



ΕΘΝΙΚΗ  
ΣΧΟΛΗ  
ΔΗΜΟΣΙΑΣ  
ΥΓΕΙΑΣ  
ΥΓΕΙΟΝΟΜΙΚΗ ΣΧΟΛΗ  
ΑΘΗΝΩΝ 1929-1994

Τομέας Οικονομικών της Υγείας



## ***Ανασκόπηση των επιπτώσεων της οικονομικής κρίσης και των μνημονιακών πολιτικών στην πρωτοβάθμια φροντίδα υγείας***

***Βασιλική Τσιάντου, Msc***

***Οικονομολόγος Υγείας, Συνεργάτης***

***Τομέα Οικονομικών της Υγείας, Εθνική Σχολή Δημόσιας Υγείας***

***[tsiantouvas@yahoo.gr](mailto:tsiantouvas@yahoo.gr)***

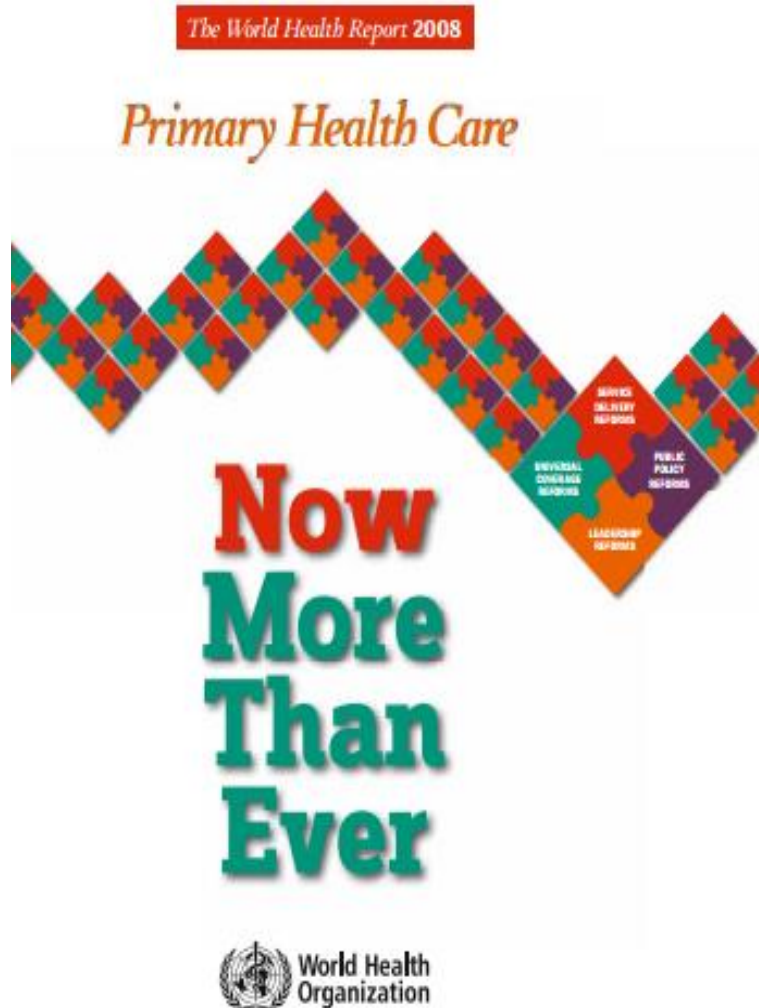


# ΠΡΩΤΟΒΑΘΜΙΑ ΦΡΟΝΤΙΔΑ ΥΓΕΙΑΣ



**Primary health care** is essential health care based on practical, **scientifically sound** and socially acceptable methods and technology made **universally accessible to individuals and families in the community** through their full participation and **at a cost that the community and country can afford** to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an **integral part both of the country's health system**, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the **first level of contact of individuals**, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

# ΠΡΩΤΟΒΑΘΜΙΑ ΦΡΟΝΤΙΔΑ ΥΓΕΙΑΣ



**Figure 1.13** The social values that drive PHC and the corresponding sets of reforms



# Η ΠΦΥ στην Ελλάδα

1. **N. 1397/1983:** αποτελεί τη νομοθετική βάση για το σύστημα της Πρωτοβάθμιας Φροντίδας Υγείας. Επιχειρείται η εναρμόνιση της ελληνικής πραγματικότητας με τις επιταγές της διεθνούς συνδιάσκεψης στην Alma – Ata το 1978.
2. **N. 2071/1992:** «Εκσυγχρονισμός και Οργάνωση Συστήματος Υγείας», ο οποίος διεύρυνε την έννοια της πρωτοβάθμιας φροντίδας
3. **N. 2194/1994** περί «Αποκατάστασης του Εθνικού Συστήματος Υγείας και άλλες Διατάξεις»: καταργεί μια σειρά διατάξεων του Ν. 2071/1992 και επαναφέρει σε ισχύ άρθρα του Ν. 1397/1983 και ειδικότερα την φιλοσοφία και τις επιδιώξεις του νόμου για το ΕΣΥ.
4. **N. 2519/1997:** Η διαμόρφωση ενιαίου πλαισίου παροχής υπηρεσιών πρωτοβάθμιας φροντίδας υγείας μέσα από τη λειτουργία ενός Ενιαίου Φορέα Υγείας (Ε.Φ.Υ.) επιδιώκεται με την αναβάθμιση της πρωτοβάθμιας φροντίδας στις αγροτικές περιοχές της χώρας, τη δημιουργία των δικτύων πρωτοβάθμιας φροντίδας υγείας (ΔΠΦΥ) και την ρύθμιση ζητημάτων σχετικών με τους οικογενειακούς γιατρούς.
5. **N. 3235/2004** «Πρωτοβάθμια Φροντίδα Υγείας» : η ΠΦΥ καταλαμβάνει μια ηγετική θέση στο υγειονομικό σύστημα, με στόχο, όπως άλλωστε αναφέρεται και μέσα στο νόμο, την κοινωνική ανάπτυξη και τη διατήρηση της κοινωνικής συνοχής.



# Πολιτικές για την ΠΦΥ στα χρόνια του μνημονίου

1. **Μάιος 2010:** 1<sup>ο</sup> Μνημόνιο Οικονομικής και Χρηματοπιστωτικής πολιτικής. Τα μέτρα εστιάζουν κυρίως στη μείωση των δημοσίων δαπανών
2. **N. 3918/2011, «Διαρθρωτικές Αλλαγές στο σύστημα υγείας και άλλες διατάξεις»,** Σύσταση ΕΟΠΥΥ, Άρθρο 18 *«Ο λειτουργικός συντονισμός και η επίτευξη συνεργασίας μεταξύ των φορέων που συνιστούν το δίκτυο πρωτοβάθμιας φροντίδας υγείας, δηλαδή των Κέντρων Υγείας και των Περιφερειακών Ιατρείων του Ε.Σ.Υ., των ιατρών υπόχρεων υπηρεσίας υπαίθρου, των μονάδων πρωτοβάθμιας περίθαλψης των Οργανισμών Τοπικής Αυτοδιοίκησης (Ο.Τ.Α.), των μονάδων παροχής υπηρεσιών υγείας του Ε.Ο.Π.Υ.Υ.»*
3. **Μάρτιος 2012:** 2<sup>ο</sup> Μνημόνιο Οικονομικής και Χρηματοπιστωτικής Πολιτικής: *«την ενίσχυση και την ενοποίηση του δικτύου πρωτοβάθμιας περίθαλψης»*
4. **N. 4238/2014 «Πρωτοβάθμιο Εθνικό Δίκτυο Υγείας, Αλλαγή σκοπού ΕΟΠΥΥ και λοιπές διατάξεις» .** Οι ΔΥΠΕ είναι υπεύθυνες για την παροχή υπηρεσιών Πρωτοβάθμιας Φροντίδας Υγείας



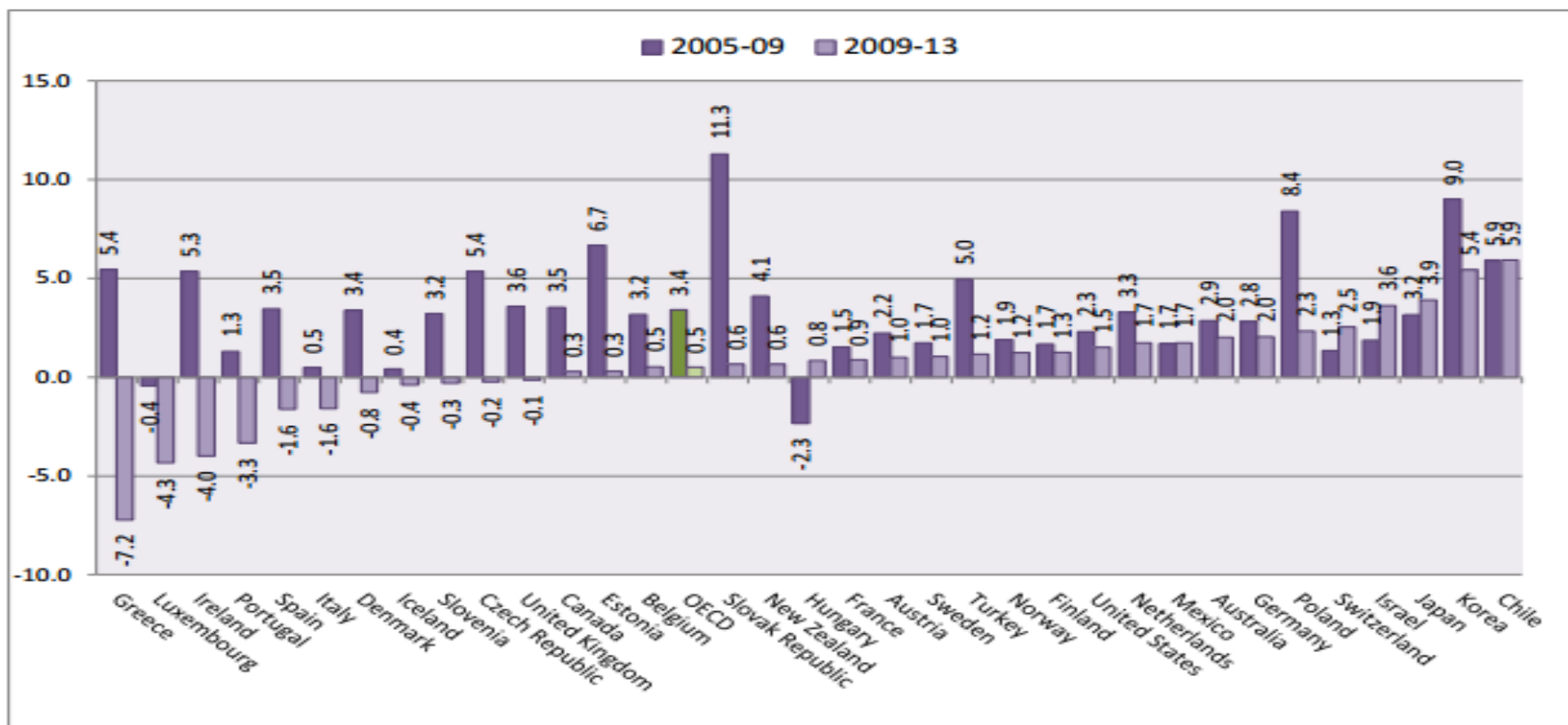
5. **Αύγουστος 2015:** 3<sup>ο</sup> Μνημόνιο Οικονομικής και Χρηματοπιστωτικής Πολιτικής: *«την υλοποίηση του συστήματος της ΠΦΥ όπως ορίζεται στο Ν.4238/2014 »*



# Οικονομική κρίση και Δαπάνη Υγείας



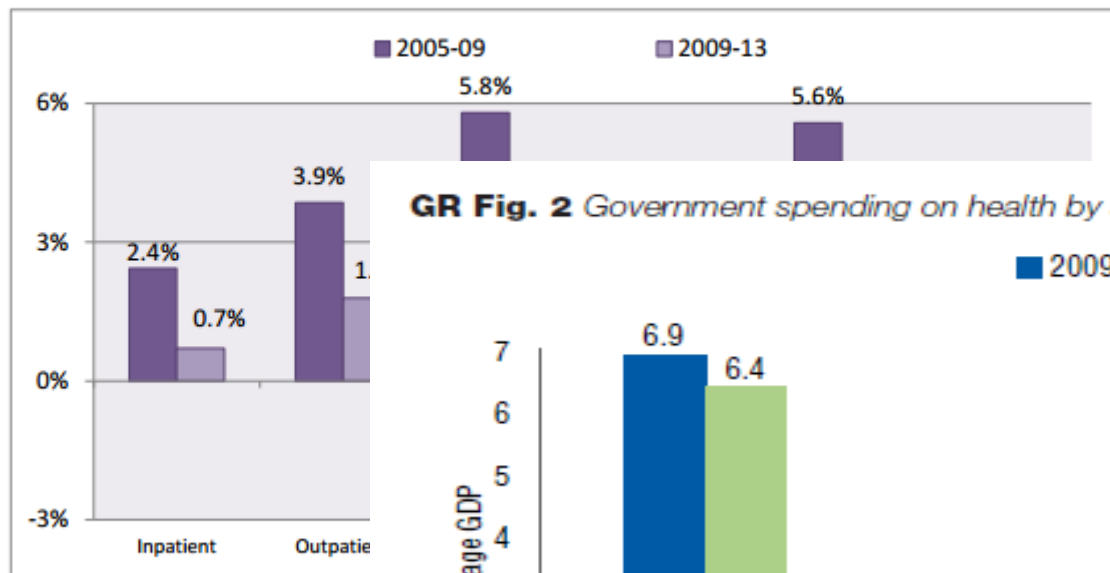
**Figure 3. Average annual growth in per capita health spending, in real terms, OECD countries, 2005-2013**



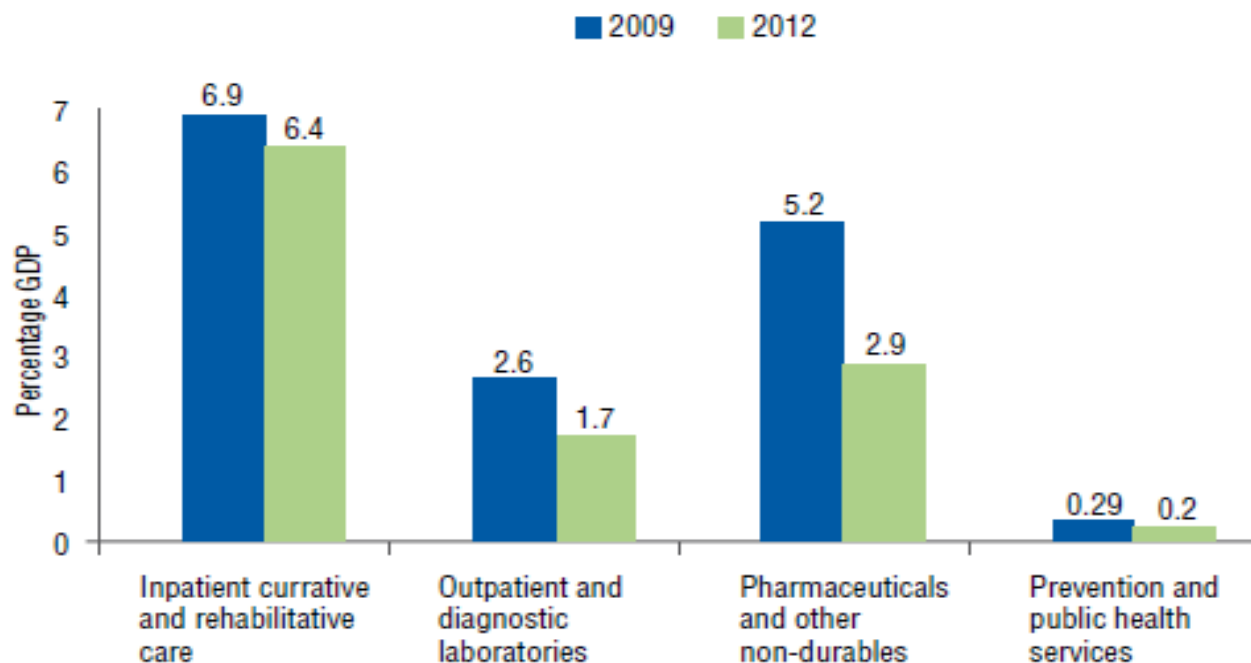


# Οικονομική κρίση και Δαπάνη Υγείας

Figure 5. Average annual per capita growth rates for health care spending components, in real terms, 2005-2013



GR Fig. 2 Government spending on health by sector in Greece, 2009–2012



Source: OECD, 2013.

Source: OECD Health Statistics 2015

# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Επιδημιολογικό προφίλ

### Use of primary health care services in Southern Greece during a period of economic crisis

**OBJECTIVE** Data are limited regarding the frequency of use of primary health care (PHC) services in Greece and the reasons given for its use. The study aimed to investigate the most frequent reasons for seeking emergency help in PHC centers (PHCC) in rural areas of Greece and factors that may act as determinants of their use. **METHOD** A random sample of 5 PHCCs serving rural areas of Crete was selected. Data collection was performed retrospectively from the medical records for the years 2010 to 2013. The International Classification of Primary Care was used to classify presenting symptoms into broader disease categories based on the information available. The study was approved by the Ethics Committee of the Cretan Health Region. **RESULTS** Symptoms related to the respiratory system (21.3%) and the musculoskeletal system (17.6%) were the most frequent reasons for seeking for emergency health care. Other high frequency reasons were digestive symptoms and skin related symptoms. Significant differences were identified in the distribution of the main symptomatology and related diseases according to age and sex. Spatial and temporal variations were observed, particularly for occupational and road traffic accidents. The high increase observed between 2010 and 2013 in the numbers of people who visited PHCCs because of neuropsychiatric symptoms raises the issue of the impact of the economic crisis on mental health. **CONCLUSIONS** Deeper understanding of the epidemiological profile of users of primary healthcare facilities is recommended. There is an urgent need for the adaptation of the electronic health records to facilitate monitoring of use of services.

A.E. Patelarou,<sup>1</sup>  
C.F. Kleislaris,<sup>1</sup>  
E. Androulakis,<sup>2</sup>  
D.K. Tsrakos,<sup>1</sup>  
G. Kritsotakis,<sup>1</sup>  
T.I. Konstantinidis,<sup>1</sup>  
Z. Androulaki<sup>1</sup>

*<sup>1</sup>Department of Nursing, School of Health and Welfare Services, Technological Educational Institute of Crete, Heraklion, Crete*

*<sup>2</sup>National Technical University of Athens, Athens, Greece*

Χρήση υπηρεσιών πρωτοβάθμιας φροντίδας υγείας στη νότια Ελλάδα σε μια περίοδο οικονομικής κρίσης

*Περίληψη στο τέλος του άρθρου*

#### Key words

Diseases  
Electronic records  
Primary health care  
Service utilization

Submitted 12.8.2015  
Accepted 15.9.2015



# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Συμμόρφωση με τη θεραπεία

Γιατροί που παρακολουθούν ασθενείς με Διαβήτη τύπου 2

- Σύμφωνα με τις εκτιμήσεις των συμμετεχόντων ιατρών:
  - **26,9%** αναγκάστηκε να **αλλάξει διατροφικές συνήθειες** που επηρέασαν αρνητικά την πορεία της ασθένειας.
  - **22,9%** των ασθενών αναγκάστηκε να **τροποποιήσει ή να διακόψει τη φαρμακευτική του αγωγή** εξαιτίας οικονομικών λόγων
- Σημαντικότερες αιτίες τροποποίησης/διακοπής της αγωγής

Υψηλές συνπληρωμές των ασθενών για φάρμακα

Απώλεια ασφαλιστικής κάλυψης

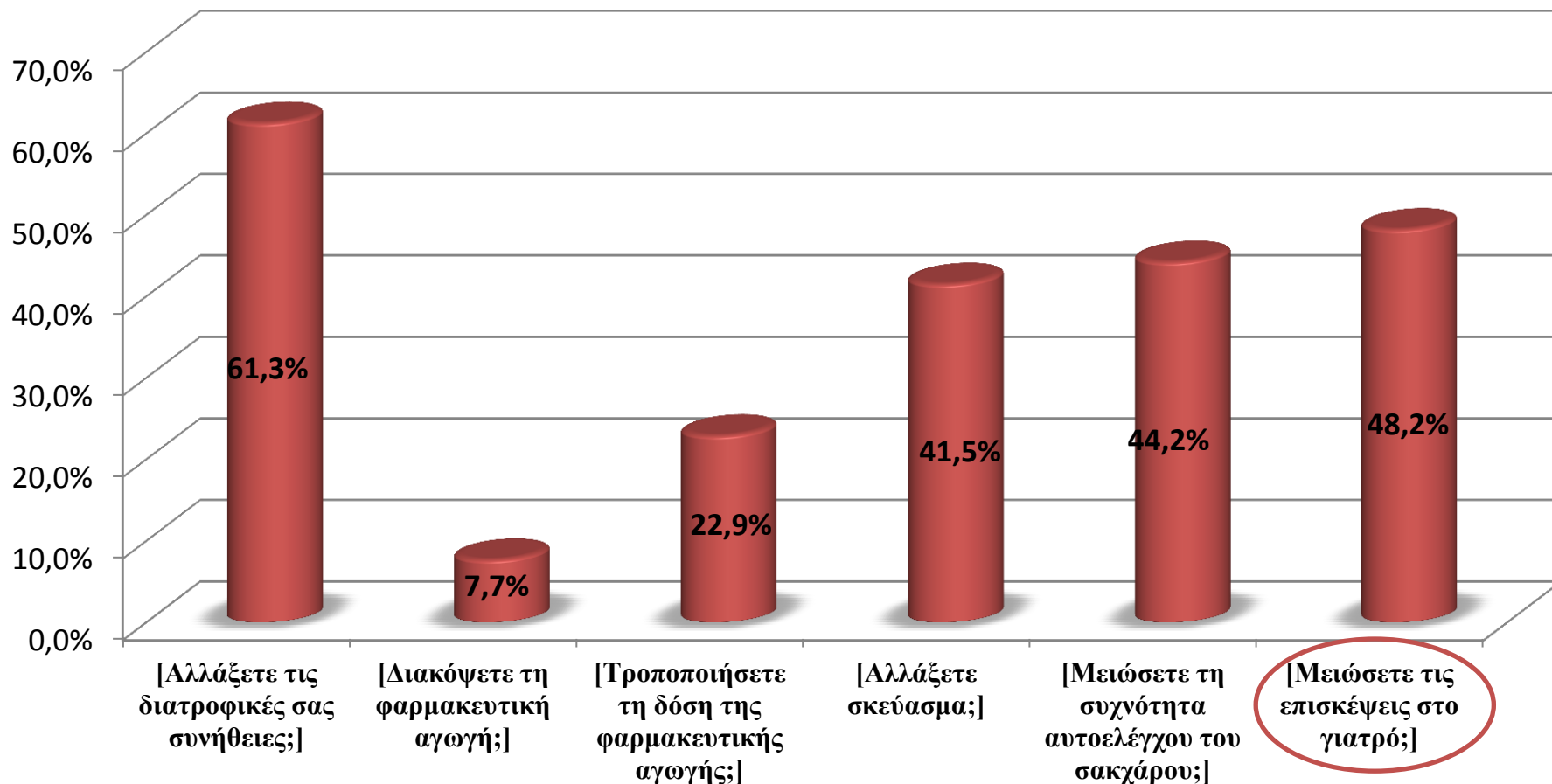
Δυσκολία πρόσβασης σε γιατρό για συνταγογράφηση

Δυσκολία πρόσβασης σε γιατρό για παρακολούθηση

# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Συμμόρφωση με τη θεραπεία

Τον τελευταίο χρόνο εξαιτίας της οικονομικής κρίσης αναγκαστήκατε να:



Πηγή: Τομέας Οικονομικών της Υγείας, ΕΣΔΥ (μη δημοσιευμένα στοιχεία)



# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Συμμόρφωση με τη θεραπεία

Quality in Primary Care (2014) 22 (5): 238-44

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### Research papers

#### Impact of the financial crisis on adherence to treatment of a rural population in Crete, Greece

Ioanna G Tsiligianni MD, PhD, MPH

Asites rural practice, Agia Barbara Health Care Centre, Heraklion, Crete, Greece

Cretan Practice-based Primary Care Research Network 'G. Lambrakis' & Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Crete, Greece

Polyvios Papadokostakis MD

**Results** 288 patients participated. The mean age was  $68 \pm 6.87$ . The majority of the patients have lowered the doses of several medications by themselves as they weren't able to afford the cost ie; all patients receiving insulin had lowered the dosages; 46.42% of patients with COPD or asthma had stopped their medications completely, decreased dosages or used similar medications that had in the past; patients with dislipidemia received their medications as suggested only in 51.8%. Patients with cardiovascular diseases received their medications as suggested in 75.6% while the rest have dismissed or skipped dosages. Most common emotions reported were those of sadness, fear, stress, anxiety and isolation.

**Conclusions** The economic crisis has influenced patients' adherence to therapy in rural areas as well as their psychological and emotional status. There is an urgent need for action within the context of primary care.

**Keywords:** adherence, financial crisis

*"I often have the dilemma do I pay the taxes and the electricity bills or do I pay for medications. I know I will suffer no matter what I decide"*

*"I couldn't buy my medications, and I felt my old depression reappear."*

*"I am 65 years old and this is the first time that I am so scared. I fear that I will not be able to pay all these taxes. I had to ask for money from my brother to pay for my medications."*



# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Πρόσβαση στις υπηρεσίες

Kyriopoulos et al. *International Journal for Equity in Health* 2014, **13**:54  
<http://www.equityinhealthj.com/content/13/1/54>



INTERNATIONAL JOURNAL FOR  
EQUITY IN HEALTH

### RESEARCH

### Open Access

## Barriers in access to healthcare services for chronic patients in times of austerity: an empirical approach in Greece

Ilias-Ioannis Kyriopoulos\*, Dimitris Zavras, Anastasis Skroumpelos, Katerina Mylona, Kostas Athanasakis and John Kyriopoulos

**Objectives:** To investigate the magnitude of barriers in access to health services for chronic patients and the socioeconomic and demographic characteristics that affect them.

**Methods:** A cross-sectional study was conducted in 1,594 chronic patients suffering from diabetes, hypertension, COPD and Alzheimer. Logistic regression analyses were carried out in order to explore the factors related to economic and geographical barriers in access, as well as the determinants of barriers due to waiting lists.

**Results:** A total of 25% of chronic patients face geographical barriers while 63.5% and 58.5% of them are in front of economic and waiting list barriers, respectively. Unemployed, low-income and low-educated are more likely to face economic barriers in access. Moreover, women, low-income patients, and patients with lower health status are more likely to be in front of geographical barriers. In addition, the probability of waiting lists occurrence is greater for unemployed, employees and low income patients.

**Conclusions:** Barriers in access can be mainly attributed to income decrease and unemployment. In this context, health policy measures are essential for removing barriers in access. Otherwise, inequalities may increase and chronic patients' health status will be deteriorated. These consequences imply adverse effects on health expenditure.



# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Ιδιωτική δαπάνη

*Article*

### **The Impact of Economic Crisis on Chronic Patients' Self-Rated Health, Health Expenditures and Health Services Utilization**

**Anastasios Skroumpelos \*, Elpida Pavi, Katerina Mylona and John Kyriopoulos**

**Abstract:** There is evidence that the economic crisis in Greece has substantially affected patients and health care services, with chronic patients forming a particularly vulnerable group. The aim of this study was to investigate whether and in what way the current economic environment has affected patients with selected chronic conditions. A cross sectional study was carried out with a sample size of 1200 patients suffering from hypertension, diabetes and chronic obstructive pulmonary disease (COPD). Following a large family income decrease (35.4%) in the last 3 years, chronic patients reported decreased spending for various expenditure categories in order to maintain their ability to finance their health care needs. Among the disease groups studied, statistically significant differences were found for self-rated health (SRH), out-of pocket health expenditures, health services utilization and the perceived need for physician services. Although need for physician visits for issues related to the chronic condition has largely been reported as met, this was achieved by increased out-of-pocket expenditures and large family budget cuts for essential household goods and services. Austerity measures and reduction of public health expenditure by the state appear to have led to high private expenditures and to *de jure* or *de facto* insurance coverage loss for primary care services.



# Επιπτώσεις της οικονομικής κρίσης στην ΠΦΥ

## Greek rural GPs' opinions on how financial crisis influences health, quality of care and health equity

I Tsiligianni, F Anastasiou, M Antonopoulou, K Chliveros, S Dimitrakopoulos, G Duijker, D Kounalakis, K Makri, C Petraki, D Prokopiadou, I Stefanaki, E Symvoulakis, N Tsakountakis, T Vasilopoulos, C Vittorakis, C Lionis, on behalf of the Cretan Practice based Primary Care Research Network 'G. Lambrakis' and Clinic of Social and Family Medicine, School of Medicine, University of Crete

*Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Crete, Greece*

- **Εξαιτίας της οικονομικής κρίση παρατηρείται:**
  - Μείωση των διαθέσιμων πόρων
  - Αυξημένη ζήτηση υπηρεσιών υγείας
  - Επιδείνωση της ψυχικής υγείας
  - Μείωση ζήτησης υπηρεσιών πρόληψης
  - Αύξηση περιστατικών οικογενειακής βίας και κατάχρησης αλκοόλ
- **Καταγράφεται έντονη ανησυχία για:**
  - Την επίδραση της οικονομικής κρίσης κυρίως στις ευαίσθητες κοινωνικά ομάδες
  - και την ποιότητα των παρεχόμενων υπηρεσιών

## Προβλήματα στη διαχείριση των ασθενών με χρόνια νόσημα κατά τη διάρκεια της οικονομικής κρίσης

- Μείωση χρηματοδότησης
- Μείωση προσωπικού
- Ελλείψεις φαρμάκων
- Αυξημένη ζήτηση υπηρεσιών στα εξωτερικά ιατρεία των νοσοκομείων

Tsiantou V, Mylona K, Karampli E, Boubouchairopoulou N, Pavi E, Kyriopoulos J. Challenges and Opportunities in the management of Chronic Diseases during the economic crisis in Greece: a qualitative approach. ISPOR 17th Annual European Congress 2014.



# ΕΡΩΤΗΜΑΤΑ

# 1) Τα προβλήματα της ΠΦΥ οφείλονται στην οικονομική κρίση και τις μνημονιακές πολιτικές;

International Journal for Quality in Health Care 2010; Volume 22, Number 4; pp. 333–337  
Advance Access Publication: 25 June 2010

10.1093/intqhc/mq032

## Rural primary care in Greece: working under limited resources

EIRINI OIKONOMIDOU<sup>1</sup>, FOTEINI ANASTASIOU<sup>2</sup>, DIMITRIS DERVAS<sup>3</sup>, FANI PATRI<sup>3</sup>,  
DIONISIS KARAKLIDIS<sup>3</sup>, PANAGIOTIS MOUSTAKAS<sup>3</sup>, NIKI ANDREADOU<sup>3</sup>, ENAGELLOS MANTZANAS<sup>3</sup>  
AND BODOSSAKIS MERKOURIS<sup>4</sup>

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## Measuring the efficiency of the Greek rural primary health care using a restricted DEA model; the case of southern and western Greece

Nikolaos Oikonomou<sup>1,4</sup> • Yannis Tountas<sup>2</sup> • Argiris Mariolis<sup>3,4</sup> •  
Kyriakos Souliotis<sup>2,5</sup> • Kostas Athanasakis<sup>6</sup> • John Kyriopoulos<sup>6</sup>

### *Special series: Integrated primary health care* **Integrated primary health care in Greece, a missing issue in the current health policy agenda: a systematic review**

*Christos Lionis, MD, PhD, HonFRCGP, Associate Professor, Head of the Clinic of Social and Family Medicine, School of Medicine, University of Crete, 71003 Heraklion, Crete, Greece*

*Emmanouil K. Symvoulakis, MD, PhD, Clinic of Social and Family Medicine, School of Medicine, University of Crete, 71003*

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## 2) Γιατί αποτυγχάνουν οι μεταρρυθμίσεις;



*European Research Studies,  
Volume XI, Issue (3) 2008*

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### National Health Policy In Greece: Regulations Or Reforms ? The Sisyphus Myth

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By

Nicholas Polyzos<sup>1</sup>, Charalampos Economou<sup>2</sup>, Christos Zilidis<sup>3</sup>

#### **Abstract**

*This paper attempts an evaluation of health care reforms and regulations in Greece. The main findings indicate that the existing Conservative Government has kept but not developed some previous Social-democrats' major reforms concerning decentralisation and hospital management arrangements. The government also announced new regulations concerning the pharmaceutical sector and the procurement procedures of the national health units. On the other hand, precedent regulations for primary health care were to be postponed and the fundamental financing issue of the system has been neglected. In addition, this paper intends to take parallel account that terms such as globalisation and enlargement are still within the European perspective of the country. Overall, the Greek NHS seems to be developed and enlarged, besides the lack of strong political will to consider reforms and even regulations, into a continuous managerial process, assessment and public dialogue. In this sense, there is a continuing gap between - on the one hand - principles and goals and - on the other hand - rational planning, political issues and implementation process, all resulting in a never-ending reform scenario.*



### 3) Έχουμε αποφασίσει τι σύστημα ΠΦΥ θέλουμε;

#### The Review

#### Economic crisis and primary care reform in Greece: driving the wrong way?

Kondilis E, Smyrnakis E, Gavana M, Giannakopoulos S, Zdoukos T, Liffie S,  
Benos A

## How is Greece conforming to Alma-Ata's principles in the middle of its biggest financial crisis?

Nikolaos Oikonomou, Anargiros Mariolis

The introduction of Greek Central Health Fund:  
Has the reform met its goal in the sector of  
Primary Health Care or is there a new model  
needed?

Nikos Polyzos<sup>1</sup>, Stefanos Karakolias<sup>1</sup>, Costas Dikeos<sup>1\*</sup>, Mamas Theodorou<sup>2</sup>, Catherine Kastanioti<sup>3</sup>, Kalomira Mama<sup>1</sup>,  
Periklis Polizoidis<sup>1</sup>, Christoforos Skamnakis<sup>1</sup>, Charalampos Tsairidis<sup>1</sup> and Eleutherios Thireos<sup>4</sup>





## 4) Τι σύστημα ΠΦΥ χρειαζόμαστε;

## 4) Τι σύστημα ΠΦΥ χρειαζόμαστε;



### Eliciting general practitioners' salient beliefs towards prescribing: A qualitative study based on the Theory of Planned Behaviour in Greece

V. Tsiantou<sup>\*†</sup> MSc, S. Shea<sup>†</sup> BSc (Hons) PGDip. Psychology, L. Martinez<sup>‡</sup> MD, D. Agius<sup>§</sup> MD MSc(FM) MMCFD, O. Basak<sup>\*</sup> MSc, T. Faresjö<sup>\*\*</sup> PhD, J. Moschandreas<sup>††</sup> MSc MSc PhD, G. Samoutis<sup>‡‡</sup> MD PhD, E. K. Symvoulakis<sup>§§</sup> MD PhD and C. Lionis<sup>§§</sup> MD PhD FRCGP (Hon)

*"We haven't yet mentioned the pressure that we feel and experience every day because of time restrictions. How many mistakes we make because we have to see 70–80 patients in a few hours"*

*"The pharmacists give prescribed medicines to the patient without prescriptions far too easily. Then the patient demands that we prescribe these although these are not our choice..."*

*"..and a person may come and ask for a prescription for another patient, whom you have never examined and you do not have the time to check all these...."*



## 4) Τι σύστημα ΠΦΥ χρειαζόμαστε;

### Perceptions of primary care professionals on quality of services in rural Greece: a qualitative study

V Sbarouni<sup>1</sup>, Z Tsimtsiou<sup>1</sup>, E Symvoulakis<sup>1</sup>, A Kamekis<sup>1</sup>, E Petelos<sup>1</sup>, A Saridaki<sup>1</sup>, N Papadakis<sup>2</sup>, C Lionis<sup>1</sup>

<sup>1</sup>Clinic of Social and Family Medicine, Faculty of Medicine, University of Crete, Crete, Greece

<sup>2</sup>Department of Political Science, University of Crete Campus of Gallos, Rethymnon, Greece

*We work with a lot of manpower shortages. The coverage we have from our own staff is approximately 50% therefore we do not have the capacity needed by GPs. We have only seven nurses (instead of eleven).*

*You cannot effectively meet the needs of the population because there are so many people and one doctor, [who] cannot see more than 30 patients in one morning.*

*Greek citizens do not learn about PHC as in countries like the UK. The patient will go directly to the specialist. If the patient has a sore throat, he will go to an ENT doctor or the outpatient clinic of the hospital, if there is easier access.*

*We purely execute. We have to work with what we are given; financially, administratively and scientifically we belong to the general hospital – no independence whatsoever.*



## 5) Τι χρειάζονται οι ασθενείς;

visits are associated with improved adherence to statin therapy. *Pharmacoeconomics*. 2004;22(suppl 3):13-23.

3. Virani SS, Woodard LD, Wang D, et al. Correlates of repeat lipid testing in patients with coronary heart disease. *JAMA Intern Med*. 2013;173(15):1439-1444.

### Patient-Centered Decisions in Primary Care: From Necessity To Realism

**To the Editor** We read with interest the study carried out by Fowler and colleagues,<sup>1</sup> describing patients' involvement in the decision-making process for common medical conditions encountered in primary care. Remarkably, decisions about prescribing medication to lower cardiovascular risk (for hypertension and lipid control) were reported to be mostly physician driven, with discussions being oriented toward the pros of medication. In regard to decisions about prostate and breast cancer screening tests, there was very little discussion about harms vs benefits of routine prostate-specific antigen screening and mammography, while patients' age was not taken into consideration. Another unexpected finding was that decisions made in primary care

are more paternalistic compared with

ans (PCPs) are often dealing with to limited technical support, skills,

Emmanouil K. Symvoulakis, MD, PhD  
Dimitrios Anyfantakis, MD, MSc  
Adelais Markaki, APRN-BC, PhD

**Author Affiliations:** Private Family Practice Unit in Heraklion, Heraklion, Crete, Greece (Symvoulakis); Primary Health Care Centre of Kissamos, Chania, Crete, Greece (Anyfantakis); Department of Social Medicine, Faculty of Medicine, University of Crete, Heraklion, Greece (Markaki).

**Corresponding Author:** Dimitrios Anyfantakis, MD, MSc, Primary Health Care Centre of Kissamos, Loulakaki 13, Lentariana, Chania, Crete 73134, Greece (danyfantakis@med.uoc.gr).

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ΓΙΑ ΤΗΝ ΠΡΟΣΟΧΗ ΣΑΣ**