

# NAVIGARE NECESSE EST! RESEARCH TO UNDERSTAND OUR BODY AND SOUL, TO HEAL THE PATIENTS, TO FIND OURSELVES

ÁGNES SIMEK<sup>A-F</sup>

Semmelweis Medical University, Public Health Department,  
Budapest, Hungary

A - study design, B - data collection, C - statistical analysis, D - interpretation of data, E - manuscript preparation, F - literature review, G - sourcing of funding

## ABSTRACT

The image of a researcher is a distinguished, enthusiastic doctor in a fresh, washed and ironed white lab coat working in a clinic or research-centre. The research is well-financed, supported by different scientific and/or economic firms, and the aim is to understand the human body and its physiologic processes in atomic level for getting the best, mostly very expensive, and sometimes uneasy medical treatment for the patient.

Nowadays on top of the most modern sciences there is the specialist, who lives in an ivory tower and knows almost everything about diseases and sciences. Try to get off to this land!

**KEYWORDS:** research, everyday practise, physicians' experience, patients' wellbeing

## HEALING FROM THE MAN TO THE MAN

First there was the wizard: an "erudite" man, one of the tribe's members. He lived amongst them, lived their life and tried to do his best to treat them with his knowledge.

During the millennia, curious, exploratory men have been discovering many facts, connections between illnesses and their treatments in the smallest details. The experienced wizard changed into the well-educated physician. He recognises a new problem, a new opportunity in the healing process, and tries to find new treatments, an exact description of the function of hormones, enzymes and different elements, to discover an important consequence or another cause of an illness.

But haven't we lost something during this very long and glorious development? Where is the man, where is the suffering patient? [1]. Try to find them!

## THE PATIENTS

Maybe they are in our village-practice, or in out-patient care, or in the local hospital of a small town. Within reach from us. They are living with us, in our settlement, in our neighbourhood suffering from symptoms; they are threatened by illness and await our help.

...And these suffering humans are our patients. We ought to help them, to cure them, to find the best solution for their problems.

But first we have to find the problem! To detect the deviation, to recognise the gap in the treatment process, and to improve the opportunities of healing. We have to seek better health promotion, for easier methods of health-restoration, and for perfect recovery.

Therefore, to argue our hypotheses we have to set up research. Try to make them!

## THE RESEARCH

See what we are able to do to continually improve our daily work, and especially our patients' wellbeing.

Before all, we must first educate ourselves. This is not too hard nowadays. The Lancet, the Science, the British Medical Journal and of course Family Medicine and Primary Care Review(!), and a great many periodicals with high or lower impact factors are available in press or on the Internet.

However all the newest theories are less applicable without the patients' daily experiences. Patients are not machines and they don't step out from the best new medical book. They are individuals with their own strengths and weaknesses. It is useless if we know how to detect the blood sugar level with a different HgbA1, but we are not able to persuade the patient to adhere to a diabetic diet. Also, it is purposeless if we know the best micro-surgical procedure for intrauterine disorders,

but we are not able to convince women to undergo cervical cancer screening.

So, knowledge and experience together is most valuable. And how we can improve it?

By research. We can set up theories not only to find the sole sure therapy for cancer, but also on the “small” problems of everyday life.

How can we set up a good research proposal [2]? There are many of good descriptions how to write a research protocol [3–4].

Let us see what we can study: impact of complementary and alternative medicines [5–6], the effects of guide-lines, services within health care organizations [7]. We can study very important [8], or small things [9], any deviance we may detect amongst our patients. We can make a comparative assessment between nations, regions, genders, etc. [10–11]. We can research in the villages of Malawi [12], in the big cities of Japan [13] or in the state of Hungary [14]. Even our students [15] can research during university.

We ought only to keep our eyes and minds open. To realise the problems which can be detected in our surgery/hospital department, and to always have great motivation to solve them to improve our work and support our patients’ wellbeing.

Then we have to set up priority in the problems raised and choose the most important topic [16–17].

After we have determined the problem to be studied, we can read literature about it in the press or electronic literature. If we are lucky, we find not only good articles for and against in the overviewed papers, but also Meta-analyses.

The next step is selection of the population we are studying; sourced either only from our own practice, or from different practices altogether, or in comparison to the region, in the state or even internationally; and to confirm the exact inclusion and exclusion criteria.

The methods used in our investigations defines the research destination such as: to affirm a method, treatment or just to disprove it in a given population; to compare a treatment’s effect with other populations; to make forward or backward revisions of morbidity, mortality, or treatment effects; or the most accepted and objective study: a randomized double-blind experiment.

If we have the proposal, we have to sanction the ethical background [18], and gain consent from the nearest university’s ethical committee.

To help and support our colleagues, assistants are available during this elaboration process: sometimes by civil helpers [19] of NGO-s.

The final activity is the evaluation: to choose the best statistical method for our research, and use it to analyse the results and - if there are any - to compare our results with other national and international ones.

It is so simple, isn’t it?

On the other side, there is no end of negative circumstances.

Sceptics say: it is only a small sample – but this doesn’t matter [20]! For instance, Semmelweis discovered hand-washing with lime-chloride reduced mortality in the obstetric department of 30 patients in the St. Rókus Hospital!

Resistant colleagues also say: to detect the problems in a practice is only a statistic [21]. However, maybe it is the first step to resolving a huge problem!

Old doctors predicate: we do it always like this. Yes, in the ancient times early surgeons fixed all parts of abdominal-wall together after operations to deliver infant baby. However, except from some fortunate mothers – all these patients died. While one of the doctors after Ambroise Paré in the 16th century took the trouble to fix the fascia, the muscles, the fat tissue and the skin separately. Today mortality of Caesarean section is below one in ten thousand patients.

Einstein told: there are many things which are impossible to solve. Then somebody arrives, who doesn’t know it, and solves the problem. Be you the unknowing explorer!

Human kind is not mathematics. We can describe all the physiological and pathological processes, but patients don’t know the textbooks. We have to discover different deviations from the average and all their consequences – then resolve them in our practice! By these assessments, the hypothesis raised will improve our work and also give a basis to theoretical scientists to continue their studies.

WHO declaration describes, that health care is responsible for the patients’ wellbeing in only 12%. But health care is responsible for this 12%! And if a practical physician recognises bias, a false result of a treatment, or an imperfect investigation, the responsibility is his/hers to discover it in every detail and publish it for all colleagues to further improve practice.

A far bigger obstacle is to obtain stakeholders’ understanding and concordance [22]. But it may not be a problem for too long for an enthusiastic physician!

And what about the finances?

To find the problem, choose the study population, choose method for investigation and evaluation which needs no extra costs. Different investigations and treatments are part of our everyday work, only from another aspect, in other circumstances, for another part of population or for other prospects.

The high-budget studies are for an elaborate new pill, to make new (mostly expensive) investigations to detect its effects and side-effects, and to discover new elements of physiology.

However, our task as practitioners is to determine how to implement these in daily routine, improve our work with them, avoid harm to patients, and to prevent illnesses or complications.

In spite of these negative circumstances, there is our attitude: to help sufferers, to maintain the wellbeing of our patients, and to improve our medical service.

From this basis we shall discover all the positive effects, and without this attitude it is not worthwhile to engage in medicine!

There is the final task: we have found our patients, we know the importance of continual research, but where are we, ourselves? Try to rebuild!

### THE PHYSICIAN

A good physician does their everyday work with great responsibility, educates him-/herself to know every (?) new finding, new investigation, new method of treatment, and new change in legislation, administration and in the structure of health care. Besides the official tasks, a doctor fulfils all social expectations. GPs ought to be enthusiastic, emphatic, satisfied, keep smiling, always be quiet, transmit confidence and have great patience with patients.

It is told, if a GP achieves all these – it is for two persons! And if the expectation is also to research alongside all of the above, when is the time to live? Where is the

private life? There will be no time for the household, to have intimate hours with the partner, for self-forgetting games with children, for careless entertainment with friends, for leisure time for hobbies and sports. There are many articles on the fact that if patients are well treated, they get perfect continual care and prevention, and they feel the empathy of medical staff, then they need less time for health services [23–26].

So GP occurs in this service as a medicine.

What is the result? A well-managed practice, contented and not overworked doctor, and satisfied patients in good health [27]. Isn't it?...

Everybody has the opportunity to choose their directions, and to decide their route how to live his/her life engaged to patients. Engaged forever. Because it is our calling.

And we continue this spiral evermore.

This is called vocation. And a good physician can't do other.

...Never give up! Diligence, perseverance – and the investment will return to our advantage!

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**Correspondence address:**

dr Simek Ágnes Ph.D.

címzetes egyetemi docens, Semmelweis Egyetem, Népegészségtani Intézet

a Magyar Falugészségügyi Tudományos Társaság elnöke

1022 Budapest, Fillér u. 51.

Phone: +36 30 7557 330

E-mail: simek.agnes@gmail.com

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