The Health Professionnals’ Point of View
What the Future will demand from a Doctor’s perspective

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Modern medicine

Modern medicine:

- unprecedented impact of rapid advances in science and technology,
- vastly enhancing the doctor’s professional capabilities,
- making the practice of medicine more intellectually challenging as well as professionally satisfying,
- but also more complex and demanding.
Progres through technology

- Targeted therapies
- Companion diagnostics
- Non invasive procedures
- Robotic Surgery
- The World of Nano
  - Nanotechnologies,
  - Nanodrugs
  - Capsule endoscopy
- …
Technology brings tools.

The question then are:

- where?
- for what?
- for whom?
- at which cost?
- for which benefit?
- with which consequences?

Equity (Equality ?) in Access to Care turns to be a social and furthermore a political necessity.

It is also a medical and ethical challenge.
Four major issues to deal with

Beside keeping pace with rapid medical advances, doctors have to face 4 major issues:

- **sorting the wheat from the chaff** out of the number of new drugs and equipment available,
- **rationalising** (rather than rationing) and **determining priorities** within the limits of **finite resources**, 
- elaborating response to **new ethical challenges** presented by recourse to new technologies,
- maintaining the **human face of medicine** together with the growing presence of technology.
More with Less

Medical practice, as well as the global offer in Healthcare, has to change, so as to adapt to

the increase in the demand:
- qualitative: cost of practice, better care, safety, …
- quantitative: demographics (ageing of population)

the reduction in the offer:
- shortage in doctors, pharmacists, nurses, etc…
- cost-containment policies.
Medical practice challenges

◆ Medical practice has become hyper-specialised.

◆ Physicians must promote a global approach of the patient as a global person through
  - more transversal practice
  - more co-operative practice

◆ connecting ambulatory and hospital care.

◆ Co-operations with
  - other health professionals,
  - social workers, …
  - patients (patients associations)
Patient empowerment

◆ Patients' rights
  - participation in decision making
  - health literacy

◆ The Patient as an actor in his own care program
  - the desperate need for compliance!
  - therapeutic education: a priority
Patient empowerment

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The Patient as an actor in his own care program

- the desperate need for compliance!
- therapeutic education: a priority

Transitional care

- range of **time-limited services and environments**
- designed to ensure **health care continuity** and avoid preventable poor outcomes among at risk populations
  - as they move from one level of care to another,
    - homecare (ambulatory) ↔ institutional care (hospital)
  - among multiple providers and/or across settings.
Translational Care

◆ The translational care model couples
  ■ patient-based, solution-oriented research
  ■ with a novel system for providing connectivity between collaborative researchers.

Based on the information systems revolution:
◆ sharing infrastructure and intellectual resources.
◆ offering patients and families to contribute in setting research objectives and priorities
◆ Research is not only brought from bench-to-bedside, but also bedside-to-bench and home-to-bench.

adapted from: Rare Disease Foundation (Canada) - 2008
The search for Better Care at better Cost

Opinion Based Medicine → Evidence Based Medicine

Cost Based Medicine → Efficiency Based Medicine

Medical outcome first!
The search for Better Care at better Cost

Opinion Based Medicine

Cost Based Medicine

The need for
- more data,
- more imaging,
- more biological markers

Evidence Based Medicine

Efficiency Based Medicine

Medical outcome first!
The « 4 P Medicine »

◆ Predictive
  ▶ sequence the genome of a patient, which together with other data will yield useful predictions about his health.

◆ Personalized
  ▶ blood assessment will make it possible to get an update on the current state of health for each organ system.

◆ Preventive
  ▶ using systems medicine to develop preventive drugs: from treating disease to maintaining wellness.

◆ Participatory
  ▶ patients will have unparalleled opportunities to take control of their health care.

adapted from: Leroy Hood, 2009
Science, technology and ethics

Doctors can harvest and maximise the vast potential of technology in caring for their patients through

- steadfast commitment to professionalism,
- active co-operation with other health professionals and stakeholders (health authorities, payers, patients),
- wisdom and insight.

This is a challenge we must accept in the cause of our patients’ welfare,

“the paramount concern of our professional creed”\(^1\).

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Share data and more to build our shared future

- Medicine has no borders.
- We European already have
  - free circulation of Doctors within EU member states,
  - a common Drug and Devices safety policy
  - a pan-European Drug Agency (EMEA), ...
- Our future is common.
  Our patients are the same.
  Our tools are the same.
  Our concerns are the same.
  We need to share more.
Thank you for your attention!

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