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practicing physician. A contribution to the discussion about the limits of
doctor's work in the Polish medical system**

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Critical stenosis of the Left Main Coronary Artery in an 82-year-old practicing physician. A contribution to the discussion about the limits of doctor's work in the Polish medical system.

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Brief title: Left Main in practicing physician

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Background

According to the official data, about 22% of professionally active doctors in Poland have exceeded the age of 65 years and 10% are over 70 [1,2]. In some specialties: pediatrics and gynecology, the percentage of active physicians >65 years of age is over 30%. A mean age of a specialist in the internal medicine is now 51.9 years, slightly above the mean age of a Polish doctor, which is now 49.9 years [3]. Among the active specialists in the internal medicine 28.5% are in the retirement age, 20.2% are over 65 and 11.7% are over 70 years of age [3].

Case

An 82-year-old physician with a 10-year history of arterial hypertension, hyperlipidemia and diabetes mellitus type 2 was referred Unit for planned angiography due to a 3-month history of an exertional chest discomfort. His concomitant diseases were well controlled by perindopril 5 mg, bisoprolol 5 mg, torasemide 10 mg, amlodipine 5 mg, rosuvastatin 10 mg daily. For diabetes, for 5 years he had been on insulin 40-50 U/day. He was not obese (178 cm, 85 kg), a non-smoker and physically active. On admission his blood pressure was 140/80, total cholesterol 130 mg%, glycated hemoglobin 6.3%, creatinine 1.0 mg%. On echocardiography he had undilated left ventricle (53 mm), with slight septal hypoknesia and global ejection fraction of 50%. The symptoms were moderate, not limiting the patient's activity and **the previous day he had consulted 37 patients** in a primary care outpatient department. On angiography (Figure 1) a critical stenosis in the distal part of the Left Main Coronary artery was found with a large thrombus penetrating and occluding also the ostium of the Left Anterior Descending (LAD) and Circumflex arteries. The patient remained in the hospital, was urgently operated with the Left Internal Mammary Artery (LIMA) to LAD and saphenous graft to the Circumflex artery and successfully discharged on the 6th day after surgery. His recovery and rehabilitation was uncomplicated and the patient is planning to

return to his office 2.5 months after surgery.

Discussion

There is a growing shortage of physicians in the Polish medical system, especially in primary care units. However, the basic salary of Polish doctors remains the lowest in Europe comparing to the mean national personal income. “Opt-out” procedures and so called “contracts” with self-employed companies created by doctors were found the solutions to those deficits. They allow physicians to practice without any control of their work-time but on the other hand they eliminate any responsibility which should lie on the institutions appointed to both: organizing medical care and respecting the labor law in Poland.

During the recent years there has been some information about health complications and deaths related to overwork concerning mostly our younger and middle-aged colleagues: residents and specialists. There is lack of information about the medical consequences of overwork on the growing population of our senior colleagues who are forced by a dysfunctional system to continue working despite their advanced age.

Conclusions:

The growing number of professionally active senior physicians forms a novel group of high risk patients due to many years in time-load and responsibility much higher than average.

Medical Council in cooperation with Occupational Medicine authorities should prepare a special program of medical survey, which should be protective but not oppressive for our professionally active senior colleagues.

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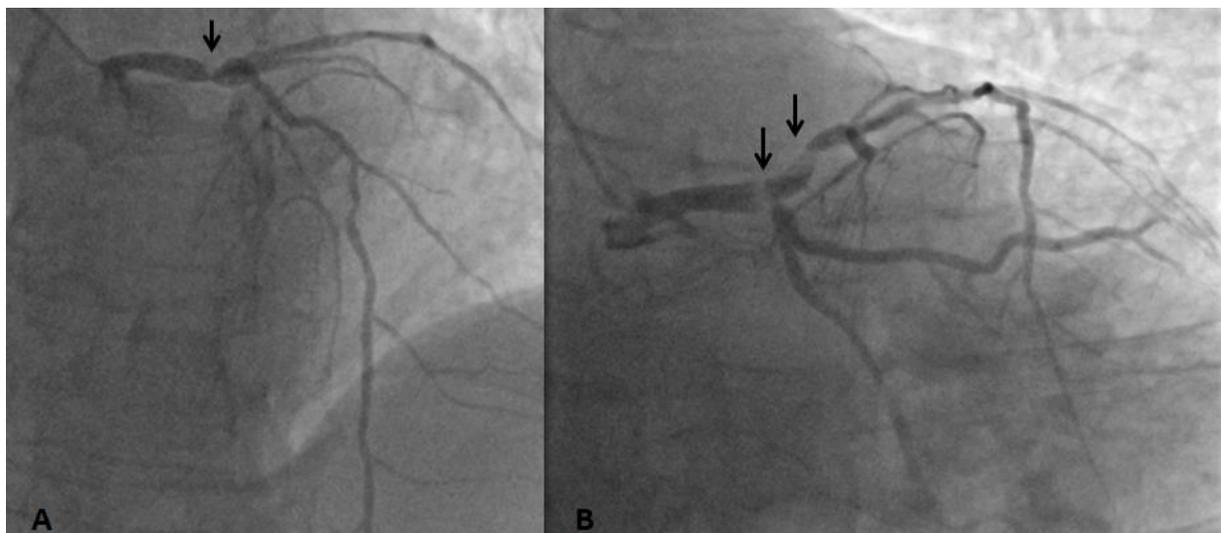


Figure 1 – Left Anterior Oblique projection: Critical stenosis of Left Main Coronary Artery.
B – Right Anterior Oblique projection: Large thrombus associated with critical Left Main stenosis penetrating and occluding the ostial parts of Left Anterior Descending and Circumflex arteries.