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The multidisciplinary approach

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Complex pathologies associated with chronic health conditions must be dealt in a coordinated way and the 'multidisciplinary team' approach (MDTA) represents the most efficacious way of managing these patients. Over the last 25 years, the initial limited field for joint interventions by several specialists has been progressively expanded and this article reviews some of the conditions in which the MDTA has found useful application.
This has been the case in fields as diverse as primary healthcare, oncology, diabetes, cardiovascular, chronic kidney diseases and high-risk pregnancy. In the latter situation, an MDTA can offer clear advantages for pregnancies in solid organ recipient women. In these patients, a close collaboration is mandatory between a series of dedicated physicians (including, but not limited to, infertility and maternal–foetal medicine specialists, obstetricians, paediatricians, transplant physicians, geneticists and psychologists). Such a team should be active before, during and after pregnancy and should cope with all their reproductive health needs.

Introduction

During the second half of the twentieth century, advances in biomedical research and its applications in clinical management made it inevitable that medical and surgical disciplines once lumped

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together under the common name of 'internal medicine' and 'general surgery' be subdivided into dozens of specialties. Even disciplines once considered 'a specialty' were subdivided into sub-specialties.

Subdividing fields of research and clinical practice into a myriad of diverse compartments presented clear advantages and contributed in a major way to the incredible accumulation of knowledge that took place around the turn of the millennium. In spite of this, it was soon realised that even the 'world of specialties' had its drawbacks, as complex pathologies associated with chronic health conditions had to be dealt in a coordinated way. This reality convinced many that in specific cases the health-care system had to redesign the way to deliver the best care to critically ill patients. The diverse needs of certain types of patients forced specialists to come together to meet the high demands of these cases and to best utilise available resources. Indeed, from a public health perspective, at a time when every health system around the world is under pressure to optimise spending, the rational use of resources has become mandatory.

Over the last 25 years, the initial limited field for joint interventions by several specialists has been progressively expanded, as – if properly implemented – a cooperative approach to all the needs of an individual complex patient provides positive results that can be objectively measured.

This article looks into the diverse realities of what has come to be known as the 'multidisciplinary team approach' (MDTA) and, after providing representative examples of its many applications, focuses on how multidisciplinary teams (MDTs) can be usefully employed in improving pregnancy outcomes in women with a solid organ transplant and serve their reproductive health needs.

The multidisciplinary team approach

A few years ago, Baldwin [1] reconstructed the path that led to the creation and development of the interdisciplinary health-care approach in the USA; he believes that the idea came from the success during World War II of multidisciplinary medical and surgical teams. In terms of public health, the applications of the concept were a consequence of President Johnson's vision of 'The Great Society' where the poor and underserved had a right to access appropriate health care which could be best achieved through the creation of multidisciplinary community health centres providing comprehensive and continuous care to all citizens.

In other parts of the world, as spelt out by Hall and Weaver [2], conceiving a 'team approach' was the result of two main factors: the ageing population, particularly evident in Western countries, with a consequential rise in the incidence and prevalence of chronic diseases, and the increasing burden of caring for cancer patients in palliative care. In these situations, the focus of medicine had to be shifted from the concept of 'curing' to that of maximising the quality of life and adjusting patients to life with long-term illnesses. Two conflicting requirements had to be coped with: on the one hand, an increasing complexity of skills necessary in providing adequate care to these patients, and on the other the fact that no single, specialised health professional could deliver such care. Often, specialists prefer to stay within their specific discipline where everyone utilises the same specialised vocabulary and shares the same theoretical basis in addressing and interpreting problems encountered during their work.

The educational and conceptual approach followed by individual specialists has been defined as the 'cognitive map' of a discipline and may lead to an unwanted consequence: members of two separate specialties may well look at the same issue and simply 'not see the same thing' [3]. This may lead to challenging communication problems and even open conflict within a team; the ways to confront and resolve such conflicts have been presented by Drinka and Clark who called for 'creative approaches to intra-team conflicts' [4]. The same group [5] has now developed a conceptual framework to analyse the different types of ethical issues involved in inter-professional teamwork, which hopefully will help in confronting and resolving any possible conflicts. To break down barriers, Lary et al. [6] have advocated the creation of 'multidisciplinary education models' for students, concluding that utilising concepts of problem-based learning may offer a solution.

An important variable in the functioning of a medical team is the interaction with the patient's family, especially when, as it should happen, care moves out of medical institutions and the patient attempts to regain normality in her/his life. [7]