in English, and with a strong peer review infrastructure, is offering its support to start such a network.

All of you interested should write to the journal, email to us, or comment publicly on this letter. We are looking very much forward to hearing your views and getting your support.

Yours sincerely,

Prof. Dragana Jovanovic, MD PhD
Head of Thoracic Oncology and ILD Dept. and Director of University Hospital of Pulmonology
Clinical Center of Serbia, Belgrade

Tudor P. Toma, MD, PhD
Consultant Respiratory Physician & Senior Lecturer
Lewisham & Greenwich NHS Trust, King's College, London
"Pneumologia" Journal Director

Alexandru Corlățeanu, MD, PhD
Associate Professor, Department of Respiratory Medicine,
State University of Medicine and Pharmacy
"Nicolae Testemitanu", Chisinau, Moldova

Ivane Chkhaidze, MD, PhD
Professor of Pediatrics of the Tbilisi State Medical University,
Medical Director of the Iashvili Central Children Hospital,
Chairman of the Board of the Georgian Respiratory Association, Georgia

Alexander G. Mathioudakis, MD
Athens Breath Centre, Ampelokipoi, Greece
Centre for Respiratory Medicine and Allergy, Institute of Inflammation and Repair, Wythenshawe Hospital, University Hospital of South Manchester NHS Foundation Trust, UK

Elena Andreeva, MD, PhD, MPH
Associate Professor, Department of Family Medicine,
Northern State Medical University, Arkhangelsk, Russia

Miroslav Samarzija, M.D.Ph.D.
Professor of Respiratory Medicine, Medical School,
University of Zagreb, Croatia

Dr. Yavor Ivanov,
Assoc. Prof., Head Clinic for pneumonology and psychiatry, UMHAT Pleven, Bulgaria

Prof. MUDr. Jana Skřičková, CSc.
přednostka Kliniky nemocí plicních a TBC
FN Brno a LF MU

Assoc. Prof. Vladimir Hodzhev, MD, PhD
Head of Clinic of Pulmonology
University Hospital St George, Plovdiv, Bulgaria

References

1. Virtual Mentor. January 2011, Volume 13, Number 1: 55-60.
2. http://www.worldmapper.org/posters/worldmapper_map205_ver5.pdf

Two types of Letters to the editor are welcome: correspondence and research letters. Correspondence should contain a response or comment to an article previously published in Pneumologia, or address a topic of controversy. Research letters may present preliminary results of a study or short clinical case reports, unpublished before.

Letters to the editor should have a maximum of 500 words and no more than 5 references, one figure or table.
Letters to the editor should be submitted before 15th of the second month of the trimester in which one issue is published.
Letters should be submitted by e-mail as attached documents, at pneumologia@pneumologia.eu, accompanied by the title, authors name, affiliation, funding, and, if applicable, the published article the letter refers to. It remains the choice of the editors to accept for publication a letter submitted to Pneumologia.

Pneumologia Editorial Group

Reclamă PN 65(1)0109 ▸ Reclamă PN 65(1)0110 ▸ Reclamă PN 65(1)0111 ▸