The management of spinal cord injury patients in Greece

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In Greece, spinal cord injury patients have serious problems concerning their treatment, social management and vocational integration. Unfortunately the treatment of such patients is usually limited to that offered in institutions for the chronically sick, after they have received their acute initial care in general hospitals. The large number of institutional beds (1287 in 1986) in relation to the small number of active rehabilitation beds (116 beds in 1989) is noteworthy. Generally speaking, the specialisation of health personnel is limited. In practice there is no programme of social rehabilitation, except for specific concessions. Disabled individuals can refer to the Professional Integration Service for their vocational reintegration. We must note that vocational counsellors do not take part in the rehabilitation team. The idea of intervention for the adaptation of architectural barriers is now beginning to be considered in theory. Physicians are making efforts to establish 'basic' spinal cord units.

Key words: spinal cord injuries; rehabilitation; hospital organization; social integration.

Introduction

Greece is a small country with a population of 10,000,000 people most of whom, some 4,000,000, live in the capital Athens. It is important to take into consideration special features of Greece such as

- its 1,000 islands;
- its poor road network;
- the difficulties of its mountainous areas;
- its geographical character, making wireless communications difficult;
- the lack of proper medical facilities in the provinces.

During recent decades the social and economic profile of Greece has been greatly changed. The incidence of chronic degenerative diseases and of traumatic injuries is on the increase. The latter is mainly due to motor vehicle accidents, falls (an increasing number of attempted suicides) and diving accidents.

How many paraplegics are there in Greece? This is a difficult question to

answer because spinal cord lesions both traumatic and non traumatic, referred to the National Statistics Services, are categorised as 'paralytic syndromes' without further details being given. The largest and most trustworthy paraplegics association has a membership of 3,500, from 3 cities of Greece (Athens, Thessaloniki and Patras).

In spite of all this an actual spinal cord unit as such does not exist. Only some of the spinal cord injury (SCI) patients are treated in departments of rehabilitation medicine.

The transportation of patients is carried out by The National Center of Emergency Health Care (N.C.E.H.C), hospital ambulances, private ambulances, private cars, and aeroplanes. Patients living on our islands are transported by helicopter.

Boats are not used for emergency transportation. Before the NCEHC was established, the transportation of patients was usually unsatisfactory. Associated reasons for this were the rather enthusiastic personality of Greeks and lack of first aid training.

Hospital care

Our country is divided into 9 health districts: Athens, Thessaloniki, Patras, Ioannina, Heraklion, Kavala, Alexandroupolis, Mytiline and Larissa. The first 5 have well equipped university hospitals and general hospitals with representation of all of the medical specialties and departments for intensive care. The other 4 districts have small regional hospitals which have some of the medical specialties.

The current policy for SCI patients is the transportation of the patient directly to the nearest general hospital.¹ If the patient's life is in danger he is taken to the nearest regional hospital, where life-threatening associated injuries are treated and then he is transported to a general hospital. SCI patients are initially treated by orthopaedic surgeons who decide if the patient is to have conservative or surgical treatment. If an operation is required for traumatic lesions of the spinal cord it is usually performed by orthopaedic surgeons; whereas non traumatic spinal lesions are operated on by neurosurgeons. In the past an orthopaedic surgeon and a neurosurgeon rarely cooperated to perform a spinal operation. Today, however, such cooperation is becoming more and more of a reality.²

Before 1963³ in Greece there were no proper facilities for the treatment and rehabilitation of the physically disabled. In 1963 the first department of physical medicine and rehabilitation was founded. Rehabilitation medicine as a specialty was established in 1973. There are now 23 specialised physiatrists, and their number is expected to increase to 46 in the next 4 years.

It is appreciated that the intervention of rehabilitation medicine specialists must begin from the acute stage of the patients illness or injury. Unfortunately a SCI patient's admission to a rehabilitation department in Greece can take up to 2 or 3 months from the day of the injury. The reasons for this are:-

- 1 The small number of active rehabilitation beds.
- 2 The outdated theory which believes that SCI patients should remain in orthopaedic clinics for a long period of time. However, due to the develop-

ment of complications, such patients are then abandoned in institutions for the chronically sick.

- 3 The lack of coordination of the health services.
- 4 Poorly dispersed rehabilitation departments; thus all of these are in Athens.

In the general hospitals of Athens where orthopaedic and rehabilitation departments coexist, efforts are being made to transfer SCI patients from the former to the latter during the first postoperative days. While the patients is undergoing treatment in the orthopaedic clinic, a physiatrist is called in as a consultant. In this way a 'basic' spinal cord unit is becoming a reality.

The existing rehabilitation departments

There are only 116 beds belonging to the National Health System available for active rehabilitation. All of them are in Athens.⁴ Sixty-six are in departments of rehabilitation medicine in 3 general hospitals in Athens. The other 50 beds are in the National Foundation Center for the Disabled in Athens. In contrast, in 1986 there were 1287 institutional beds in 13 clinics for the chronically sick in the whole of Greece.

In the existing rehabilitation departments nursing care⁵ is insufficient because of the small number of nurses and the non existence of specialised rehabilitation nursing. In Greece nurses are not trained in specialties. Furthermore, they have no specified duties; thus it is noted that they are not allowed to catheterise the bladder of male patients.

Although there are many physiotherapists (about 3,000), there are none who are specially trained and experienced in the rehabilitation of SCI patients; thus there is a need to undertake postgraduate physiotherapy training.

Occupational therapists are very few in number and most are occupied in psychiatric departments. In general hospitals, as a rule, there is neither space nor equipment for occupational therapy.

The psychological support of SCI patients is difficult. Only in the last few years has the establishment of psychiatric departments in general hospitals helped liaison psychiatry.

Unfortunately psychiatrists and physicians have no experience in this kind of collaboration.⁶⁻⁸ Usually a psychiatrist is directly involved in the treatment of a patient with identified psychiatric disorders. He rarely consults other members of the rehabilitation team on their interactions with the patient and his family.

Orthotists work privately under the supervision of the physiatrist who is treating the patient and has written the prescription. It must be noted that they often work unsupervised. In theory only do technicians exist in public institutions and hospitals; importation from other countries is necessary.

Finally, there is lack of space, equipment and facilities in the existing rehabilitation departments. Here it must be noted that there are 2 fully and well equipped university rehabilitation departments; one in Patras, and the other in Heraklion of Crete. However, currently they are not in use because of the lack of specialised medical and paramedical staff.

Post hospital care

Follow up examination⁹ takes place in the outpatient service. Patients with severe motor disabilities are sheltered in institutions for the chronically sick. There is no home nursing care system. Usually therapeutic exercises are carried out by a physiotherapist who visits the patient at home, and if a patient has medical problems he goes into a hospital.

Vocational management

The coordination of professional training and employment projects for disabled individuals in the whole of Greece is carried out by the Professional Integration Service. Vocational orientation is carried out by the staff in special employment offices for the disabled. These offices, 6 in number, are scattered all over Greece. Social workers and properly trained employees of the State work as vocational counsellors.¹⁰

Vocational reintegration

There are employment subsidising program-

mes carried out by the Professional Integration Service such as: (1) employers taking on disabled individuals receive a daily subsidy of 2,300 drs for one year, and up to 100,000 drs for the ergonomic arrangement of the workplace; (2) the Professional Integration Service subsidises seasonal businesses (ie hotels, tourist companies) and local authorities to employ disabled individuals on the basis of a limited duration contract; and (3) based on law No 1735/1988, 5% of the individuals employed in the public service require to be disabled.

It is obvious that the State is making promising steps towards vocational reintegration, but it must be noted that vocational counsellors do not participate in the rehabilitation team.

Social management

In practice there is no programme of social rehabilitation except for specific concessions such as pension, tax free cars, a certain fuel allowance and decreased taxes for disabled individuals.

Families provide the greater part of the support and social rehabilitation. There is no support system from either the State or the community for the activities of daily living and housekeeping for the physically disabled.

We must emphasise the significant role of associations of paraplegic individuals in attaining all these concessions given by the State.

Architectural barriers

The idea of intervention for the adaptation of architectural barriers is now beginning to exist in theory.

Architectural barriers dominate public buildings and unfortunately this also includes hospitals. Promising exceptions are the newly built university hospitals in the provinces.

Sports and entertainment for the disabled

Some progress is being made. We can refer to the participation of Greek disabled individuals in the International Games for the

Disabled. Access to entertainment in public places is rather difficult for disabled individuals because of architectural barriers.

Discussion

During recent decades the solution concerning the spinal paralysed in Greece is becoming similar to that found in developed countries. The leading causes of spinal cord injuries seem to be the same as are found in other countries,¹¹⁻¹⁴ except for falls: falls from trees, usually olive trees; and from acts of violence. In our opinion the former will increase, and the latter decrease. Unfortunately there is no statistical information for all paraplegics in Greece. The large number of institutional beds compared to the small number of active rehabilitation beds is noteworthy. Physiatrists are making efforts to establish, at least, 'basic' spinal cord units.¹⁵ Our belief is that the initial management of SCI patients must be decided by a medical team consisting of physiatrists, neurosurgeons, orthopaedic surgeons and urologists.

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Suggestions

- 1 The foundation of 2 pilot spinal cord units in general hospitals in North and South Greece.
- 2 The foundation of rehabilitation departments in general hospitals in each health district.
- 3 The specialisation of paramedical staff.
- 4 The participation of psychiatrists, psychologists, vocational counsellors and orthotists in the rehabilitation team.
- 5 The foundation of day-clinic hospitals.
- 6 The opening of rehabilitation centres at community level.
- 7 The establishment of home care supported by the State or community.
- 8 The conversion of institutions for the chronically sick into 'long term care' rehabilitation units for the severely disabled.

In the last few years an increased demand for excellent health care for paraplegics has been observed. European programmes carried out by the European Community (eg program 'HELIOS')¹⁶ are being found to be of some assistance in promoting these desired changes for disabled individuals.