submit

Member Login:

submit

Forgot Password? | Register for an Account

Advances in PH Journal

Editor's Memo

Richard Channick

//

Reviews

Sign in to add a review

0 comments
Leave a Comment

Vol 8, No 4 (Winter 2010)

The invaluable role of non-physician members of the PAH care team has been impressed on me in recent months. Two months ago, after more than 20 years as a member of a successful team providing care to hundreds of PAH patients, I relocated across the country to start a new program at Massachusetts General Hospital. For a few weeks, I alone had to play all the parts in the play: answering calls, educating patients and hospital nurses on all aspects of PAH therapy, dealing with insurance companies, faxing prescriptions, following up on laboratory results, counseling referring physicians, adjusting medications, sorting through outside records, and even making my own coffee! As my (never again to be taken for granted) former nurse once said, "When it comes to the PH nurse/coordinator, there is no job description."

Simply stated, without dedicated PH nurses, respiratory therapists, and pharmacists, there would be no PH programs. There is so much more to PH care than ordering diagnostic tests and prescribing therapy. These patients have a complex chronic disease that causes profound effects that are both physical and emotional. Families are affected, quality of life is impacted, and the needs of these individuals are many.

The multidisciplinary aspects of a successful PH program cannot be overemphasized. When I

speak with physicians around the country considering starting a PH program, the first thing I ask is "Will you have a dedicated PH staff?" Not uncommonly the response is "the hospital isn't willing to provide dedicated nursing and administrative support" or "if the program becomes busy enough, we may get a nurse." These sentiments virtually guarantee that a program will not succeed. The model of a robust, well staffed, knowledgeable, accessible PH program is well established. It works. Attend the upcoming International Pulmonary Hypertension Conference in June and you will understand.

The current issue of *Advances* represents a "first." All of us on the Editorial Board felt that it was important to devote an issue entirely to topics of particular importance to non-physician healthcare personnel. Although topics such as quality of life and psychosocial issues are part and parcel of comprehensive PAH care, we really wanted to provide a broad forum, beyond the "usual" strictly clinical scope of the journal. To that end, all of the contributions are from non-physicians. I think you will agree that the articles in this issue, while focusing on some non-medical areas, provide strong evidence-based information that will be of use to all readers. My thanks to Glenna Traiger for editing an outstanding issue.

And I actually do make my own coffee.

Richard N. Channick, MD
Editor-in-Chief

Comments

Related Resources

- Inspiring Hope: One Medical Professional's Climb to a Cure
- Living With and Treating PAH–the Patient, Caregiver and Physician Perspective
- Evaluation of CVS Caremark PAH Multi-Disciplinary Collaborative Clinical Program
- Maximizing Patient Outcomes
- Wide Variation in Clinicians' Assessments of NYHA/WHO Functional Class

Javier Jimenez, MD

PH Clinicians & Researchers Member
Director of Advanced Heart Failure and Pulmonary Hypertension
South Miami Hospital
Miami, Florida

801 Roeder Road, Ste. 1000, Silver Spring, MD 20910
301-565-3004 | PHAOnlineUniv@PHAssociation.org