

Social vs. scientific guidelines.

Elie Chalhoub¹, Jamale Rizkallah^{2*}

¹Gynecology department, Lebanese University Hospital, Geitawi, Beirut, Lebanon

²Nephrology department, Lebanese University Hospital, Geitawi, Beirut, Lebanon

Abstract

The practice of medicine is getting more and more difficult in countries where financial limitations prevent physicians from applying the appropriate guidelines and committing to the regular medical approach. Is tailored medicine based on financial conditions acceptable?

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Letter to Editor

Having studied in Lebanon, we were submerged with both European and American medical references and books. We were taught the importance of guidelines and evidence-based medicine. We also had the opportunity to travel abroad and pursue our studies in France.

In countries where medicine is a right, we were able to practice what we learnt. In a mouse click, we ordered appropriate biological tests and imaging. In another mouse click, we ordered proper medications and invasive acts and surgeries. At the end of the day, we knew we were offering optimal treatments to our patients. Never did we wonder about the price of an exam. After discharge from the hospital, our patients had access to appropriate wound management and parenteral care-if applicable-by registered nurses. Even transportation was rendered available for those who couldn't take public means of transportation due to medical reasons. The only challenge we had was to diagnose our patients and treat them right, which is, theoretically, the purpose of our mission as medical doctors and surgeons.

We offered optimal treatment to patients in palliative care as well by providing them with multi-disciplinary care.

We were also involved in studies and trials. Research was a reality and it was accessible to us with nothing more than a mouse click. Lectures, conferences... We were sharpening our skills daily and we were ready to come home and apply what we learnt to serve the Lebanese population.

A social shock literally hit us in this country where the medical system is complex and where there is a multitude of third-party payment services and types. Lebanon has probably one of the best ranking medical level in the Middle-East and medical tourism is well developed here because of the well-equipped medical centers and the level of its MDs. However, and

paradoxically, with a rising level of poverty, not everyone can afford to be treated.

Receiving appropriate medical care was a luxury to some of the patients we met. And unfortunately, we realized that physicians must practice tailored medicine based on finance! Of course, some of the patients had good insurances and were offered the regular services we provided abroad. But others didn't, and we had to cut down on exams. With time, we memorized prices of some of the lab exams and had to fraction our routine panel on several, almost infinite, months. The most difficult to treat patients were illegal foreigners with no medical coverage: to them ordering basic panels is literally a dream. Their answer will always be: I'd rather feed my child.

And how would we care for patients in palliative care? Having multidisciplinary care is highly expensive for those without proper coverage. As for those who wish to remain at home and peacefully "go" among loved ones, we must rely on free and obviously overloaded organizations.

So how can we apply evidence-based medicine and guidelines to people who are not medically covered? Is it even ethical to cut down on important exams? Is willingly treating a patient for a most probable diagnosis without documented evidence conform to what we learnt and the pledge we took? Is tailored medicine based on financial conditions acceptable?

*Correspondence to:

Jamale Rizkallah,

Nephrology department,

Lebanese University Hospital, Lebanon

E-mail: jamale87@gmail.com