



EDITORIAL

What can we make of this national programme?☆

O que fazer com este programa nacional?

In recent years, there has been a lot of effort by a great many of us, to work together to make the health authorities aware of the need to deal with respiratory diseases in a more consistent and cohesive way.

As part of this campaign I had the opportunity of making the point in a press release on the eve of the XXVI Pulmonology Conference (the first one by this Board/these Directors), in December 2010 that “included in the National Health Plan which runs until the end of this year, there are national coordinators for cancer, for cardiovascular disease, mental illness, and for HIV, AIDS and that respiratory diseases are not included as a key point in the strategic planning in the area of health in Portugal, which seems absurd, given that within the respiratory pathology there are so many different clinical areas which cause a very high rate of morbidity, mortality and a worse quality of life in Portuguese patients.”

In fact, the huge impact of chronic non-communicable diseases is now recognized. These include respiratory disorders, cardiovascular diseases, diabetes mellitus and oncological disorders and account for 86% of mortality in developed countries. Respiratory disorders are the second highest cause of death by disease; this is not unconnected with the fact that there is an aging population and smoking is still common in these countries.

In Portugal the figures for various indicators in this area suggest that respiratory disease is responsible for about 20% of hospital admissions and an even higher percentage is associated with the use of Emergency Department admissions (over 30% in “critical periods”) and above all it accounts for the more than 20% of directly related deaths, despite significant progress in identifying and controlling these diseases.

With the suppression of the post of High Commissioner of Health, the Directorate General of Health took on the responsibility of the “national coordination of the design and implementation of health programs” and formed three

new areas, one of which related to Respiratory Diseases in according to the Dispatch No. 404/2012, 2nd series, No. 10, January 13.

This was a source of considerable personal and institutional satisfaction, and it also increased the status and responsibility of Portuguese Pulmonology today.

It is, as a matter of fact, a moment in which among other commitments:

- Clinical recommendations are defined and structured based on the most up to date scientific evidence (although there is much debate and dispute over the format for “Norms for Clinical Orientation” a designation that gives them a legal slant which is hardly in line with the variability and elasticity determined by clinical practice and with the personalized approach of modern medicine),
- Efforts to introduce legislation for the protection of citizens in relation to passive smoking.
- Discussion of what new skills are required in the area of respiratory diseases, like sleep studies.
- Creating the right institutional environment for the sharing of interdisciplinary scientific knowledge through the various different protocols for cooperation which have recently been set up
- Where necessary being passionate and not always following a line of reason and common sense, in relation to the rules and regulations of medical prescriptions.

Pulmonology must calmly and consciously take on board the National Programme for Respiratory Diseases, leaving aside inferiority or superiority complexes, with the single vital objective, that of improving the respiratory condition of the Portuguese population.

Building on the four cornerstones representing well defined areas of influence, Bronchial Asthma, COPD, Sleep Apnea Syndrome and a raft of less common but clearly differentiated pathologies which include, Pulmonary Hypertension, Interstitial Lung Disease and Cystic Fibrosis, this programme provides an opportunity to systematically take forward respiratory diseases as a priority health issue in Portugal.

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And so we proceed in a spirit of goodwill, without exhibitionism or seeking centre stage, but basically, confident that there will be a better future for the respiratory health of our citizens.

All the best to our patients!

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