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### Vaccination of patients subjected to Hematopoietic Stem Cell Transplant - 7 years after the implementation of the project

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**BACKGROUND:** The patients subjected to Hematopoietic Stem Cell Transplant (HSC) show dysfunction of the immune system that continues through time, being that, after the first year after the HSC (autologous/allogenic) a decrease of the antibodies is confirmed for diseases prevented by vaccinations<sup>[1]</sup>. In 2012, as an Intervention Project, we tried to identify the patients subjected to the bone marrow transplant in the HSC unit, with medical conditions to start the vaccination. We arranged a protocol of vaccination nursing visits which aimed to inform and direct the patient to the Local Health Unit, to start the National Vaccination Plan (NVP). In the end, we validated the fulfilment of the NVP and the existing inter competition during the same.

**OBJECTIVE:** This study has the aim of showing the results of the quality indicators of the project of vaccination of the patients subjected to HSC. **METHODS:** As a method we resorted to the quantitative analysis retrospectively of the application of the methodology of the Project, through the indicator of the quality of the defined result – vaccination rate of patients subjected to HSC with the National Vaccination Plan. As a sample of this study, we used the technique of convenience sampling. We included all patients subjected to HSC in medical condition to start the vaccination. The period between 2017 and 2018, the indicator of quality of the procedure was defined by the number of telephone contacts gathered in the scope of the vaccination and the analysis of its contents was done. **RESULTS:** Were part of a study 358 patients, of which 229 were subjected to HSC allogenic and 129 autologous. We obtained vaccination rates of 100% in the last years. The project started in 2012, with a rate of 87%, mainly due to the improvement of the articulation with the Local Health Units. Of the 290 telephone contacts registered, 38% corresponds to the contacts carried out by the Hospital Nursing Team to the local Health Unit and 62% from the Local Health Unit to the hospital. The topics approached were mainly the following issues: (i) if patients over 40 years of age need vaccination against HPV (27%), (ii) the authorized date to start the NVP (13%), (iii) the reason for updating the NVP (19%), (iv) the number of the vaccines to be administered by contact (39%); (v) the adequate date for the administration of the vaccine VASPR (2%). **CONCLUSIONS:** The applicability of the quality indicators permitted the improvement of the project intervention strategies and the efficacy of the same. The contacts proved to be fundamental in sharing, explanation of doubts and discussion about the vaccination of these patients, warning them for fundamental issues which should be explained in the first contact. Through the implementation of the project we were able to increase the rate of vaccination decreasing the vulnerability of

infection of these patients. This project is innovative by approaching the vaccination area of these patients seeing that this was not being re-established in a systematic way. It is reinforced by the articulation of the care by the Local Health Unit promoting its contact with the patient, achieving his loyalty thus guaranteeing the continuation of health care.

**Keywords:** *Vaccination; National Vaccination Program; Vaccines; Hematopoietic Stem Cell Transplant; Bone Marrow Transplant*

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### Particularities of the doctor-patient relationship, in elderly patients

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**BACKGROUND:** In current days, the outstanding role of the physician-patient relationship and the effective communication that it allows has gained importance, as well as the concept of patient autonomy, the making of shared decisions, the patient-centered care and the doctors' empathy<sup>[1]</sup>. The process of communication is generally complex and can get even more intricate when age becomes an issue. One of the greatest challenges faced by the physicians when dealing with the elderly is their heterogeneity due to their throbbing life experience, to their diverse cultural roots and to the physiologic ageing process itself. **OBJECTIVE:** To understand and highlight the importance of the doctor-patient relationship in elderly patients, as a fundamental intervenient in promoting the quality of medical care and the quality of life of the individual, taking into account the specifications inherent to the ageing process. **METHODS:** Research was made through medical platforms such as Pubmed, Medline and Emedicine, from 2005 to 2015, giving emphasis to recent literature. The key-words to this purpose were: "Aged", "Physician-Patient Relations", "Geriatrics", "Empathy", "Aging", "Communication". A total of 45 articles were studied and 2 books were consulted. **RESULTS:** As communication stands as the core of the clinical ability, a low level of literacy in health casts important changes in the paradigm of physician-patient relationship, beaming its relevance in discussing elderly patients<sup>[2]</sup>. The informed consent contains several ethical and legal challenges and doctors are intended to act to achieve their successful resolution, through a clear and simplified communication route<sup>[3]</sup>. As to upgrade physician-patient relationship and the quality of medical care, it is necessary to promote the presence of the patient's care-giver during clinical consultation. **CONCLUSIONS:** Ageing is associated with the development of a growing number of chronic diseases which, consequently, requires significant medical attention and, therefore justifying the crucial role of physician-patient relationship in maintaining the health and well-being of the elderly person. In the majority of cases, an accurate diagnosis as well as an effective treatment are greatly supported by the quality of the relationship between the intervenients. The development of communication tools and the strengthening of physician-patient bonds are of unmeasurable importance when approaching this particularly vulnerable slice of the population and its practical implementation stands as substantial challenge to the physician.