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全科之声

——全科科研为什么做?
做什么? 怎么做?

基础医疗卫生服务是人人都需要的最基本的、最根本的医疗保健服务。在基层医疗卫生机构开展的科学研究应该是针对发生在现实中的医疗卫生服务问题的研究, 可以从医疗卫生服务提供者的角度, 也可以从患者角度研究问题, 是能对现实世界做出积极贡献的、带来真实变化的一类研究, 大多数是应用性研究。另外, 基层医疗卫生机构到底面临什么样的实际问题, 也需要依靠基层医疗卫生机构及基层医疗卫生机构的工作人员去发现。因此, 基础医疗卫生服务研究的开展是非常必要且非常重要的。

卫生服务研究的设计更具复杂性, 包括以下几点: (1) 研究对象是多方面的, 涉及患者、医疗服务提供者、第三方支付者、对医疗卫生服务的规制和规控等; (2) 研究对象一般不能采用随机抽样的方法选取; (3) 研究路径漫长, 干扰因素较多 (如费用的支付、临床路径、临床标准与指南等), 所需样本量较大, 统计分析更复杂; (4) 研究的干预措施与评价结局之间并不存在直接关联, 干预措施效果容易被稀释, 也可能产生多重结果, 特异性不强。

由于卫生服务研究的复杂性, 为了厘清研究问题、梳理研究过程, 进行卫生服务研究时须构建严谨的逻辑模型, 一个逻辑模型通常包括结构、过程和结局三个基本环节。澳大利亚的医疗卫生服务体系框架包括六个方面的结局, 即安全性、有效性、适宜性、可接受性、可及性、效率, 这也是全世界卫生服务和卫生服务研究的最终目标。卫生服务研究中常用的工具或技术包括: 倾向性评分匹配 (PSM); 风险校正 (Risk-adjustment); 倍差法 (DID); 结构方程模型 (SEM)。

本文根据刘朝杰教授讲课内容整理, 旨在提示我国全科医生进一步明确卫生服务研究的核心内涵, 开辟一条具有全科医学特色的科研道路, 促进全科医学科研的全面可持续发展。

刘朝杰. 全科科研为什么做? 做什么? 怎么做? [J]. 中国全科医学, 2021, 24 (7): 目录页.

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