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
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 universitary 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 Universitary Hospital Zürich
    in the team of Dr. Greutmann
How to become a GUCH doctor?

When I startet, GUCH „training“ did not exist

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

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
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 Certificate in 2014 in Germany:
191 Paediatric Cardiologists
77 Specialist for Internal Medicine/Cardiology
268 totally

Currently: Certification of hospitals/doctor's 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 **couriosity**
- to deal with young patients
- the opportunity to touch topics with 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 an asthetic 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 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, craftsmen, ... anyone you can think of
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

Let's 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 don't generate money for your department with Guch patients
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In the consultation:

-sometimes we alienate patients by pointing to definite possible future problems

-> they leave the consultation frustrated
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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 –

ist easier to say:

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

That helps to get over something!
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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
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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 31 year old young charming woman, working in a bakery, stabe relationship, pregnant in the 16 week (= 4th month) (planed 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*
Stenosis of the pulmonalvenous baffle in MR

problem:
Back pressure into the lungs
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 doctors 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 Universitary 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 Catherization, 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 Surgeons 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 sectio

→ 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.
Time's up

THANK YOU!