Marc Jamoulle (ETMS Gilly – University of Liege, Belgium) marc.jamoulle@gmail.com
Ariana de Oliveira Tavares (University of Coimbra - Portugal)
Susana Medeiros (University of Lisboa - Portugal)
Luís Miguel Santiago (University of Coimbra - Portugal)
Daniel Knupp (SBMFC Curutiba – Brazil)

Core Content Classification in General Practice/Family Medicine (3CGP).
A New Indexing System for General Practice Knowledge Management

http://3cgp.docpatient.net/publications/
Qualitative analysis of GPs production

• Method: $3\text{CGP} = \text{ICPC}-2 + \text{Q-Codes}$
  – [www.hetop.eu](http://www.hetop.eu)
  – [http://3cgp.docpatient.net/publications](http://3cgp.docpatient.net/publications)


• Discussion
### Title of the theses

<table>
<thead>
<tr>
<th>Title of the theses</th>
<th>ICPC1</th>
<th>ICPC2</th>
<th>ICPC3</th>
<th>Q-Code1</th>
<th>Q-Code2</th>
<th>Q-Code3</th>
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<td>Atendimento jovem - consulta diferenciada do</td>
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<td>QP41</td>
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Thesis in GP/FM Portugal, Coimbra (Data Ariana de Oliveira Tavares)

### VDGM 2018 Abstract Software Atlas-ti. (Data Marc Jamoulle)

**Type:** workshop

**Title:** Shifting boundaries, international opinions of euthanasia?

**Proponents:** Rianne van Vliet, Maike Eppens.

**Keywords:** euthanasia.

**Abstract:** In this workshop we want to pay attention to what euthanasia entails in the Netherlands. We will talk about the guidelines and the role of the GP in this.

In the Netherlands, patients can choose euthanasia when they are in the terminal phase. In the Netherlands, 147,000 people die each year, of which 6,760 (4.6%) die through euthanasia or suicide aid. The number of patients who die through euthanasia grows each year. With the growing population of elderly people it is important to think about what our beliefs are of euthanasia. In this workshop we will compare the different views between the countries. We will discuss the pros and cons of euthanasia and talk about the grey boundaries as euthanasia in patients with dementia or psychiatric diseases. Also, we want to talk about the impact for us as a GP. Our aim is to inform, discuss and learn from each other.

**Keywords:** euthanasia, guideline, request/discussion, work-life balance, family doctor.
Results

Distribution of clinical concepts, ICPC-2. 4 congresses
Results

Distribution of conceptual concepts. Q-Codes. 4 congresses
Figure 5 Clinical concepts addressed in the VDGM 2018 communications. 102 coding for 79 codes. (Expressed in % of ICPC-2 chapter)
Figure 6 Contextual concepts (380 coding) addressed in the 97 VDGM 2018 communications. Number of coding and % of Q-Codes domains.
VDGM 2018  7 communications addressing ethical issues
VDGM 2018  10 communications addressing Quality Assurance
Figure 1.73: Distribution of 755 ICPC codes in 1746 abstracts accepted (384 oral presentations and 1,362 posters) (SBMFC – Curitiba – 2017) Importance of A (prevention), P (psychological), T (metabolic and nutritional) & Z (social problems) in the themes discussed.
(Data: courtesy of Daniel Knupp, SBMFC)
Figure 1.74: Distribution of 3,424 Q-Codes in 1746 abstracts accepted (384 oral presentations and 1362 posters) (SBMFC – Curitiba – 2017). Scarcity of ethical themes (QE) and Environmental problems (QH).
(Data: courtesy of Daniel Knupp, SBMFC)
Results

Master theses, University of Coimbra, Family Medicine

Number of Master theses elaborated on FMUC, number of Q-codes and ICPC-2 codes applied in its codification

<table>
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<tr>
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<td>8</td>
<td>12</td>
<td>13</td>
<td>20</td>
<td>26</td>
<td>23</td>
<td>32</td>
<td>19</td>
<td>169 (100%)</td>
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<tr>
<td>Masculino</td>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>9</td>
<td>8</td>
<td>39 (23,1%)</td>
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<tr>
<td>Feminino</td>
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<td>11</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>17</td>
<td>19</td>
<td>20</td>
<td>23</td>
<td>10</td>
<td>130 (76,9%)</td>
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<td>21</td>
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<td>20</td>
<td>12</td>
<td>133</td>
</tr>
</tbody>
</table>
Results

Master theses, University of Coimbra, Family Medicine

Distribution of Clinical Concepts ICPC-2

Most coded subcategories
- non-insulin-treated diabetes
- depressive disorders
- non-complicated hypertension
Results

Master theses, University of Coimbra, Family Medicine

Distribution of Conceptual Concepts - Q-codes

Most coded subcategories
- works in primary health care
- health problems management
- non-classified topic
Why Qualitative analysis of GPs production?

- Identifying specific knowledge
- Preventing loss of knowledge
- Showing GPs extensive field of action
- Showing GPs intensive workload
- Showing emerging themes
- Showing missing themes
- Making the history of GP/FM
- Make GPs proud of their work
- Network facilitation
- Congress organisation
- Teaching GP/FM
- Bibliographic access
- Prepare GPs knowledge repository
Discussion

• 3CGP, a new indexing system in GP/FM available in OWL and free of use for research

• Experiences of human indexing ongoing
• First step of automatic annotation ongoing

• Good face validity, maybe Generalisability,
• Reproductibility, Inter-doctor variations not tested
• Maintenance? Acceptability by the GP community?
Further reading

The full analysis of the present congress, this presentation and Ariana’s master thesis are available on [http://3cgp.docpatient.net/publications/](http://3cgp.docpatient.net/publications/)

Marc Jamoulle, MD, PhD  Qualitative analysis of the communications to the WONCA group Vasco De Gama annual meeting 2018, Porto. Report to the VDGM group. January 2018


Ariana de Oliveira Tavares. “Contexto e Clínica nos Trabalhos Finais do Mestrado Integrado em Medicina Geral e Familiar, em Coimbra” Mestrado Integrado em Medicina, Faculdade de Medicina da Universidade de Coimbra. 2018
Thank you

Jose de Almada. Pen draw
Porto. Museo Soares dos Reis.