

MANAGEMENT CHALLENGES IN THE CONTEXT OF CURRENT TRENDS AND PATTERNS OF LUNG DISEASE



INTERVIEW GUIDE with Conf. Univ. Dr. Beatrice MAHLER

Manager of the Institute of Pneumology "Marius Nasta" Bucharest

Beatrice MAHLER is a primary pulmonologist, university lecturer at UMF Carol

Davila, Department of Pneumology II, Cardio-Thoracic Department IV. He obtained the title of doctor in medical sciences in 2006, and since 2007 she is a member of the academic body of the Carol Davila University of Medicine and Pharmacy in Bucharest. The research activity is aimed at several fields, among which I mention tuberculosis, pollution, respiratory infections, research that resulted in the publication of articles in journals with international impact. The 59 Web of Science cited articles with a number of more than 153 citations in Web of Science and Hirsch index 8, and FCIAP is 58,503. She was a member of the research team in 10 international researches, a member of the team in 2 national research grants, project leader of 2 international projects, project leader of 3 national projects. Her contribution to the international academic world also refers to the quality of the reviews, she has in the affiliated journals DOVE, MDPI and Taylor and Francis, with 58 peer reviews done

Beatrice Mahler is the manager of the Marius Nasta Pneumology Institute (IPMN) since December 2017, being actively involved in projects aimed at the diagnosis and treatment of tuberculosis patients, coordinating international and national projects in the field of tuberculosis within the institute. He actively participated in the meetings of the WHO delegation aimed at reforming the pneumology network in Romania, from the perspective of medical services, human resources, laboratory diagnosis and epidemiological surveillance. Another direction of study concerns air pollution and the impact of pollution on patients with lung diseases and respiratory infections.

Another direction of the activity is related to doctor-patient communication, materialized by the publication of the book "Doctor-patient communication, in words and beyond", at the Humanitas publishing house.

Reporter: Dear doctor, you are the manager of a pneumology hospital, which is recognized as one of the national reference centers.

- What challenges does/presupposes the management of such a hospital, from the point of view of organization, planning, coordination, management and control of the activity?

Beatrice Mahler: At the moment, the biggest challenges in managing a hospital's activity are as a result of chronic underfunding, old infrastructure and legislation partially adjusted to the current needs of the health system, situations that produce direct consequences in patient management. The lack of funding does not allow sufficient investments or the observance of their planning, does not allow covering the shortage of personnel and, finally, the medical activity suffers.

- What important issues have you faced since the start of your tenure? by manager?

BM: Shortly after taking over the manager's mandate, the change in the salary regulations created major dissatisfaction among employees, a situation followed by protests from the medical staff, which caused the interruption of work in some departments and laboratories. I can say that even today the staff does not consider the payment offered by the current legislation for medical staff in Romania to be objective, especially if we look at the different degree of assistance in hospitals in different counties or the support that some institutions have from the local authorities.

- What obstacles do you think should be overcome to have the expected results?

BM: I think we are talking about a process that aims at several stages, which will approach the health system from different perspectives. The most important point is represented by the human resource. Some of the hurdles to overcome are:

- the bureaucratic way in which employment is carried out, a system based, almost exclusively, on criteria that prioritize information memorization and practical skills last,
- the long duration of the recruitment process;
- the right to practice for employees in a different hospital structure than the one put out to tender involves an extremely cumbersome procedure. I think the limitation should only be in terms of competence limits.

R: The hospital you coordinate has a long tradition of successfully treating lung pathologies.

- Please list some of the notable achievements throughout the history of this hospital.

BM: Since you mentioned the word history, I would mention the first surgical treatment of tuberculosis carried out at IV Zerlendi pavilion, in the 1930s, about 20 years after the discovery of the method in Italy. Another historical moment is the realization of the first tuberculosis

screening in Bucharest by Prof. dr. Marius Nasta, these being just 2 of the examples that cross my mind now. Of course, the following doctors can be listed among the personalities who contributed to the development of the Marius Nasta Pneumology Institute: Univ. Prof. Dr. Stoicescu with whose help the point of development of pneumology in Romania was marked, and in recent years, Prof. Univ. Dr. Marica Constantin supported the fight against tuberculosis, Prof. Univ. Dr. Miron initiated the pulmonary hypertension program in the institute and, last but not least, Univ. Dr. Mihăițan Florin continues to develop somnology and supports the fight against tobacco addiction.

- *What do you consider to be the greatest value of the Marius Nasta Institute?*

BM: The greatest value is the human resource, the "Marius Nasta" team, people who, in addition to empathy, are aware that performance is done "together" and that education and self-improvement are individual responsibilities that make the team strong.

- *What are the weak points and what would be the strong points of the pneumological field in Romania?*

BM: I would prefer to narrow it down to 3 weak points as key examples of the moment:

- staff shortage;
- the maladapted structure of the medical network, which does not respond to the demands of the population, for example: bronchoscopic evaluation is extremely limited, as are specialists with competence in somnology;
- the lack of overspecialization skills for medical assistants and the excessive limitation of their skills, which makes the doctor overworked.

The 3 strong points are:

- the large number of resident doctors in the process of training, doctors who will bring the essential change that the Romanian patient needs, anywhere in this country;
- the ability to train and adapt medical personnel in crisis situations. Let's not forget that the staff from the pneumology network were on the front line during the pandemic, being alongside colleagues from the infectious diseases specialty;
- special empathy towards a patient stigmatized by society, namely the patient with tuberculosis.

R: The diversity of pathologies, the reputation of the hospital and the reputation of the professional teams are determining factors in the choice made by patients to turn to the hospital you coordinate to benefit from quality services and care.

- *How do you manage the relationship with the renowned teams of professionals you coordinate?*

BM: I have held the temporary position of manager for almost 7 years, being before this moment a doctor

within the institute, a position to which I will return when this stage comes to an end. Therefore, the connection with my colleagues is the same, based on respect, collaboration and finding the necessary solutions for our patients.

- *What is the source pool of patients who come to your hospital?*

BM: Over 60% of the institute's patients come from outside Bucharest.

- *How has the provision of care for the patient with lung disease changed in recent decades?*

BM: The change is spectacular, I would give an eloquent example, namely, the diagnosis of multidrug-resistant tuberculosis can be obtained in 2 hours, through rapid tests and with a confirmation including culture in about 5 weeks, a process for which 8 years ago 3 months were needed.

- *To what extent have there been changes in disease models, in the diagnosis and therapeutic approach of the patient with lung diseases?*

BM: The change is significant in all lung diseases. Severe asthma can be treated with biological therapy, triple-medication COPD, administered with a single device, and recently patients with pulmonary fibrosis or cystic fibrosis have access to therapies similar to those in the developed countries of the world. Another important step that follows is that of lung cancer screening, a project in which IPMN together with the National Institute of Public Health (INSP) will carry out the largest European lung cancer screening project.

- *To what extent are the acquired achievements applied/applicable in the Romanian context? In this specific field, is the Romanian patient treated the same as patients from other countries?*

BM: At this moment, the problem of the Romanian health system is not access to medication, but the lack of standardized assistance, at least for a basic level in all regions of the country, which means that the citizens' right to health is not respected everywhere. Another critical point is that of defensive medicine, which is starting to become a worrying phenomenon, resulting from the lack of clear legislation and which directly affects the patient, but also intraprofessional segregation, otherwise we cannot talk about performing medicine without technical, legal and economic knowledge.

- *What future challenges do you consider that can influence the way of organization and operation of the activity at the level of the health unit that you coordinate?*

BM: The hospital is the unit that, regardless of the crisis situation that the state is going through, must adapt and provide assistance to sick people. Adaptation is a mandatory requirement that medical personnel must acquire from the training period, because imbalances can occur



in various situations, from calamities to war, from pandemics to terrorist attacks.

R: One of the thorny problems that can affect the safety of the medical act is represented by the occurrence of infections associated with the medical act (IAAM). Medical units, wards or spaces where health care is provided have various risks of occurrence, depending on the specifics of the activity, but also on the risk of the treated patients. Patients with malignant lung diseases are at risk because they are more prone to contact infections and not to defend themselves with all the arsenal available in immunocompetent patients.

- What management measures have you adopted to prevent IAAM in these at-risk patients?

BM: The risk of healthcare-associated infections is higher in immunocompromised patients, but is present in any hospitalized person. The measures are varied and beyond investment in infrastructure, it is extremely important to educate staff, simple gestures, hand hygiene, cleanliness, protective equipment, these are just a few directions that we are actively addressing, refining and adjusting since the year per year, through training courses for the staff of the institute. This is possible because the staff from the institute participated in courses offered by the World Health Organization (WHO), "train the trainers", being at the moment trainer for 3 courses "Hand hygiene", "Basic life support" and "Patient hygiene immobilized".



- What measures are adopted at the level of all departments/hospital in order to prevent the occurrence of IAAM?

BM: The adoption of measures to prevent IAAM must be done in a unified way, with compliance with the rules in force, isolation of cases, cleaning and terminal disinfection of the salons, after the discharge of infected patients.

R: As a teacher and manager with extensive experience:

- What advice could you give young doctors for their future careers?

BM: I have only one advice, "trust them and respect the patient", because if they managed to complete the faculty, the process that starts afterwards involves a finishing and

adjustment of the information, which is done step by step, but cannot shine without trust in them and respect for the patient.

What do you consider to be your greatest achievements? as manager of the Marius Nasta Institute?

IPMN is a hospital with an old infrastructure that required and requires major changes. I can say that I am still far from satisfied with the state of investment in the hospital. However, 3 categories are significant:

1. The change of the generation of doctors, half of them being appointed in the last 5 years;
2. The year 2024 also meant the completion of some European projects worth 35.5 million euros, with the start of others worth more than 20 million euros, excluding the construction of the Zerlendi hospital, where, at this moment, an essential role they have the City Hall of Sector 4 Bucharest and the Ministry of Health;
3. Increasing the level of medical equipment of IPMN, although it should be noted that the investment in equipment is a continuous process because medical equipment wears out.

R: If you feel it is necessary to answer another question that was not addressed to you, now is the time.

BM: Together with the Director of Care, Asst. Med Lic. Daniela Trandafir, Assistant. Med. Lic. Daniela Voinea, assistant. Mădălina Crețoi and assistant. Claudina Dănăilă I laid the foundations of a training room for hands-on activities in IPMN. Thus, courses are possible for the main maneuvers needed by the medical staff who care for the patient with lung diseases

