

**Daniel Serrão****- Jornal de Notícias - 22 de Março, 1998**

A figura do Médico Assistente continua a existir com êxito, no sector privado e não se vê motivo para não ser claramente assumida no sector público ou seja no Serviço Nacional de Saúde.

Este Médico Assistente, competente e dedicado, atento e disponível que é visto pelas pessoas que o procuram como alguém que inspira confiança e a merece, será sempre o responsável pela pessoa doente. No exercício desta responsabilidade é ele que envia o doente quando necessário, para um especialista, para um tratamento com internamento hospitalar, claro está para um Serviço de Urgência.

Mas quando a pessoa doente está entregue temporariamente a uma instituição ou a um especialista, ela deve continuar presente na preocupação do seu Médico Assistente que, nessa situação particular, não se ocupa da pessoa mas preocupa-se com ela. Terminado o episódio que justificou o recurso ao especialista ou ao hospital a pessoa regressa aos cuidados do Médico Assistente que continuará a atendê-la ao longo da vida.

**Walter A. Brown****- Scientific American, Janeiro de 1998**

Medicine has become vastly more scientific in the past century – gone are the potions, brews and blood lettings of antiquity. Nevertheless, doctors and their patients continue to ascribe healing powers to pills and procedures that have no intrinsic therapeutic value for the condition being treated (think of the widespread — and

medically pointless — use of antibiotics to fight colds and flus caused by viroses). Some studies, including one by the U.S. Office of Technology Assessment, suggest that only about 20 percent of modern medical remedies in common use have been scientifically proved to be effective; the rest have not been subjected to empirical trials of whether or not they work and, if so, how, it is not that these treatments do not offer benefits, most of them do. But in some cases, the benefit may come from the placebo effect, in which the very act of undergoing treatment — seeing a medical expert, for instance, or taking a pill — helps the patient to recover.

**Deborah J. Cook et al.****- Ann Int Med 1997; 127:215**

In the past decade, the practice guidelines movement has become a major academic and commercial enterprise. If created by using the most valid and current research evidence summarized in systematic reviews, guidelines are one of many tools that can help to translate research evidence into clinical decision aids, optimize health outcomes, and educate clinicians. Like all decision aids, however, guidelines should be integrated with pathophysiologic reasoning and experience and should be adopted, adapted, or rejected according to patient preferences and the constraints of each health care setting. Practice guidelines and clinical pathways have potential limitations, many of which can be overcome by using an evidence-based approach in their development and by drawing on state-of-the-art implementation strategies that themselves have been summarized in systematic reviews. This field is ripe for future health services research.