

Journal of Nephrology Forecast

"Weather" Forecast for Nephrology in Every Day Life

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Editorial

Here, I wish to take on some of my personal questions and challenges of greater renal community. We are bombarded daily with a lot of information. Some of them are medical news on new drugs, new studies, new papers and some about huge crisis in healthcare systems. Which information is true? Which is just politics? Crisis in our healthcare systems in not having enough bed for our patients or doctors or nurses and, the rest, who actually provide the work, face huge challenges in this new situation over grater demands in providing caring, compassionate, evidence based care to our patients who are better informed then ever.

Many of my colleagues feel unappreciated, overstretched and underpaid for the work they do, but they still need to provide the best clinical care to patients, educate our junior doctors, educate nurses, be a researcher, leader and continue with own professional development. How do we do all this facing these new challenges and is there a way out? Is this real?

On the other hand, we are more and more in position to offer our patients good clinical care which is based on Evidence based Medicine (EBM) which often means that, by following the available guidelines, our patient goes out from our clinic with 10-20 different pills which should be able to treat every possible symptom they might have and prevent very bad outcomes, according to the studies, in the next 10-20 years. Doctors today sit in from of the computer almost 8 hours a day, adding different pills to their patients. Is more really more? With every patient?

Creativity in our work is lost in many hospitals. As long as everybody does the same as the rest of the colleagues is often considered as a safety net. It feels a bit like shopping in the shopping mall where everyone knows that a cosmetic is placed on the ground floor; food court is usually on the ground floor, with few exceptions (roof top with some view).

I was lucky to have worked in some top hospitals in the UK and USA where creativity was expected from us and highly appreciated. It felt good and accomplishing. But, I have also worked in some where it was considered as an obstacle, maybe even a provocation. "If you think, something is going on in your mind obviously, so it makes you potential threat?" But, why not potential joy or pleasure?

It was interesting to read that about 50% of hospitals in Norway provide both conservative and alternative medicine treatments in their hospitals and about 30% in Denmark; massage, acupuncture, music treatment etc. Do we need a new approach today which is a bit broader than 10-20 pills daily?

What the future looks like? Dialysis has become too heavy burden on all healthcare systems around the World, being still the most expensive treatment for renal failure. Dedication to home therapies which not only cost less, but promote better quality of life and outcome, require well trained and enthusiastic staff as well as patients which is still an unfulfilled goal today.

Transplantation is the optimal treatment, but it is not, nor it should be the magic solution for all.

So, the story must go back, back to acknowledgement that poor lifestyle, unhealthy diet, to much salt and less fruits and veggie, especially in the Western world, all lead to obesity, uncontrolled blood pressure and diabetes, leading causes of renal disease of modern times.

We as humans have advanced a lot in many aspects of life in past 50 years, especially in modern technology, but the price we are paying is becoming uncontrollable.

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