Abstract

Backround: Practitioners who do not have in-depth knowledge in the field of addictionology come into contact with patients in their practice who may have or already have an addiction problem. This patient is often accompanied by stigma and taboo, and even at a professional level it is often difficult to address the addiction problem. Doctors are obliged to map the problem and provide help in the form of a brief intervention and can thus motivate their patient to seek professional help. There are both barriers and supportive factors in the situation of initiating and conducting a conversation about addiction with a patient.

Aims: The aim is to map the limits in working with patients with addiction problems from the perspective of a general practitioner. To describe and understand the limits of working with patients with addiction problems in GP practices in Prague. The sub-objectives are to focus on the qualitative characteristics of the physician's contact with the addictological patient and to identify the physicians' needs for improving the quality of cooperation with this target group.

Methods: The thesis is qualitative in nature with the choice of data collection using semi-structured interviews. The research sample consists of 12 respondents who meet the given criteria. The data is then processed and interpreted according to the available literature.

Results: The main limitation in working with addiction patients in general practitioners' offices appears to be the lack of time for an adequate assessment of the problems and the difficulty of working with these patients. Lack of clinical knowledge, insufficient education or own tolerance to the addictological problem is also a limitation. From the qualitative characteristics, it was found that the doctor-patient contact is perceived negatively, in the lack of trust and understanding in the patient with an addiction problem. The main needs of GPs are more time and financial resources to intervene with these patients, effective referral to specialist services or more education and training in addictionology.

Conclusion: The thesis maps and describes the limits in the work with addiction patients in general practitioners' offices from the perspective of the doctor himself. The results highlight this patient contact as very challenging and difficult for GPs. And it presents recommendations and needs that GPs have for improving the contact with patients with addiction problems, such as more and better education or focus on improving time and financial resources. It also recommends expanding research on GPs' overall management of addiction.

Key words: limits – general medicine – addiction – addiction patient – doctor