

**Features of medical treatment of famous individuals at the critical medicine clinic.****Z.Kheladze (Tbilisi, Georgia)**

Here are presented features of medical treatment of famous individuals at critical care medicine clinic. Analyzes of 36 patient treatments are presented. Included 14 - politicians and diplomatic representatives, 11 – figures of academic field, 11 - writer, actor and artist. Mainly there were critical conditions caused by polytrauma, but hemorrhagic stroke, meningococcal encephalitis, hepatic cirrhosis and other conditions were also depicted. Treatment features of such patients represent association of critical conditions with accompanying diseases. For example: hypertonic disease, diabetes, CHF and etc. Also very important issue is determination of diagnosis and prognosis in a short period of time for which it is often important to make many paraclinical examinations, some of them even do not give any results regarding injury, but they are important to assess the function of different organs. Important issue is conducting frequent consultations with specialists which do not give significant improvement in treatment, but promotes sharing of responsibilities among the medical staff.

Important issue is giving information to public, which is important to be very precise and nor should it add neither hide information regarding patients condition.

**Key Words: Famous individuals, Critical medicine clinic, Features of medical treatment.**

**Actuality:**

In critical medicine the issues of medical treatment of famous individuals are uninvestigated. But the treatment is accompanied by some features, the knowledge of which sometimes is necessary and sometimes it is mandatory in order to achieve positive result. The necessity of application of wide assortment of paraclinical research methods at possible extents, particular approaches while selection of drugs, disposable medical items and medicinal-diagnostic devices and other issues pertain to such features. Some of the mentioned issues are given within the presented work and thus while the medical treatment of patients of such contingent it can serve as similar guide book.

**Materials and methods:**

The retrospective analyses of the 36 (100%) famous individuals at the Critical Medicine Institute are given below, among them – 8 female (30, 8%) and 27 male (69, 2%). The age of the patients vary from 33 to 76. Grown-up (33-60 years) patients were 20 (55, 5%), aged and old (61- 76 years) were

16 (45,5%). In professional opinion politicians and employees of diplomatic sphere prevailed amongst the patients – 14 (38,8%), the majority was represented by the figures of academic sphere of medical field (academicians and professors) - 11 (28,2%), also writers and actors – 11 (28,2%). In most cases the critical condition was associated with poly-trauma – 14 (38,8%), amongst them 4 accidents were caused by firearm injuries, in other cases by auto accident. In 8 (22,2%) cases we have dealt with cerebral hemorrhage; in 5 cases – meningococcal encephalitis, amongst them 3 accidents were of virus etiology; and each case for liver cirrhosis, Guillain-Barre syndrome, Alzheimer disease, sepsis, acute toxic exposure, peritonitis, acute coronal syndrome, bronchial pneumonia and acute leukemia was registered. Generally the medical treatment of patients was standard and it included acknowledged methods such are artificial pulmonary ventilation, restoration of blood circulation, water and electrolytes change correction, parenteral and enteral feeding, antibacterial therapy and other.

Treatment processes lasted from 3 hours to 90 days and in average took 8.1 days. 16 (44,4%) patients were deceased. The highest rate of fatality was registered amongst the patients diseased with cerebral hemorrhage (74%) and poly-trauma (35, 7%).

### **Results and analysis:**

The initial feature of medical treatment of such patients is the composition of the contingent of diseased individuals. The majority of the patients are grown-up and aged males; development of critical condition was associated with following accompanying diseases: ischemic heart disease, hypertonic disease, pancreatic diabetes and other chronic diseases and the mentioned fact is also the feature of the treatment. All the above mentioned should be foreseen during the medical treatment of the patients as simultaneously with liquidation of critical condition the conduction of certain measures for prevention of exacerbation of disease or treatment is often necessary. The following feature of such treatment is the necessity of quick diagnose, also the conduction of nonobligatory survey together with standard research is of great importance. Besides of academic level the mentioned gives us the possibility to get more less full information about the organism of patient. On the other hand it supports the possibility for development of optimal tactics of treatment and right prognosis. Through the mentioned point of the view conduction of researches needing the evacuation of patient from the area of clinic and transportation to internal area of the hospital sometimes turns into the significant problem. Such researches are nuclear magnetic resonance, angiography, computer tomography and some other methods. Conduction of the referred researches

is induced by the difficulties that can arise while the transportation of the patients being under artificial pulmonary ventilation to intra-hospital area, moreover if at the same time such patients have instable function of blood circulation. By the mentioned standpoint the maintenance of reliability of patient's safety at the intra-hospital area is also significant issue as during the mentioned transportation it is related with additional difficulties and sometimes it turns into the unavoidable attribute of treatment process. Thus, in case of issue rising regarding the conduction of certain research despite of volume of its informational value, we recommend the team of doctors to conduct the research in each case as it also may become necessary form the juridical point of view. The issue of selection of drugs, disposable medical items and medicinal-diagnostic devices for such patients is also significant problem. The selection of the latter is better to be carried out from the stock of the clinic as their expiry date and "safety" was heretofore examined on other patients. In other cases the mentioned items can be purchased from accidentally selected several companies or from the company beforehand notices about addressee user. It also should be noted that the need of such "severe" requirements is rare and frequently daily routine is enough. The issue of doubling of medical devices, amongst them respirator, monitor and others is also essential problem, as in case of breakdown their replacement should be possible without delay.

One of the features of medical treatment process is the inclusion of different specialists within it. While adoption of decision during the treatment process the mentioned specialists probably cannot do their bit but their need often comes for responsibility distribution and medical treatment level growth purposes amongst relatives of patients and public representatives. Amongst the latter the mentioned "consultations" have great authority and they can avoid majority of problems arisen in future. But ardor for consultations in such cases is not always desired, as some of the accidents are developing so fast that they need the adoption of urgent decision and there is no time for conduction of the consultations. In such case the best output is the conduction of consultation bit later and confirmation of correctness of your decision through certificate.

The most delicate issue of the medical treatment is the relation with the relatives of patients and delivery of the information to the society. In such case its better if the relation with the relatives of the patients will be retained by the head of medical treatment and information regarding the condition of the patient will be delivered to the society and mass media by his assistant. This gives the possibility for work in the "comfort" conditions, but in each case of such relation only the truth

concerning the condition and prognosis of the patient should be delivered as the ancient Greek philosophers were stating “neither more nor less than” truth.

ცნობილ ადამიანთა მკურნალობის თავისებურებანი კრიტიკულ მედიცინის კლინიკაში.

**ზ.ხელაძე (თბილისი, საქართველო)**

წარმოდგენილია ცნობილ ადამიანთა მკურნალობის თავისებურებანი კრიტიკული მედიცინის ინსტიტუტში. მოტანილია 36 პაციენტის მკურნალობის ანალიზი. მათ შორის 14 პოლიტიკოსი და დიპლომატიური სფეროს წარმომადგენელი, აკადემიური სფეროს წარმომადგენელი – 11, მწერალი, მსახიობი, მხატვარი – 11. ძირითადად ჭარბობდა პოლიტრავმით გამოწვეული კრიტიკული მდგომარეობები, თუმცა იყო ჰემორაგიული ინსულტის, მენინგოკოკური ენცეფალიტის, ღვიძლის ციროზის და სხვა მიზეზები.

მითითებულია, რომ ამგვარ ავადმყოფთა მკურნალობის თავისებურება წარმოადგენს კრიტიკული მდგომარეობის ასოცირებას თანმხლებ დაავადებებთან. მაგ. ჰიპერტონული დაავადება, დიაბეტი, გ.ი.დ და სხვა. ასევე მნიშვნელოვანი საკითხია დიაგნოზის და პროგნოზის ხანმოკლე დროში განსაზღვრის აუცილებლობა, რისთვისაც ხშირად საჭირო ხდება ბევრი პარაკლინიკური გამოკვლევების სრულყოფილი ჩატარება, მათ შორის ზოგჯერ ისეთისაც რომელიც უშუალო დაზიანების შესახებ წარმოდგენას არ იძლევა, მაგრამ საჭიროა ამა თუ იმ ორგანოს ფუნქციის შესაფასებლად. მნიშვნელოვანი საკითხია სხვადასხვა სახის სპეციალისტების შემადგენლობით კონსილიუმების ხშირი ჩატარება, რაც მკურნალობის შედეგების გაუმჯობესების საშუალებას მნიშვნელოვნად ვერ იძლევა, მაგრამ ხელს უწყობს ექიმთა კოლექტივში პასუხისმგებლობის გადანაწილებას.

მნიშვნელოვანი საკითხია საზოგადოებისათვის ინფორმაციის მიწოდების საკითხი, რაც საჭიროა იყოს უადრესად ზუსტი და არც უმატებდეს და არც აკლებდეს ინფორმაციას პაციენტის მდგომარეობის შესახებ.

**გასაღები სიტყვები:** ცნობილი ადამიანები, კრიტიკული მედიცინის კლინიკა, მკურნალობის თავისებურებანი.