

# Rheumatology in Portugal: 70 years improving the future for rheumatic patients

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In 1948, Dr. Assunção Teixeira created the first department dedicated to the treatment of rheumatic diseases, the Instituto Português de Reumatologia (IPR). We can even go backwards and determine that Rheumatology in Portugal started in 1498, 520 years ago, when Queen Leonor, ordered the construction of the first thermal hospital in Caldas da Rainha, intended to treat patients with musculoskeletal diseases.

The development of a network of services or units outside IPR was only initiated in 1972 (Hospital de São João) and 1976 (Hospital de Santa Maria), even before the successful second attempt in creating the speciality (1977). With this recognition the board of rheumatology of Ordem dos Médicos was created (1978) and the Rheumatology residency was initiated (1980)<sup>1</sup>.

The Rheumatology National Hospital referral Network was firstly approved in 2002 and further reviewed in 2015. It is a fundamental document to ensure rheumatologic care to the population served by the National Health Service (Serviço Nacional de Saúde – SNS)<sup>2,3</sup>.

After 70 years are we still far away from our patient's needs?

If we cross the data from the Rheumatology National Hospital Network from 2015<sup>3</sup> with the existing number of rheumatologists and hospitals we can find that 7.064.172 million corresponding to 70.2% of the Portuguese population has limited access (departments with limited rheumatologists for a high population density) or still does not have access to a rheumatologist in the SNS.

Taking into account EpiReumaPt data, the largest national epidemiologic study of rheumatic diseases prevalence<sup>4</sup>, it was recognized that more than half of

the population has a rheumatic disease and two thirds are still not diagnosed. This is in our view due to the lack of vision and investment from multiple stakeholders in our country.

We should reflect on why the progression on access to rheumatology in the SNS is so slow: it is probably a mix between layers of economic and political obstacles and the negative lobbying within the medical system. The decision to implement the Rheumatology National Hospital Network programmed by Direcção-Geral da Saúde should be done by the Administração Central do Sistema de Saúde. However, there are several levels of decision that do not take into account the global need of the health system and of the populations, and further have the ability to block or to slow decisions. For example, at the hospital level the administrators do not ask for a new speciality or for the reinforcement of specialists if it is not considered in the contract with the Health Ministry because of salary costs. This scenario is even worse if we consider the hospitals that are public and private partnership (PPP). After that, regional structures of the Health Ministry (Administração Regional de Saúde, Unidades Locais de Saúde etc.) have also a saying in the decision of providing more departments and rheumatologists to the SNS. At the hospital level we can also find that some difficulties can be worsen by negative lobbying that considers rheumatology a potential threat for their personal agendas.

The common rationale for this lack of investment in the SNS and the short and narrow vision of some decision makers is cost and low budgeting. If we consider early retirement in Portugal, rheumatic disease alone have an impact of 910 million euros a year in a recent study<sup>5</sup>. This could be highly diminished if an early diagnosis and intervention by a rheumatologist could be done. If we add presentism, work absence or diminish social, family, and occupational

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**TABLE I. RHEUMATOLOGY SPECIALITY DISTRIBUTION AND REQUIREMENTS IN THE SERVIÇO NACIONAL DE SAÚDE**

Region	North	Centre	Total homeland South <sup>1</sup>	Portugal
Rheumatologists				
Number of existing rheumatologists	23 (ETCs)	23 (ETCs)	44 (ETCs)	90(ETCs)
Number proposed in RNHN	85 rheumatologists	44 rheumatologists	92 rheumatologists	221 rheumatologists
Still missing	62 rheumatologists	21 rheumatologists	48 rheumatologists	131 rheumatologists
Hospitals without rheumatology/rheumatologists needed	8 hospitals/ 42 rheumatologists	0 Hospitals	8 hospitals/ 40 rheumatologists	16 hospitals/ 82 rheumatologists
Hospitals with less rheumatologists than programmed/rheumatologists needed	4 hospitals/ 20 rheumatologists	7 hospitals/ 21 rheumatologists	6 hospitals/ 8 rheumatologists	17 hospitals/ 49 rheumatologists
Hospitals with complete/or with excessive number of rheumatologists	2 hospitals completed/0 excess	0 hospitals completed/0 excess	0 hospitals completed/3 with excess (+6,+1,+1)	2 hospital completed/3 with excess (+6,+1,+1)
Population with limited rheumatologic access (% total population with limited rheumatology access in SNS for a population of 10.061.851)	2.757.148 (74,87%)	942.267 (51,9%)	3.364.757 (73.7%)	7.064.172 (70.2%) [5.210.033 (51,8%) with no access at all]

1. The Instituto Português de Reumatologia (19 ETCs) and Hospital Ortopédico Santana (1ETCs) have an agreement collaboration with the SNS but are not included in the SNS Hospital network. ETCs = FTE – Full time equivalent

activity we can have a glimpse of the real impact of rheumatic diseases.

The solution to this complex puzzle is to try and strive for a better support for our patients. Almost half of the hospitals, including in major cities (Lisbon, Amadora, Sintra, Oporto, Guimarães, etc.) does not offer the specialty of rheumatology. Furthermore, the quality of care is decreased when more than 70% of the population has limited or none access to Rheumatology. The founding pioneers of our speciality would be proud of our journey, quality and achievements but would be pushing all of us to stay united and focused on our patients and how can we help them to have a better future.

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