

LIAISON PSYCHIATRY IN POLAND – CAN WE ACHIEVE A SUCCESSFUL HOLISTIC DIAGNOSIS?

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SUMMARY

Introduction: New decades introduce more and more new medical specialties with the inevitable progress of medical science. This is due to the increasing amount of knowledge, and in opposition to the physical and intellectual faculties of a single man. In contrast to the time of Hippocrates, today one cannot be an expert in every field of medicine. We need to consult with specialists in various fields, in order to properly diagnose the patient. Without this the final diagnosis is often impossible.

Subject and methods: The objective of our survey was to check how often psychiatrists use consultation with physicians in other specialties, and whether there is a relationship between the place of work, academic degree, work experience in the profession, and the number of commissioned consultations. It was also important for us whether consultations affect the final diagnosis.

Results: Most of the respondents are young doctors, specialists from big cities. They rarely consult with doctors of other specialties - 1/10 cases. However they are skeptical about the opinions of other psychiatrists. In contrast the proctologist and the pathologist are the least frequent groups of specialists who are requested for a consultation by psychiatrists. Specialists consulting the most often are internists and neurologists.

Conclusions: The key to a diagnostic success is a holistic view of the patient. It is necessary therefore to develop the most effective cooperation between doctors of various specialties.

Key words: diagnosis - liaison psychiatry

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INTRODUCTION

Medicine had its first achievements at the time of our first and greatest mentor Hippocrates (Smith 2008). The knowledge available at that time, in all fields of science, not just medicine, allowed an educated person to be someone who could be referred to as a "renaissance man". That person could be freely engaged in more than one branch of science. Unfortunately, these times have gone irrevocably. According to the Ordinance of the Minister of Health of 20 October 2005 on the specialisation of physicians and dentists (2005) in Poland we have today registered 77 medical specialties. This shows that one person can not be an expert in every medical discipline. Therefore, we have no choice but to undertake consultations with physicians in other specialties to understand the patient in a holistic manner. The necessity for co-operation of psychiatrists with other specialists is discussed in a number of publications (Soreff 1977, Lloyd 1980, Aghanwa 2002, Burgeois et al. 2003, Arbabi et al. 2012, Udoh et al. 2012, Risal & Sharma 2013).

SUBJECTS AND METHODS

Subjects

Our study included 73 psychiatrists. It was performed among the participants of a psychiatric conference in Wisła, Poland in December 2012 and among the staff of the Department of Psychiatry and Psychotherapy, Medical University of Silesia in Katowice in

March 2012. The survey contained 11 closed questions, in which we inquired inter alia about the academic title, place of work, sex, frequency and number of consultations with doctors of other specialties and other psychiatrists, as well as the extent to which their opinions are taken into account in determining the diagnosis. Analyzing this issue by age groups it can be seen that the most common answer given by the doctors of the 25-34 age group is that they consult with other psychiatrists in each case, indeed 1 in 5 cases. The older more experienced doctors consult less frequently. In the other age groups about half of them consult in 1 in 10 cases. Based on our analysis we can conclude that psychiatrists gain the most experience in making a diagnosis during their first 10 years of work (Figure 1, Figure 2).

RESULTS

Women represented 56% of the respondents, men - 44%. The largest group of respondents were doctors aged 25-34 years (Figure 3).

The majority worked in cities larger than 100 000 inhabitants. 67.1% of respondents were doctors with the title of specialist, while 32.9% were in the process of specialization (Figure 4, Figure 5).

We asked the respondents about their workplace. They work in different centers. About half of the respondents work in more than one place, which allows us to analyze our research problem across the board (Figure 6).

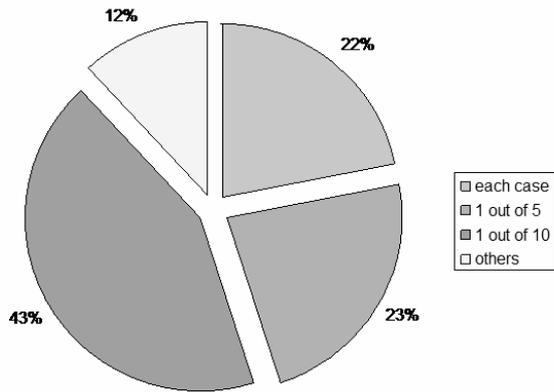


Figure 1. The frequency of consultations with other psychiatrists

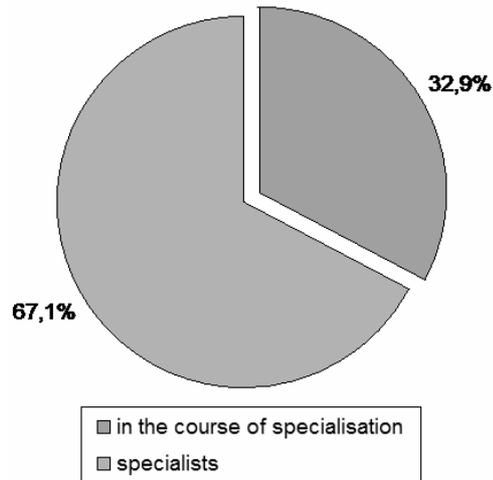


Figure 4. Education

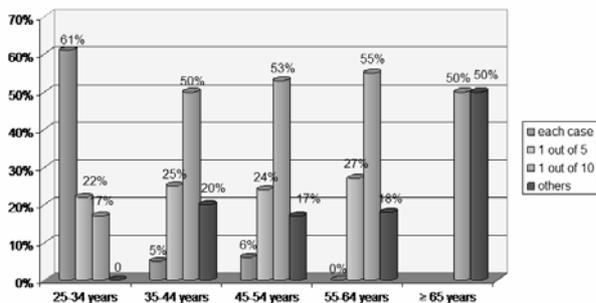


Figure 2. Frequency of consultations with other psychiatrists in different age groups

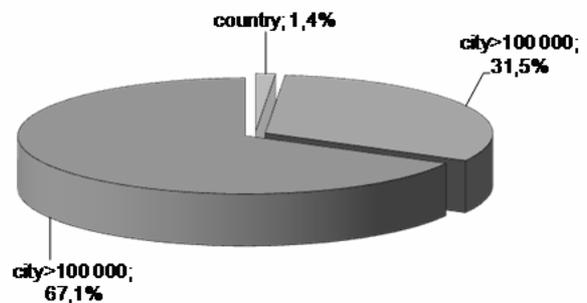


Figure 5. Place of living

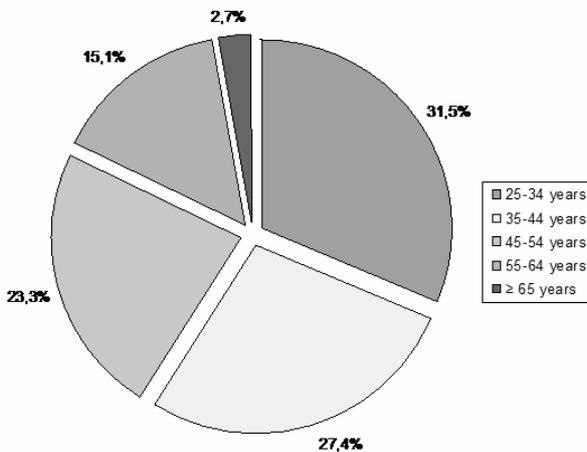


Figure 3. Age

In terms of frequency of consultations between psychiatrists 43% of respondents consult in 1 in 10 patients. It is worth noting that we asked our respondents about how other psychiatrists' opinion affects their diagnosis and treatment. Only the youngest group of respondents appeared to answer that without consultation they are not able to make decisions about diagnosis and treatment. The vast majority of psychiatrists, regardless of age, consult with other psychiatrists, but are critical of their opinion (Figure 7).

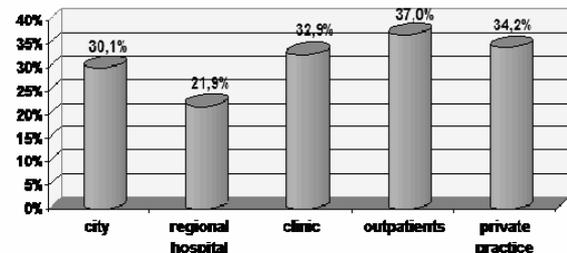


Figure 6. Workplace

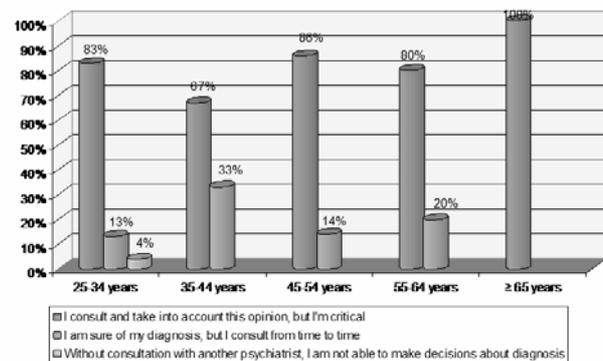


Figure 7. How does the opinion of another psychiatrist affect the diagnosis and/or treatment

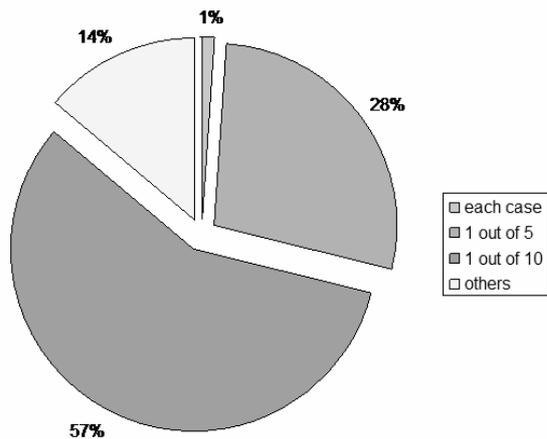


Figure 8. Frequency of consultations with doctors of other specialties

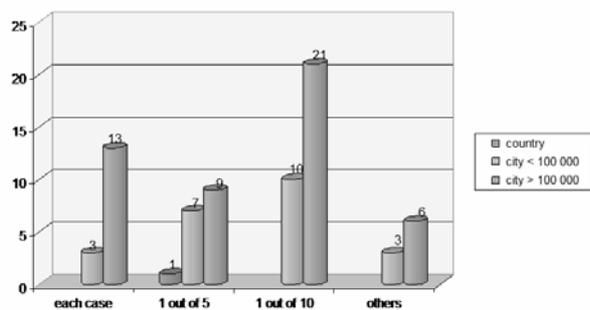


Figure 9. Frequency of consultations depending on the place of work

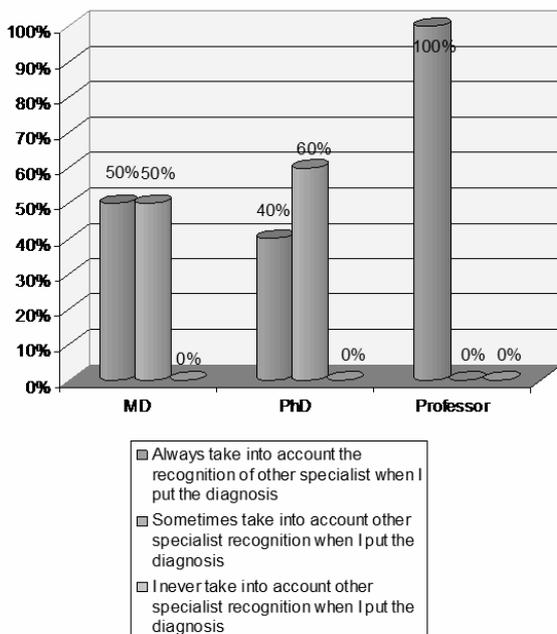


Figure 10. How does a consultation of a specialist in another field affect the diagnosis?

The cooperation between psychiatrists and doctors of other specialties looks rather different. Consultations in that field are not as common as in the same specialization. More than half of the respondents consult in 1 in 10 cases, and only 1% in each case (Figure 8).

It is also observed that there is a clear tendency for frequent consultations in the larger cities than in those smaller than 100 000 inhabitants (Figure 9).

Analyzing how the opinion of another specialist in the field of medicine affects the diagnosis, we notice that it is important. This may be due to the fact that none of the respondents selected the answer that ‘ he would never take into account the opinion of another specialist’ (Figure 10).

We can see that the most common consultations are with internists, secondly come the neurologists and in third place are the cardiologists (Figure 11).

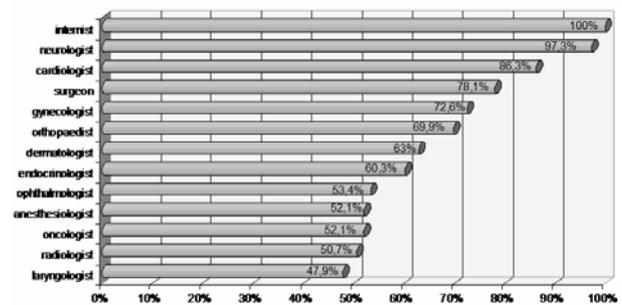


Figure 11. The most common consultations

The rarest consultations are with proctologists, pathologists and pediatricians.

Surprising there is a relatively low proportion of consultations with sexologists (Figure 12).

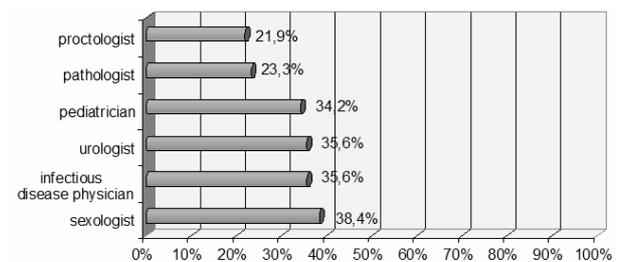


Figure 12. The rarest consultations

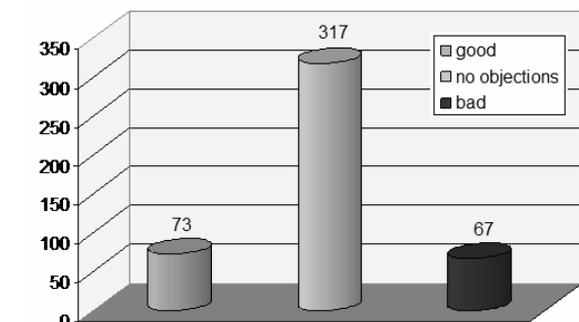


Figure 13. How the quality of co-operation look in general?

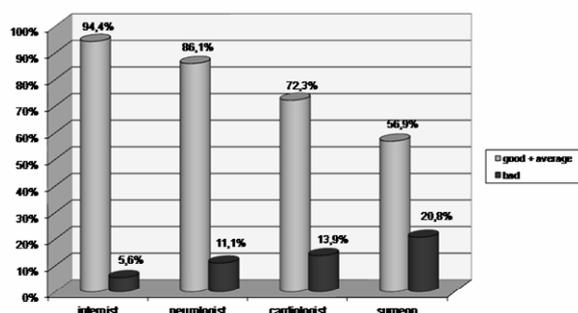
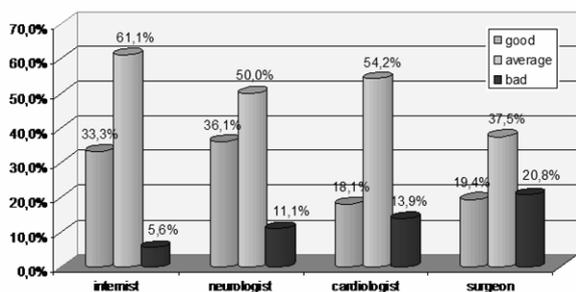


Figure 14. Ratio of co-operation

Overall, the survey reveals that cooperation between the psychiatrists and other specialty doctors in clinical practice is common and frequent. Detailed analysis of cooperation with the most commonly consulted specialties shows that the level of satisfaction from the cooperation increases with the frequency of consultation (Figure 13, Figure 14).

DISCUSSION

In large cities (>100 000 inhabitants) the frequency of consultations is higher due to the better availability of doctors in different specializations. The more often psychiatrists consult with other specialty doctors, the higher is the rate of satisfaction: our communication and collaboration is easier and effective. The importance of good cooperation in the workplace is emphasized in the literature (Dębska et al. 2012). However on the basis of our analysis of the the questionnaire we see that psychiatrists achieve their highest experience and confidence in making a diagnosis in their first 10 years of work. The survey has revealed that psychiatrists consult more often between each other than with the other specialty doctors. This may be due to the fact that most of the respondents were doctors aged 25-34 who are in the period of gaining knowledge and experience in the specialty of their choice. Nowadays, practicing medicine without consultation with other specialties is impossible, which is also confirmed by reports from the literature (Krzych et al. 2011, Leentjens et al. 2011, Wolf et al. 2013). The analysis of our questionnaire study support the presently available data.

CONCLUSION

The youngest group of doctors (25-34 years) consult most often with other psychiatrists.

Psychiatrists are aware of the necessity of consultations between each other and with doctors from other specialties.

Psychiatrists achieve their highest experience and confidence in making a diagnosis during their first 10 years of work.

The more often psychiatrists consult with other specialty doctors the higher is the rate of satisfaction - collaboration is easier and more effective.

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Conflict of interest: None to declare.

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