



台灣基層透析協會

本會宗旨：

關懷透析病患，提升透析品質，維護透析診所與病患的權益，協助政府制定相關醫療政策及推行健康保險制度。

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最新消息：

☆腎臟醫學會 30 週年慶祝大會，在上週六舉行，基層自行車活動獲得稱讚，請上 Youtube 連結，欣賞記錄影片。

<https://www.youtube.com/watch?v=Q0JvIGvgfeQ&feature=youtu.be>

☆11 月 24 日(星期日)基層透析協會年度會員大會暨學術演講，再次邀請會員踴躍出席，這是我們向健保署官員展現團結力量最好的機會，期望能有 100 位以上會員出席，您可以成為其中一員，為自己及全體基層透析院所貢獻一份力量

議程表：

102 年度台灣基層透析協會會員大會暨學術研討會

時間：102 年 11 月 24 日(星期日)上午 9：30-12：40

地點：台北市公園路 15-2 號 1 樓

(台大景福館，捷運台北站 M8 出口)

議程	Speaker	Moderator
09:10~09:30 報到及聯誼		
09:30~10:00 Non-metal based phosphate binder in CKD 10:00~10:10 Q & A	盧國城主任 台北耕莘醫院腎臟科	鄭集鴻醫師
10:10~10:40 肝素之臨床使用及研究分享 10:40~10:50 Q & A	陳金順主任 三軍總醫院腎臟科	顏大翔醫師
10:50~11:30 洗腎給付座談： <ul style="list-style-type: none"> • 基層的努力方向 • 腎臟科的努力方向 • 如何做才能維持給付 	鄭集鴻醫師 李素慧醫師 林阿明副組長列席指導	楊孟儒醫師
11:30~12:10 洗腎診所經營座談： <ul style="list-style-type: none"> • 如何增加腎友來源 • 如何提升醫療品質 • 如何做護理人員訓練 • 腎友接送問題 	楊孟儒醫師 呂國樑醫師 蔣榮福醫師	李少瑛醫師
12:10~12:40 會員大會 <ul style="list-style-type: none"> • 會員年費修訂 • 推派代表參加腎臟醫學會 理監事選舉 	全體會員	鄭集鴻醫師

地圖：



學術專欄：

論理、不要「隱惡揚善」？ Talking with Patients about Other Clinicians' Errors — NEJM <http://nej.md/1dW0TTO>

N Engl J Med 2013; 369:1752-1757 [October 31, 2013](#)



Talking with Patients about Other Clinicians' Errors.

這期的 NEJM 有篇文章吸引我注意，當我們發現同事在醫療上有錯誤時，應該怎麼做？

這是一位神內的醫師收了一個腦中風的病人，發現病人之前有 2 張心電圖就有 atrial fibrillation (Af)，而他的家庭醫師並沒有注意到。當這位神內的醫師告訴患者的家庭醫師時，那家醫醫師還推說是因為心電圖機比較老舊，訊號干擾，不是 Af。而神內的醫師拿心電圖請教心內的二位醫師時，心內的醫

師異口同聲的說是：Af，這時該怎麼辦？（註：這個家庭醫師之前也轉了不少的病人給這神內的醫師）

以下摘錄部份文字

You are a young neurologist practicing in a small hospital. You admit a 55-year-old woman with hypertension and type 2 diabetes mellitus who had an embolic stroke at home. On reviewing the patient's medical record, you notice that she appears to have been in atrial fibrillation during two electrocardiographic (ECG) tests during visits to the office of her primary care physician (PCP) for palpitations. Her PCP, an internist who provides many of your referrals, read both ECGs as normal and attributed her palpitations to "probable mitral-valve prolapse and anxiety." The patient is currently in normal sinus rhythm. You show the internist the ECGs and express concern that they indicate atrial fibrillation. He politely disagrees and says you are confused by noise from his old ECG machine. However, when you ask two cardiologists to look at the ECGs, both immediately say "A-fib." The internist requests that you transfer the patient to his service (see the [video](#), available with the full text of this article at NEJM.org).

是的，當這情況發生時，文章中也提到醫生們多數不知道該怎麼辦，因為前輩老師們也都沒教導。然而，文章中也提到，雖然指出同事的錯誤可能會損壞同事之間的關係，但是給病人最誠實的資訊，這件事也是相當的重要的。

Patients and Families Come First

Although anxieties about damaging collegial relationships loom large in situations of potential error involving other clinicians, a patient's right to honest information shared with compassion about what happened to him or her is paramount.

接下來該怎麼做呢？這位處於尷尬位置的神內醫師，他先告訴那位家庭醫師，他將安排患者做心臟的會診，當有了心臟檢查的背書後，他再來和這家庭醫師溝通日後的處置。若是這家庭醫師仍然拒絕患者以上這心臟檢查，則神內醫師打算上報醫院高層來處理。

WHAT SHOULD THE NEUROLOGIST DO?

The neurologist in our case is in an awkward position. She is confident that the patient's internist did not diagnose atrial fibrillation, that this error probably contributed to the patient's stroke, and that disclosure to the patient is vital. The internist has rebuffed her without assuaging her concerns. The neurologist's next step should be to tell the internist she plans to request a formal cardiology consultation. With the diagnosis firmly in hand, she should communicate the findings to the internist and attempt to formulate a joint disclosure strategy. If the internist declines or objects to the cardiology consult, the neurologist should seek assistance from the institution's medical director or other

senior administrative leader. The neurologist would be well served by support from a disclosure coach.

以上這流程可給大家參考。

註：洗腎的病人有 Atrial fibrillation 也不少，要小心，只是這麼慎重告知的，也不多。

