

UVODNIK EDITORIAL

Črt Marinček, glavni urednik / Editor-in-Chief

Mineva 50 let, odkar so bile v Sloveniji prvič izdane odločbe o nastopu samostojne specializacije iz fizikalne medicine in rehabilitacije. Najprej štirim zdravnicam, nato pa v naslednjih letih večinoma zdravnikom. Med njimi sem kot deseti odločbo dobil tudi podpisani. Program specializacije je trajal 3 leta, prvič pa je bil posodobljen leta 1975 po mojem daljšem podiplomskem študiju v ZDA.

Ker mora v Evropski uniji program naše specializacije trajati najmanj 4 leta, smo leta 2001 v skladu z evropskimi standardi spremenili naziv specialnosti v fizikalna in rehabilitacijska medicina in sprejeli nov, 5-letni program. Od takrat vsi naši specializanti opravljajo pred nacionalnim tudi evropski izpit, vsako leto zadnji soboto v novembru.

V Bruslju so pred leti k obvezni zdravnikovi skrbi za bolnikovo zdravje dodali še skrb za njegovo funkcioniranje in delovanje. In ravno to je poslanstvo fizikalne in rehabilitacijske medicine, ki je po zadnji definiciji takšno:

»Fizikalna in rehabilitacijska medicina (FRM) je samostojno medicinsko področje, ki skrbi za telesno in spoznavno delovanje, dejavnosti (vključno z vedenjem), sodelovanje (vključno s kakovostjo življenja) in prilagajanje osebnih dejavnikov in dejavnikov okolja. Zato skrbi za preprečevanje, diagnostiko, zdravljenje in rehabilitacijsko vodenje ljudi vseh starosti z zmanjšanimi zmožnostmi zaradi zdravstvenega stanja in spremljajočih bolezni.

FRM si prizadeva pri ljudeh zmanjšati okvare zaradi bolezni in preprečiti zaplete, kadar je to mogoče, z izboljšanjem njihovega funkcioniranja in dejavnosti ter omogočanjem sodelovanja. Vsa ta prizadevanja morajo upoštevati vpetost posameznika v osebne in kulturne dejavnike in okolje. Praksa se izvaja v različnih ustanovah, od enot za akutno oskrbo do centrov v lokalni skupnosti. Specialisti FRM uporabljajo posebna diagnostična in ocenjevalna orodja in izvajajo različne vrste zdravljenja, vključno s farmakološkimi, fizikalnimi, tehničnimi, izobraževalnimi in poklicnimi ukrepi. Rehabilitacija je stalen in koordiniran proces, ki se začne z nastopom obolenja ali poškodbe in traja vse dokler posameznik ne doseže vloge v družbi, ki ustreza njegovim življenjskim pričakovanjem in željam.«

(Odbor za fizikalno in rehabilitacijsko medicino pri Evropskem združenju zdravnikov specialistov, Bela knjiga o fizikalni in rehabilitacijski medicini v Evropi, 2006)

Fifty years have passed since decrees on commencing independent specialist training in Physical Medicine and Rehabilitation were issued in Slovenia for the first time. First they were issued to four ladies, then mainly to gentlemen. One of the later, the tenth to receive the decree, was yours truly. The training lasted for 3 years; it was amended for the first time in 1973 following my postgraduate training in the USA.

Since medical specialist training has to last for at least 4 years in the European Union, the title of the specialty was changed in 2001 in accordance with the European standards into Physical and Rehabilitation Medicine, and a new, 5-year programme was adopted. Since then, all our specialists pass the European examination before the national one, the former taking place the last Saturday in November every year.

In Brussels, the compulsory medical care for the patient's health was recently supplemented by the care for the patient's functioning and activity. And precisely the later two are the main targets of Physical and Rehabilitation Medicine as it is now defined:

“Physical and Rehabilitation Medicine (PRM) is an independent medical specialty concerned with the promotion of physical and cognitive functioning, activities (including behaviour), participation (including quality of life) and modifying personal and environmental factors. It is thus responsible for the prevention, diagnosis, treatment and rehabilitation management of people with disabling medical conditions and comorbidity across all ages.”

PRM aims at reducing the impairment caused by disease where possible in preventing complications, in improving functioning and activity and enabling participation. All these activities have to take into account the individual's personal, cultural and environmental context. Practice is in various facilities from acute care units to community settings. PRM specialists use specific diagnostic assessment tools and carry out many types of treatments, including pharmacological, physical, technical, educational and vocational interventions. Rehabilitation is a continuous and coordinated process, which starts with the onset of an illness or injury and goes on right through to the individual achieving a role in society consistent with his or her lifelong aspirations and wishes.”

Ta definicija, ki je sedaj splošno veljavna, je dokaz, da smo s spremembo imena dali stroki tudi nove vsebine. V kakšni meri jih pri svojem delu po vsej Sloveniji tudi uresničujemo, pa je odvisno predvsem od nas samih.

(UEMS European Board for Physical and Rehabilitation Medicine, White Book on Physical and Rehabilitation Medicine in Europe, 2006)

This definition, which is now commonly accepted, is a proof that the new name of our specialty corresponded to newly added contents. To what extent these contents are being put into practice all over Slovenia depends mainly upon ourselves.