

**МЕЖДУЛИЧНОСТНИ КОНФЛИКТИ И МОРАЛНО - ЕТИЧНИ ПРОБЛЕМИ В  
СЪВРЕМЕННАТА ОБЩА МЕДИЦИНСКА ПРАКТИКА**

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**INTERPERSONAL CONFLICTS AND MORAL- ETHICAL ISSUES IN MODERN  
GENERAL PRACTICE**

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**ABSTRACT**

Complete communication, collaboration and interaction between general practitioners and patients, and between GPs and colleagues from specialized outpatient care and hospital care are a condition for the effectiveness of primary health care. In the study are examined the most common prerequisites for conflicts in general practice.

*Key words: GPs, moral- ethical issues, general practice*

**INTRODUCTION:**

In year 2000 Health reform starts with sweeping changes in primary care and the introduction of the "institution" of GPs. Exactly for them, was assigned the difficulty to implement mission as a guard at the entrance and guide to the health care system.

In mind introducing the laws and regulations, family physicians play a key position in the healthcare system as a filter and constructor, he is fully engaged with the patient's medical problem, takes care about family and community, coordinates the outpatient, sanatorium and hospital treatment.

**GOAL:**

The purpose of this study was to examine the opinion among GPs in Stara Zagora Region on the existence of moral and ethical dilemmas and prerequisites for confrontations in practice for primary outpatient health care.

**MATERIAL AND METHODS:**

Our team conducted an extensive survey of general practitioners in Stara Zagora Region, Bulgaria, during the period from October 2013 to February 2014. It was applied direct individual questionnaire in strict compliance with the principles of anonymity and voluntariness.

**DISCUSSION AND RESULTS:**

The study involved 170 GPs from Stara Zagora region - Stara Zagora, Kazanluk, Chirpan, Gurkovo, Radnevo. The highest percentage of respondents are in age group 46-55 years. The gender distribution is two thirds of women and one third men, is a tendency towards feminization in practices for primary health care. The majority of family physicians work in ambulatory for primary health care from the start of the health reform in 2000, they have experience as a GP for 14 years.

During the interview differentiated these prerequisites for the appearance of contradictions and conflicts in general practice:

- Contact with patients
- Collaboration with contract partners / National Health Insurance Fund /
- Collaboration with colleagues - specialists in outpatient and inpatient care.

GP faces daily with a wide variety of unselected and undifferentiated problems with social, somatic or psychological nature of their patients. He was disturbed and wanted by the individual and his family on several reasons, to resolve various issues in their nature.

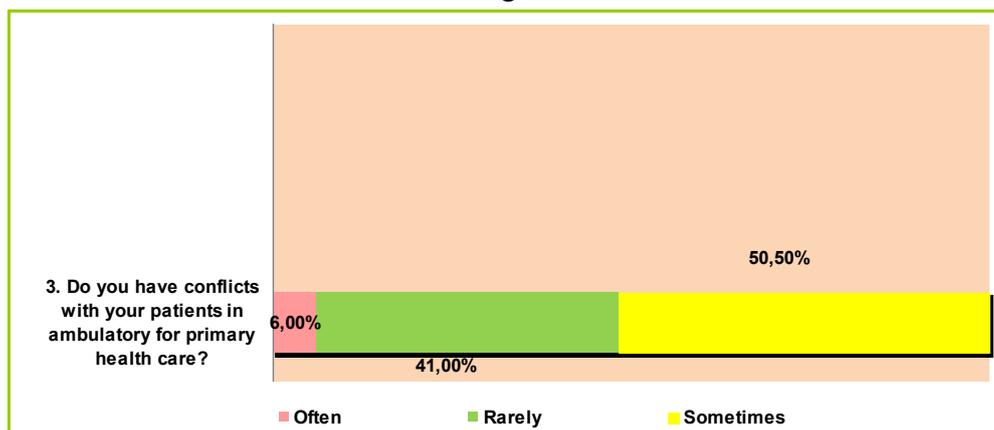
In ambulatory for primary health care is deficient in occasions for confrontations between GP and patient. In interviews family physicians shared the most common reasons leading to conflict with the patient:

- unreasonable desires of the patient for consulting with specialist
- claims of patient for appointment of redundant and unnecessary medical tests
- low intellectual level and general knowledge of the patient.

Wishes of the patient to of appointment of medical examination and / or referral for consulting with specialist from specialized outpatient care not always are justified and supported by the presence of pathological changes after medical examination in ambulatory for primary health care. Patients still do not adequately behave to their doctor. They appreciate skepticism and incorrect diagnostic and treatment capabilities and role of the GP and see him more as a medic-dispatcher ("dispatcher"), which main function is to hold and distribute forms for medical activities. According to family doctors on call home visits by a patient in many cases are non- essential and may be delayed

In his practice family doctor rarely communicate with patients exhibiting unethical terms and neglect the medical profession. Lack of respect, distrust and underestimation of medical knowledge and professional skills from the standpoint of the patient causes the saturated situations with negative emotions in ambulatory for primary health care. (Fig.1)

Fig.1



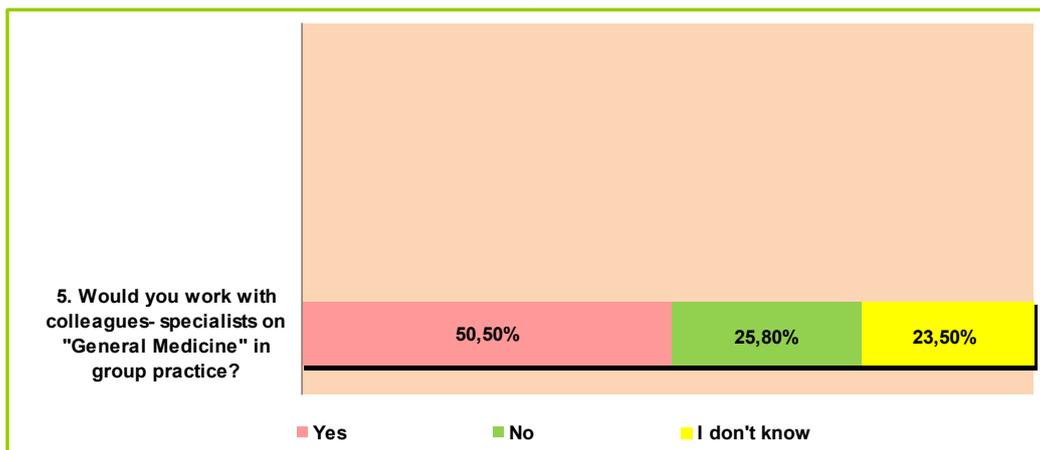
For occurrence of interpersonal confrontations and morally ethical issues in general practice contribute to the lack of communication and inability to discuss on-going problems between GPs and specialists in pre-hospital and hospital care, and also sometimes professional rivalry and envy. Family doctors said that they had encountered intolerance and disloyalty on the part of colleagues from other disciplines. According to them, there are no problems of communicative character with specialists and consultants. (Fig. 2)

Fig.2

Answer	Satisfaction of collaboration with specialists	
	Specialized outpatient care	Hospital care
I don't communicate	5 %	20 %
Yes	61,7 %	38,8 %
No	28%	31 %
I don't know	3 %	9 %
No answer	0,5 %	-

However, the question "Would you work with colleagues- specialists in General Medicine in group practices?", majority of GPs support the idea about formation and functioning of more group practices in primary health care and they are willing to work collaboratively with colleagues - specialists in general medicine. To adapt quickly in a collective environment, according to them, will result to precise distribution and effective performance of the duties and responsibilities in ambulatory for general practice.( Fig.3)

Fig.3



Legal norms are regulators of public relations. Relations between legal subjects - patients, general physicians, specialists, hospitals, contractor partners etc. submit to legal regulations. For the majority of respondents, prerequisites for the emergence of conflicts in ambulatory for primary care are mainly related to "unconditionally and absurd" adherence on adopted regulations and requirements of contractor partner - National Health Insurance Fund. Providing health care, family doctors exceed certain limits not ones for medical -diagnostic and specialized consultative activities.

In the name of "grace" for patient, in expression of humane and empathic attitude, providing the necessary medical care, the GP conflict with established regulations and existing rules and faces financial sanctions. Such unpleasant situations seriously burden on GP and predispose to psycho-emotional stress. Bureaucratic introduced regulations and inconsistency between the structures National Health Insurance Found, specialists and GPs have a negative effect on the quality of medical services in primary health care.

For achieving timely and quality primary outpatient medical care is needed in-depth analysis, spotting and reviewing the weak, ineffective texts, paragraphs in regulations and health legislation.

### **CONCLUSIONS:**

In comparison with other countries of the E10/ Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia/ health care system in Bulgaria is lagging behind in their performance. Expectations are not met for both doctors and patients concerning providing quality health care.

The disbalance and inefficient organization of the delivery of health services due to poorly structured and not effective legislation in primary health care are the core of the problem, leading behind a number of moral and ethical causes and dilemmas.

It is necessary:

-to increase confidence in the professional skills and competencies of family doctor on behalf of patient.

- to improve collaboration with colleagues- medical specialists

- possibility for dialogue on the part of medical organizations, patient organizations, civil society, judicial and executive institutions, NHIF and other for changes in certain aspects of normative rules and regulations in the health system. This would be an appropriate solution in the provision and delivery of quality in primary health care.

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