

Why I like being a GUCH doctor

Why I hate being a GUCH doctor

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**Remark for the introduction:**

My English is very bad – sorry

**BAD ENGLISH**



## How did the theme come up



Why I love to be a GUCH

Why I hate to be a GUCH

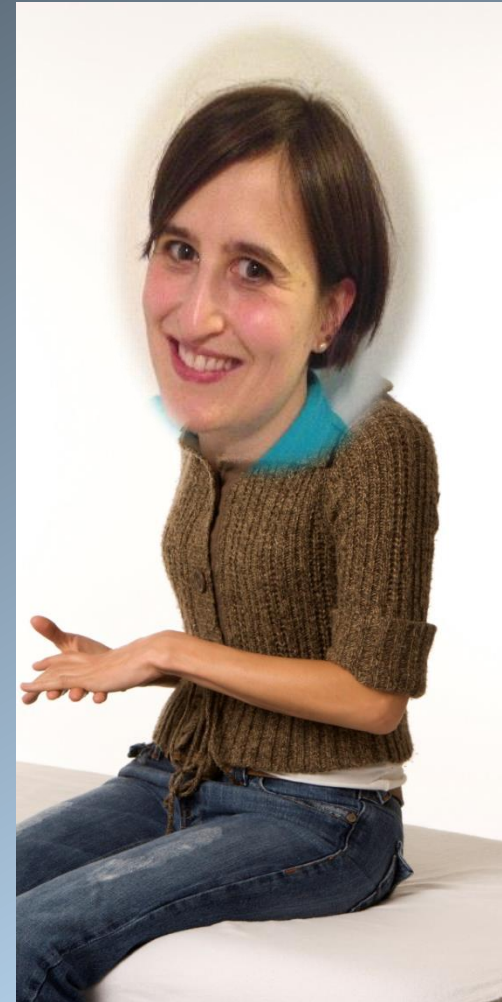
Why I like being a GUCH doctor ?

Why I hate being a Guch doctor ?

We scrutinize your life and invade your privacy



But what do you know about us?



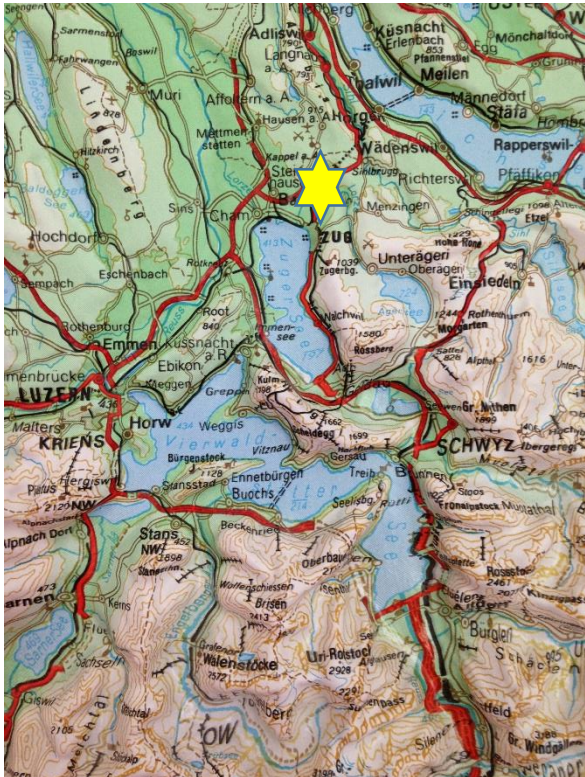
## Outline:

- How to become a GUCH doctor
- What I like
- What I dislike
- Case report



## My personal way to GUCH

- german citizen with spanish roots
- started to work in 1993 at the university hospital of Erlangen, Germany
- exams in Internal medicine (1999) and Cardiology (2002)
- started to work with GUCH patients in 2001



- moved to Switzerland in 2009
- currently:
  - doctors office in Zug
  - 1 day/week at the University Hospital Zürich in the team of Dr. Greutmann

## How to become a GUCH doctor?

When I started, GUCH „training“ did not exist

Initially, I learned and studied „patient by patient“, „case by case“



Prof. Helmut Singer

And I was fortunate that I had a very good mentor:

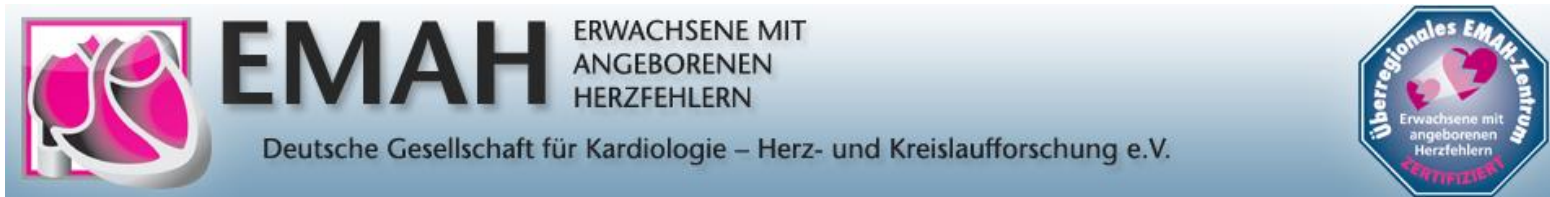
The Head of Paediatric Cardiology, Prof. Helmut Singer, not only supervised my work

He taught me a lot and inspired me



# How to become a GUCH doctor?

In 2007 a Task force designed the requirements for EMAH Training schedule



Curriculum: specialization open to Cardiologists or Paediatric Cardiologists,  
- 6 months training in Paediatric Cardiology or Adult Cardiology  
- 6 months at an EMAH Center,  
- 6 months in one of the above listed

Medical Doctors with the EMAH Certificat in 2014 in Germany:  
191 Paediatric Cardiologists  
77 Specialist for Internal Medicine /Cardiology  
268 totally

Currently: Certification of hospitals/doctors offices qualified to treat EMAH patients



## Why I like being a GUCH doctor

in the beginning: something new and strange: challenging

**Adult Cardiology:** most diseases are „left sided“:  
Myocardial infarction, coronary vessels, valve dysfunction, heart failure

**Paediatric Cardiologists** think „right sided“: pulmonary valve disorders, right heart failure

**GUCH Cardiology** is „both sided“ it's **a wholistic view** of both sides of the heart

So in the beginning there was also **curiosity**

- to deal with young patients
- the opportunity to touch topics which are not trivial, but at the core of one's existence

**GUCH Cardiology** maintains the „aura“ of something exotic



## My approach to GUCH patients:

### Echo

- very strange echos, so individual as a „fingerprint“ or a „passport“
- Sometimes like a puzzle: „how does this heart work?“



So in a professional view: it is fascinating  
Beyond that: the heart has a aesthetic dimension

## When continuing with GUCH I discovered:

- I like the people
- I like the broad spectrum of people and problems to deal with
- we advise patients between 18 years and 99 years:
- we see the patients through different times of their life:
  - professional education,
  - building up a relation or a family,
  - getting older and getting retired
- we see people of all walks of life and all layers of the society
  - lawyers, mentally challenged, university graduates, high school drop outs, housewives, crafts persons, ... anyone you can think of



**GUCH Cardiologist**



Vaccination

Palpitations

Advice for travelling

Pregnancy

Tatoos and Piercing

Prophylaxis for endocarditis

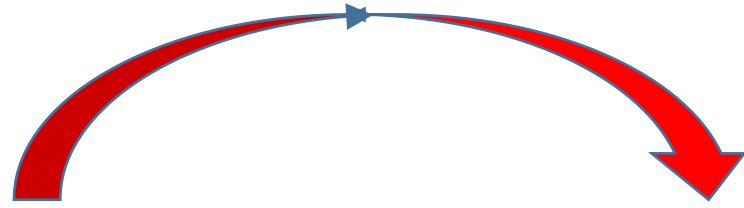
Heart transplantation?

Perform Cardiac surgery ?

Implanting a pacemaker/ICD?

Blood pressure medication

**simple ± serious matters**



Specialist

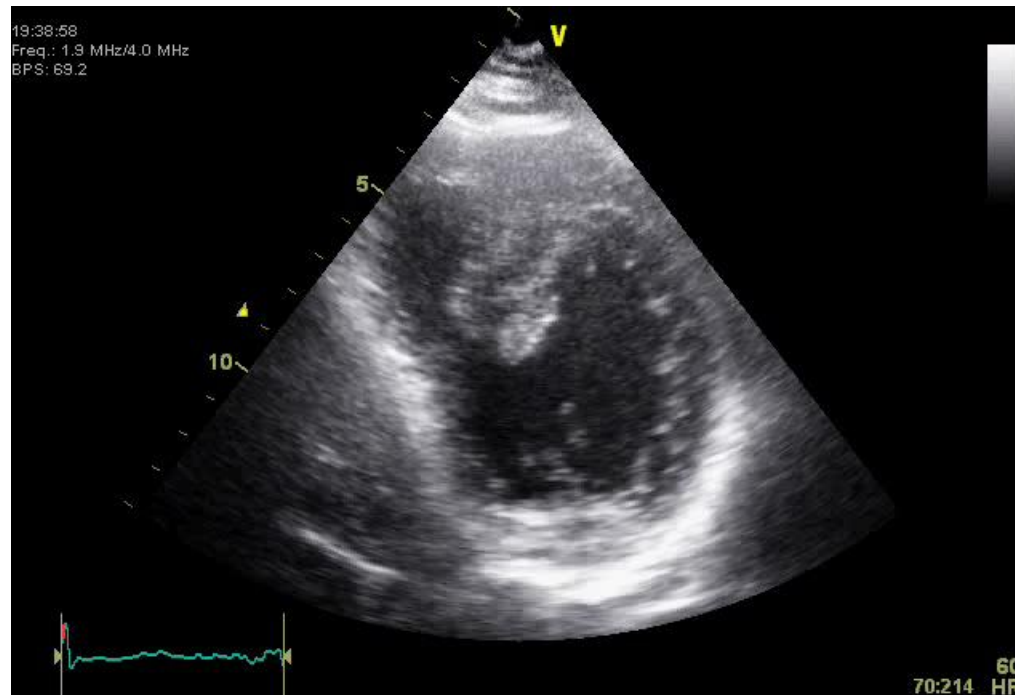
Family Doctor



## Personal Conclusion

I am not really able to say why I like being a Guch doctor: I simply do it

A heart in the heart



# Why I hate being a GUCH doctor:

more precisely: when I hate being a GUCH doctor

Lets start with the less important aspects:

## -financial:



GUCH Patients are not profitable: too complicated „cases“, too time intensive, small group of patients

## Germany

-> you charge by case, that means:  
same money for simple as for complicated „cases“

## Switzerland

-> in an ambulatory setting you settle by „TARMED“ which is unique:  
you can charge the time you need for the consultation of a patient (within certain limits).  
-> in a hospital setting:  
- you dont generate money for your department with Guch patients

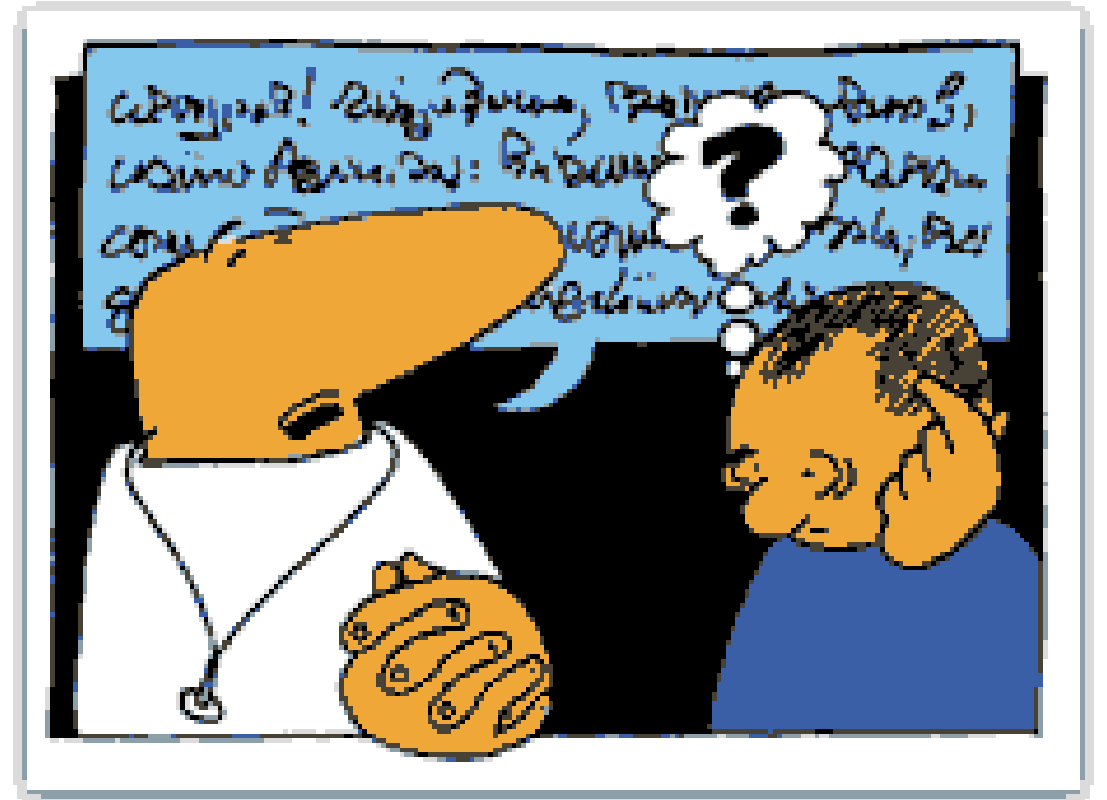




## When I hate being a Guch doctor

### In the consultation:

- sometimes we alienate patients by pointing to definite possible future problems
- > they leave the consultation frustrated



Cartoons: T. Thiessen

When I hate being a Guch doctor



we **prohibit** things the patients would like to do



## Psychological aspects:

sometimes you have to assume the role of a „punching bag“ or the „bad boy“

When something does not work out for the patient as expected - without the fault of the doctor –

it is easier to say:

„that stupid doctor treated me badly, he/she is responsible for my misery“

That helps to get over something!



# When I hate being a Guch doctor

## Confronting death

- the **expected death**, to tell somebody, that his walk on earth is coming closer to it's end
- the feeling of helplessness
- the **unexpected death**:
  - mourning, guilt feeling
  - "did I miss something",
  - "could there have been a remedy to save him"

**The younger the person is,  
the more it hurts to bear a loss**



# When I hate being a GUCH doctor

## Bad events

Any situation, that's worsening the patients` condition

Worst event:

- you **advised** a patient to do a certain procedure, for example surgery or new medicine, but then
- the recommended procedure **fails** or causes **complications**

in the most extreme form death of a patient

- > guilty feelings
- > "why exactly did you make this decision?"

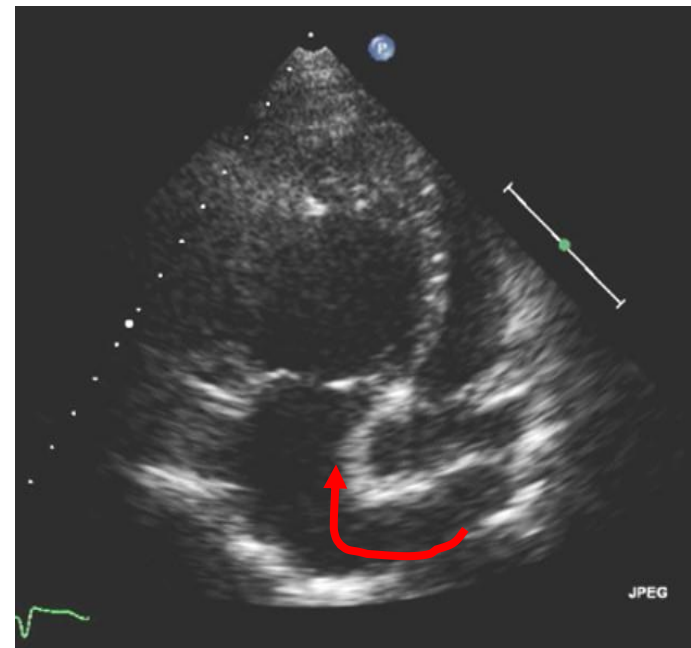
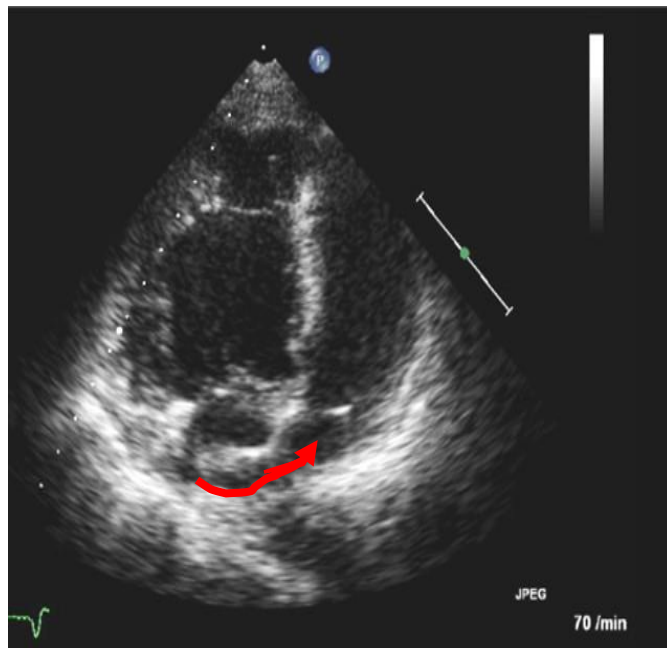


## A case report with all includes „everything“



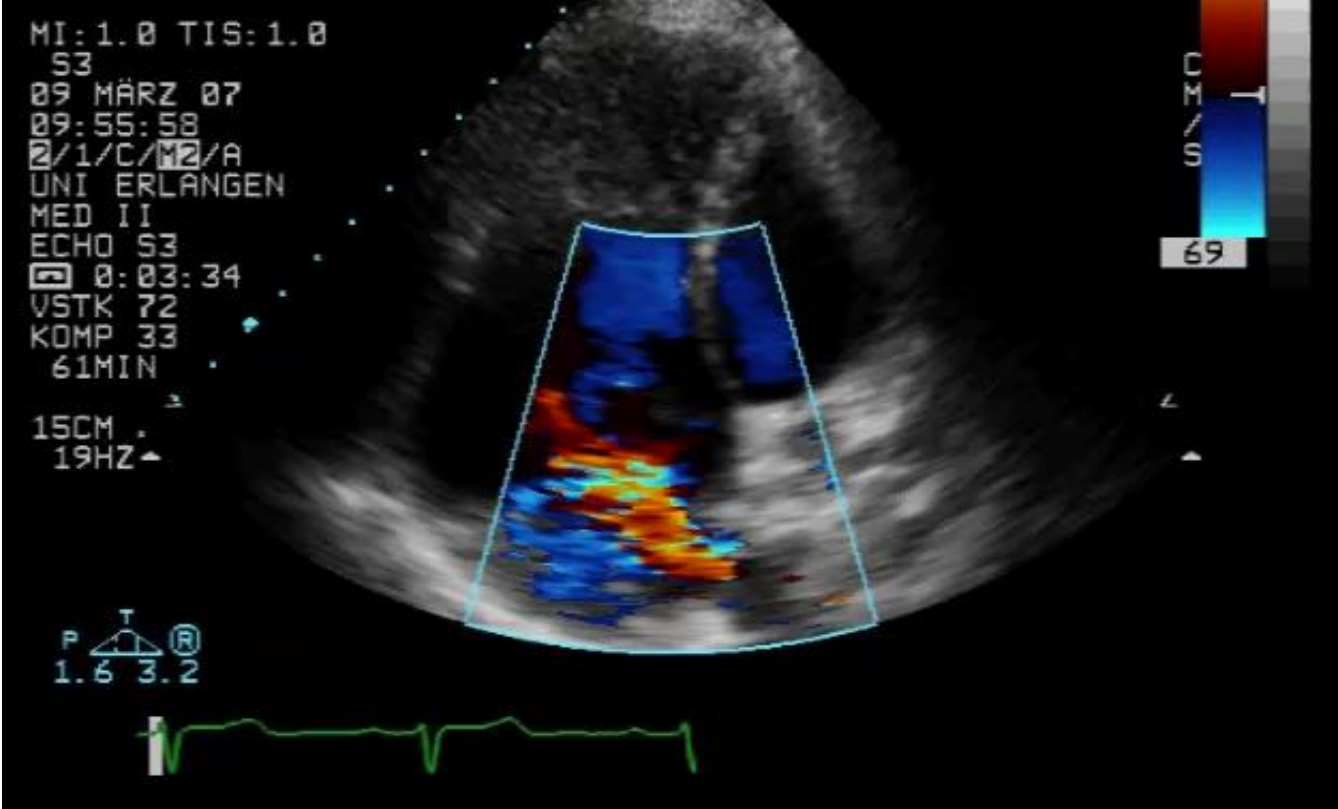
A 31 year old young charming woman, working in a bakery, stable relationship, pregnant in the 16 week (= 4th month) (planned child) was referred for further follow up and treatment during the pregnancy by her local cardiologist

Born with Transposition of great arteries, at the age of 1 ½ years atrial switch operation „mustard“



Echo pictures of a typical mustard, presenting the baffles

She had obstruction of the **pulmonalvenous** baffle



ECHO

## Stenosis of the pulmonalvenous baffle in MR



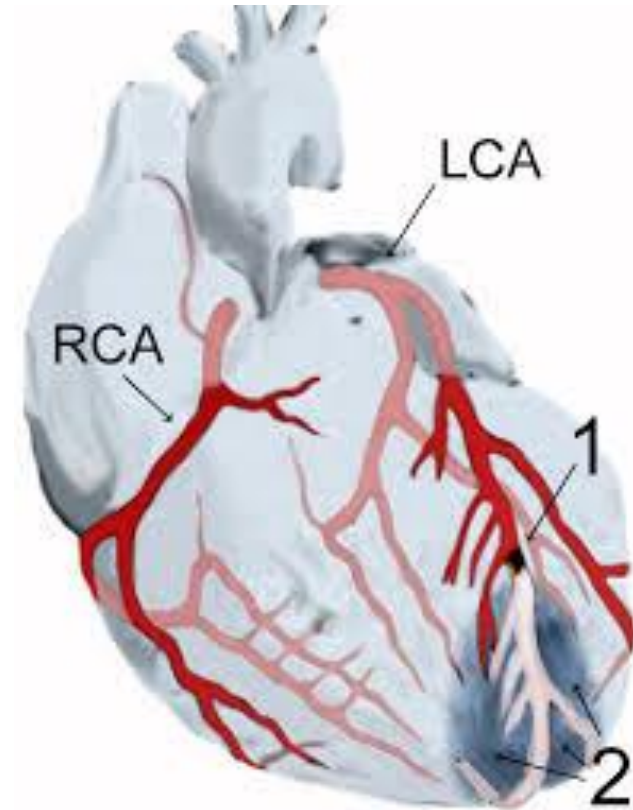
**problem:**  
**Back pressure into the lungs**

MRI



As a child, she was followed up in the Paediatric Cardiology Department of the University Hospital, but as an adult she „**vanished**“ and had her regular controls at a doctor's office by a Cardiologist in town.

- She had **obstruction of the pulmonalvenous baffle**
- So far only mild symptoms with dyspnoe on exertion
- On therapy with **Nitrates**



Referred back to the University Center, Department of Cardiology, -  
consultation for GUCH patients  
for the treatment during the remaining pregnancy

**Problem:**

- suddenly you have 2 patients at risk (mother and child) instead of one, and there are two lives at stake
- you can do almost nothing during pregnancy, restrictions with drugs, restrictions with heart catheterization, surgery

**Challenges:**

- does she actually have pulmonary hypertension or not?
- how will the pulmonary pressure develop during further pregnancy?

**ECHO:**

- we could NOT measure the pulmonary pressure



## Status 16th gestational week:

### Question:

interrupt the pregnancy ? or continue ?

### Decision and progress:

→ Performed a „minimalistic“ right heart catheterization, with minimal possible radiation exposure, without contrast agent

→ pulmonary pressure slightly elevated

→ patient continued the pregnancy

→ sick certificate / sick leave

→ everything went fine but baby did not grow properly

→ patient hospitalized in the of obstetrician unit for monitoring



In the 7th gestational month obstetricians informed, that they were expecting to perform sectio caesarea within the next one-two weeks due to slow growth of the child



**Typical procedure for these situations established:**

Sectio caesarea in the operation theater of the Cardiac Surgons  
but: Head of Cardiac Surgery was absent, and he would have been the only one able to perform cardiac surgery of atrial baffles in case of acute maternal deterioration



- patient had to be transferred to Berlin urgently

## At last:

- two weeks later a healthy boy was born in Berlin
- the mother had tubal sterilisation during the caesarean section
- 6 months after delivery the mother had enlargement of the obstructed tunnels
- seven years later both are doing fine



**This case report shows you how challenges, unpredictable situations, grief and joy blend to truly unique experiences I share with my patients.**



THANK  
YOU!