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Appraising the profile of ethics, law and professionalism in basic medical education

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Substantial variation exists between schools and countries as regards the role of ethics, law and professionalism in medical curricula. Greater consistency of approach is needed between schools and countries to better safeguard standards of professional practice. From an international perspective these subjects are the focus of increasing attention as the nature of medical practice and regulation changes. This paper offers practical suggestions for raising the educational profile and integrating ethics, law and professionalism into medical curricula. Dealing with the subjects effectively during early medical training helps provide an appropriate grounding for future learning and practice and supporting rationales for raising the profile of these subjects and including them in medical curricula is especially relevant in developing countries. This includes India, which trains a large number of doctors but which lacks effective mechanisms for upholding and enforcing professional standards (e.g., as codified by the World Medical Association). Addressing the situation requires a sustained effort and a willingness to affect change.

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Multimorbidity challenge: Prevalence and structure of multiple chronic conditions in Lithuanian population

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Multimorbidity, defined as the coexistence of two or more chronic conditions in the same person at the point in time by increasing overall mortality and requiring significant financial and human resources is a rising threat to the world's healthcare systems. Everyday medical practice based on clinical guidelines traditionally concentrates on a single chronic disease which might not be the best practice when applied to patients with multimorbidity. Knowledge of prevalence and patterns of multimorbidity, stratified not only by age and gender, is vital to provide high-quality healthcare adapted to patients' needs. Analysing single national database covering the period of 2.5 years and reflecting >95% of overall national healthcare costs 452,769 subjects were included. The prevalence of chronic diseases being 17.2%, 94.6% of the chronically diseased subjects had >1 chronic condition, most frequent being hypertension in over 85% of patients followed by ischemic heart disease. The number of chronic diseases increased with the age especially after 45 years and female gender ($p<0.001$). Outpatient and primary care visits per 1000 population were 2.1 times more frequent and home visits were 9.6 times more prevalent in a multimorbid compared to a single diseased group. Multimorbidity accounted for 61% probability of 30-day readmission rate and 258,761 additional bed days per year. Tendency of more frequent hospitalization was observed in the ages of 18-24 and 25-34 years. Multimorbidity and its increasing prevalence among the younger patients will put additional strain on primary as well as secondary healthcare at an earlier stage. Multimorbidity has a high care demand and an obvious need for a multidisciplinary team approach, so stratification of the general population, targeting high-risk patients and developing personalized and cost-efficient care plans seems inevitable.

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