

Full Introduction

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When I was a young doctor, we used to refer to patients as “sick people” whereas in primary care they were referred to as “customers” and in the hospital as “the bladder of room 214”. Twenty years after the bill of March 4th 2002 on “the rights of the sick people” was passed, what currently happens to those who suffer in their flesh and in their spirit, that we now refer to as “patients”? How can their care be improved and their rehabilitation in active life be facilitated? Above all, how can we avoid getting sick? These are major challenges shaking up the entire organization of our health system.

Patients are not random and ordinary individuals to whom professionals can offer stereotyped treatments. They are unique and singular people who endure their illnesses in, sometimes, complex and stressful environments made of uncertainty and multiple steps to which they are not used to. Patients spend all their energy in the quest for an improvement of their pathological condition. They gradually try to adopt new behaviours while taking into account their after-effects to be able to resume their activities. This is a long road strewn with obstacles that are not made any easier by the increasingly technical nature of the treatments, combined with the dispersion of the human resources.

On the one hand, patients rightly demand the most advanced treatments, harmoniously prescribed, carried out and followed in a holistic approach, considering their environment. The expertise is gradually evolving and enabling profitable feedback, although too often tainted by fake news on social networks. This allows patients to have an increasingly better control of their destiny. Patient then become “active patients”, intervening in decisions for themselves and for others suffering from the same disease, as expert patients.

On the other hand, healthcare professionals are increasingly dispersed into multiple specialties with fields of action that are shrinking at a rapid rate. For instance, tomorrow's orthopaedic surgeon who will operate on your left hand will not be the same as the one who knows the anatomy of your right hand! This fragmentation of knowledge and action is an obstacle to the overall care of the patient, leading us to completely rethink the role and place of health professionals.

Within the health system to be restructured from top to bottom, we will have to:

- Make the Ministry of Health more agile.
- Integrate the French Hospital Federation (Fédération Hospitalière de France), the Private Hospital Federation (Fédération des Hôpitaux Privés), the Private Institutions of Public Interest (Établissements Privés d'Intérêt Collectif) and hospitalization at home (HAH) into a true national health service accessible to all under a single contract.
- Allow mid-level health workers to make a diagnosis and propose a therapy. Would pharmacists, midwives, physiotherapists, nurses, and other professionals be forbidden to act with greater responsibility?
- Fight against the unbridled medical consumerism of a society which wants to have access to everything, and immediately, thus creating a dangerous rise in incivilities, including the non-observance of appointments.
- Differentiate error and fault.
- Use artificial intelligence and telemedicine, which some people want to limit to the general practitioner.

Should we see the Metaverse as a simple toy to amuse patients, or should we take it for a cop who will control everyone's actions? Is it a valuable aid to exchange between patients and to train professionals?

The final question is whether scientific and technological progress made in the fields of biology and genomics are not leading us straight to the temptation of augmented man in a Faustian fantasy?