

Wonca world conference. Workshop. Prague. June 26, 2013

Quaternary prevention, addressing the limits of medical practice

- *Marc Jamoulle, GP , researcher in Primary care , IRSS-UCL, Belgium*
- *Gene Tsoi, Immediate Past President, Hong Kong College of Family Physicians, China*
- *Iona Heath, past-president of the Royal College of General Practitioners, United Kingdom*
- *Dee Mangin, Director, General Practice Research Group, Associate Professor, Otago university, New Zealand*
- *Mohamad Pezeshki, Associate Professor, Department of Community Medicine, Tabriz Medical School, Iran*
- *Miguel Pizzanelli Báez, head of the Primary care network, Florida, Uruguay*

Contributions

- Marc Jamouille : From Illitch to Moynihan , medicine can be dangerous for your health
- Gene Tsoi ; Doctor-Patient Relationship - sharing of experience with a GP from Hong Kong
- Iona Heath ; The ethical implications of excessive prevention
- Dee Mangin : Mutimorbidity, ageing, and Quaternary Prevention
- Mohammad Zakaria Pezeshki: Clinical Epidemiology and Quaternary Prevention
- Miguel Pizanelli, Jorge Bernstein & André L. Silva: A South American move; the “Comision de Prevencion Cuaternaria”

From Ilitch to Moynihan , medicine can be dangerous for your health

Dr Marc Jamouille MD. family physician, IRSS-UCL , Brussels

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<https://www.uclouvain.be/irss.html>

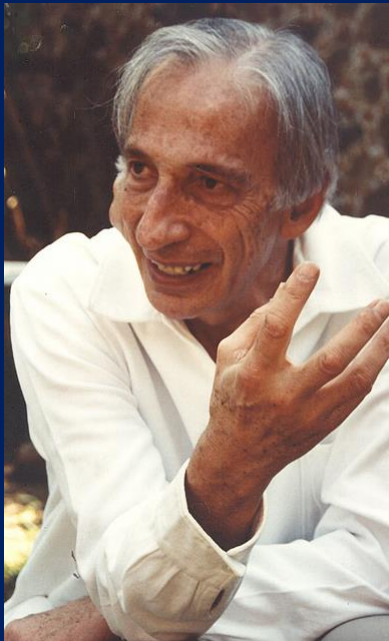
& Groupement belge des omnipraticien (GBO)

<http://www.le-gbo.be/>

1975

Yvan Illitch

Medical nemesis
or the Limits of medicine



Iatrogenic diseases

2005

Ray Moynihan

Selling sickness



Disease mongering

Medicine; more harm than good?

Answer of a family doctor :

Towards and ethically sounded prevention?

Turning preventive medicine in prevention of medicine

Let's discuss patient doctor
relationships, time line and
doctor's duty

Usual definition of prevention

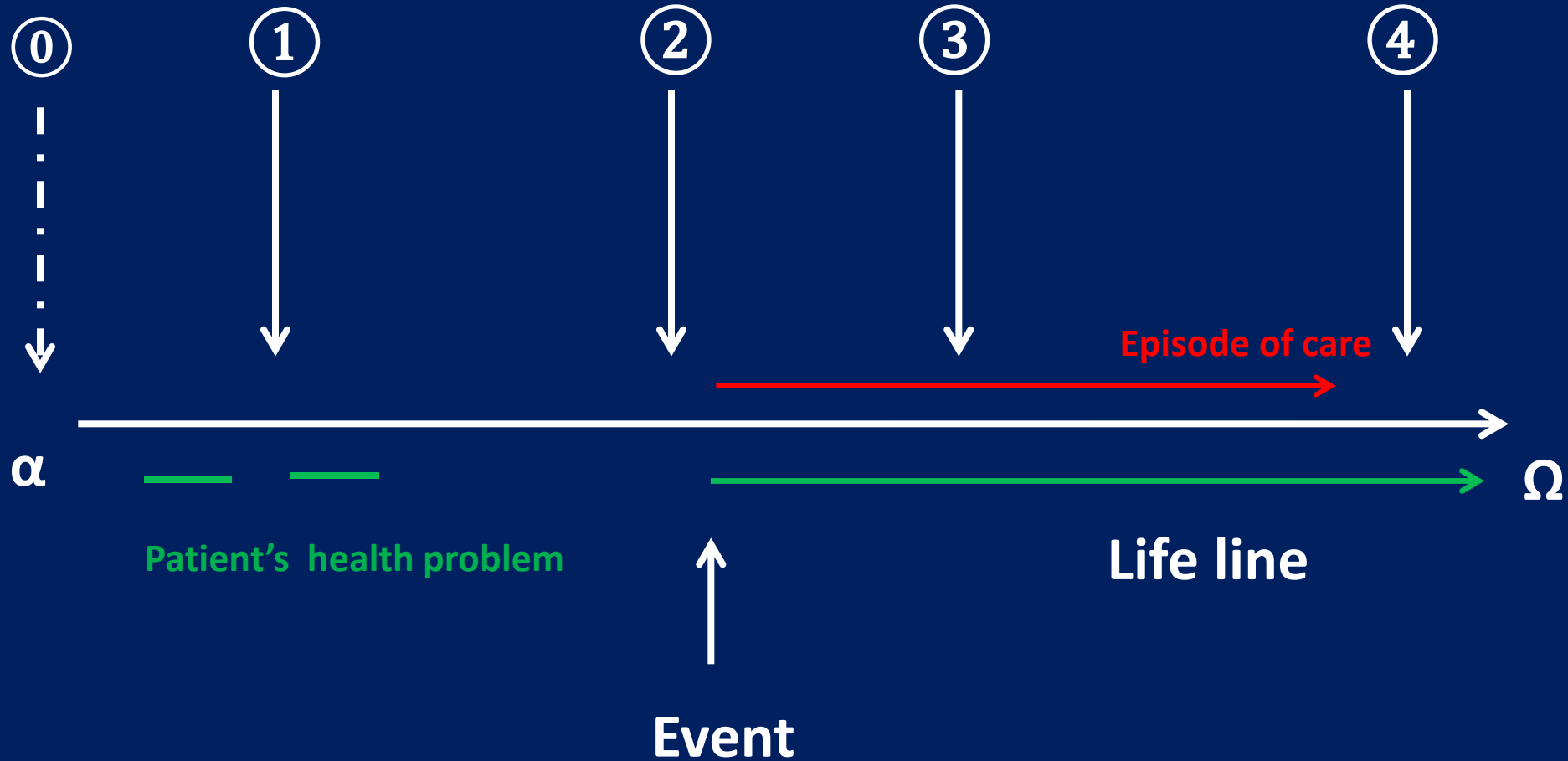
Actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability, or if none of these is feasible, retarding the progress of disease and disability

Last JM. A Dictionary of Epidemiology. 4th edition [Internet]. OUP. 2000.

As a family practitioner, I am concerned by clinical prevention

Considering this definition we can view clinical prevention as the completion of a process along the time line

Prevention ; action along the time line



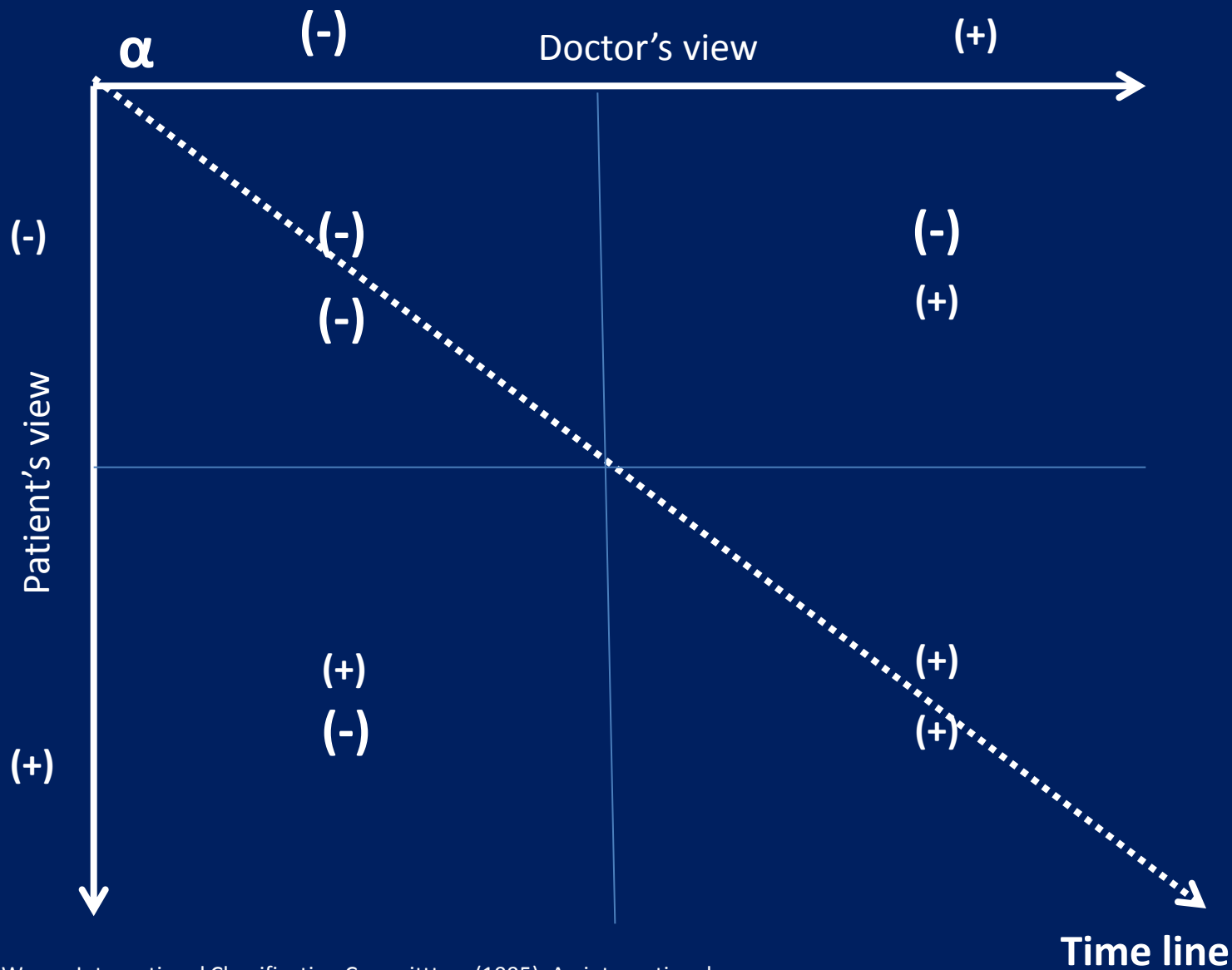
①②③ Leavell, H., & Clark, E. (1958). Preventive Medicine for the Doctor in His Community an Epidemiologic Approach (p. 684). McGraw-Hill.

① Primordial :Last JM. A Dictionary of Epidemiology.4th edition [Internet]. OUP. 2000.

④ Bury, J. (1988). Éducation pour la santé : concepts enjeux planifications. Bruxelles: De Boeck-Université.

- This kind of view is rather disease centered. Doctors are speaking about patient and looking at disease along time lime
- Let's consider the interaction between patient and doctor

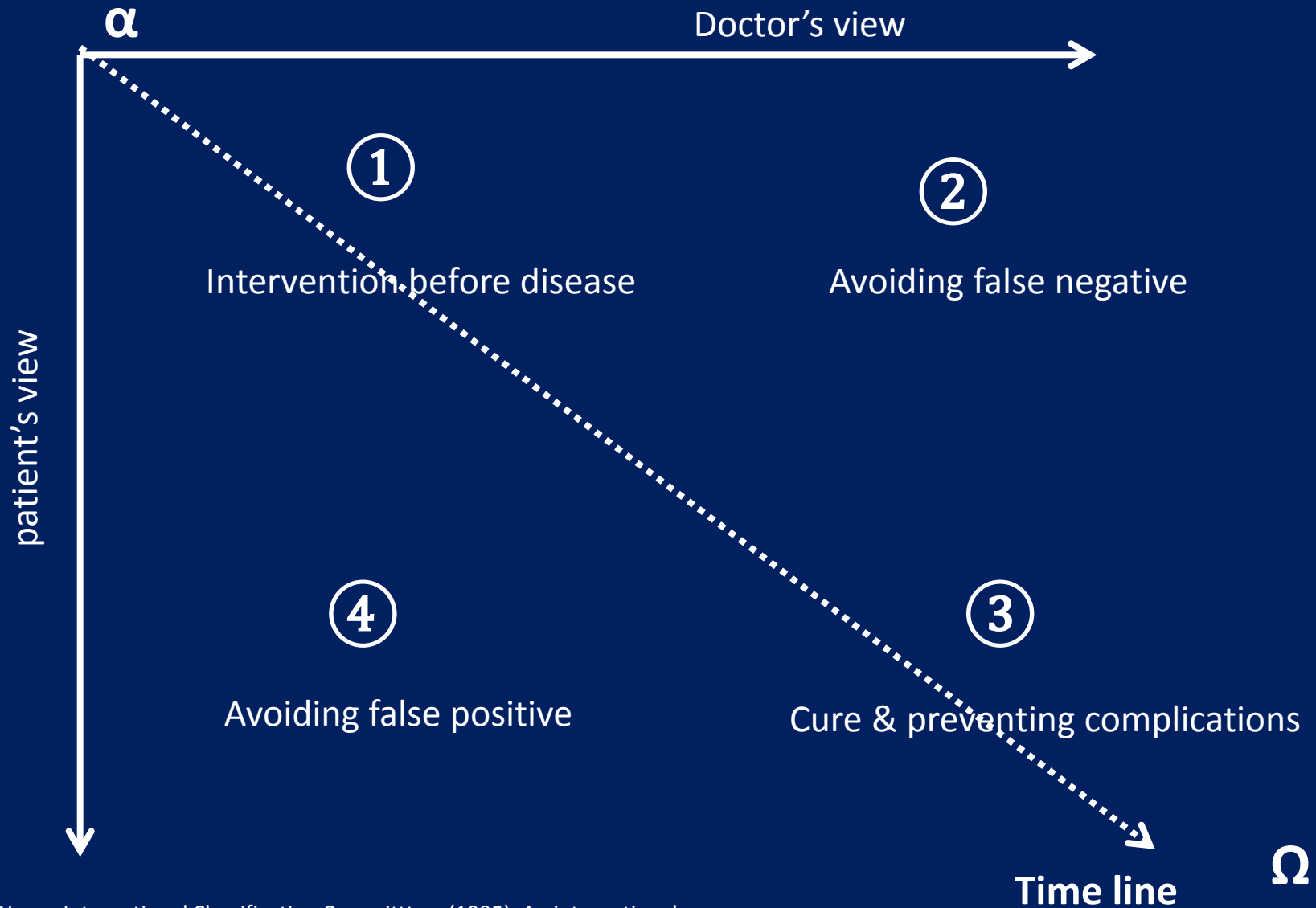
Prevention ; relational view



①②③ Wonca International Classification Committee. (1995). An international glossary for general/family practice. WONCA Classification Committee. *Family Practice*, 12(3), 341–369.

④ Jambon, J. (1986). Information et informatisation en médecine générale [Computer and computerisation in general practice]. *Les informa-g-iciens* (pp. 193–209). Presses Universitaires de Namur.

Prevention ; our duties in relational view



①②③ Wonca International Classification Committee. (1995). An international glossary for general/family practice. WONCA Classification Committee. *Family Practice*, 12(3), 341–369.

④ Jambon, P. (1986). Information et informatisation en médecine générale [Computer and computerisation in general practice]. *Les informa-g-iciens* (pp. 193–209). Presses Universitaires de Namur.

Let's take the definition of the Wonca dictionary of Family Medicine

The published definitions fit in the four fold table

patient's view

Primary (prevention)
Action taken to avoid or remove the cause of a health problem in an individual or a population before it arises. Includes health promotion and specific protection (e.g. immunisation).

②

Avoiding false negative

④

Avoiding false positive

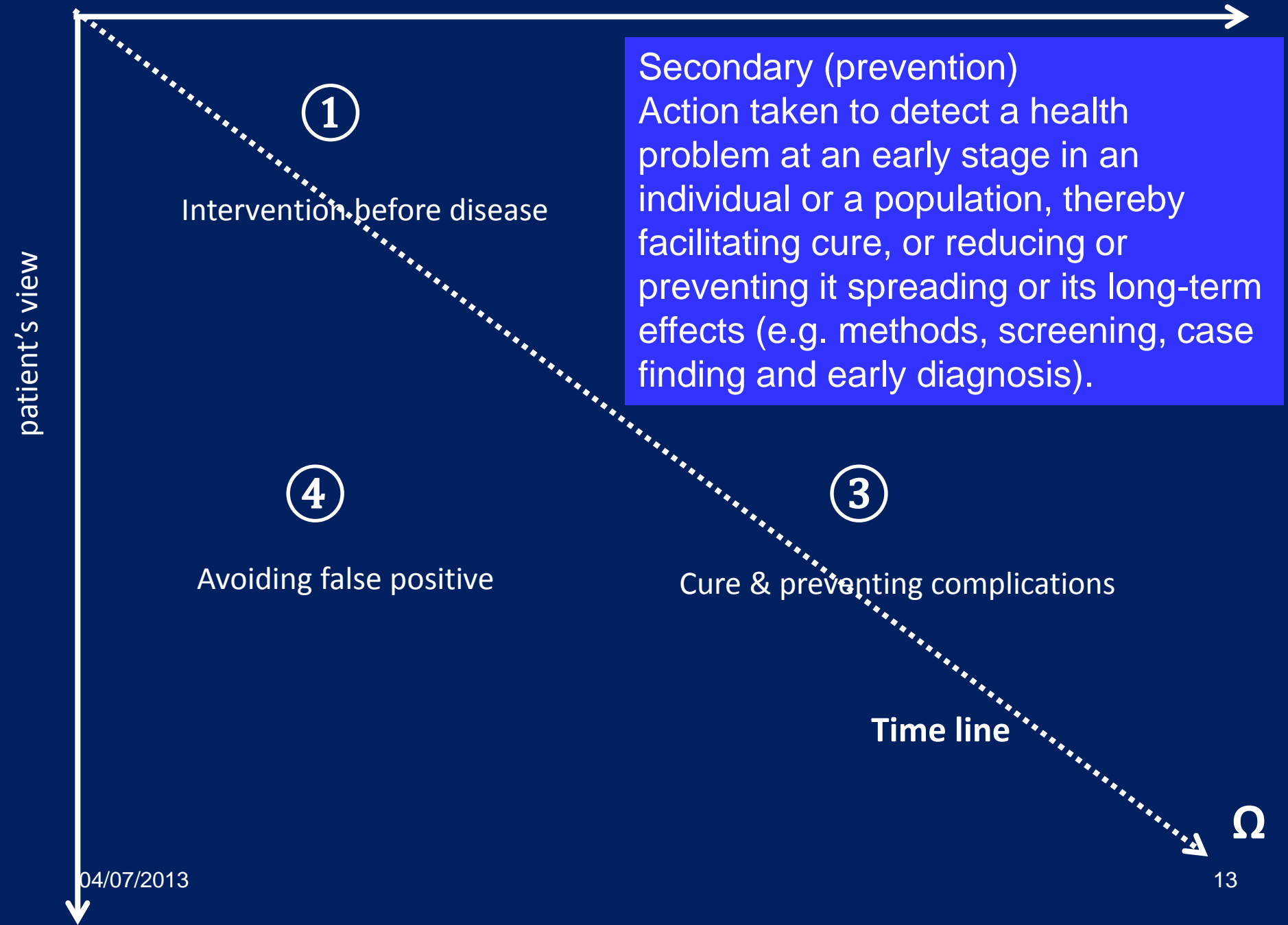
③

Cure & preventing complications

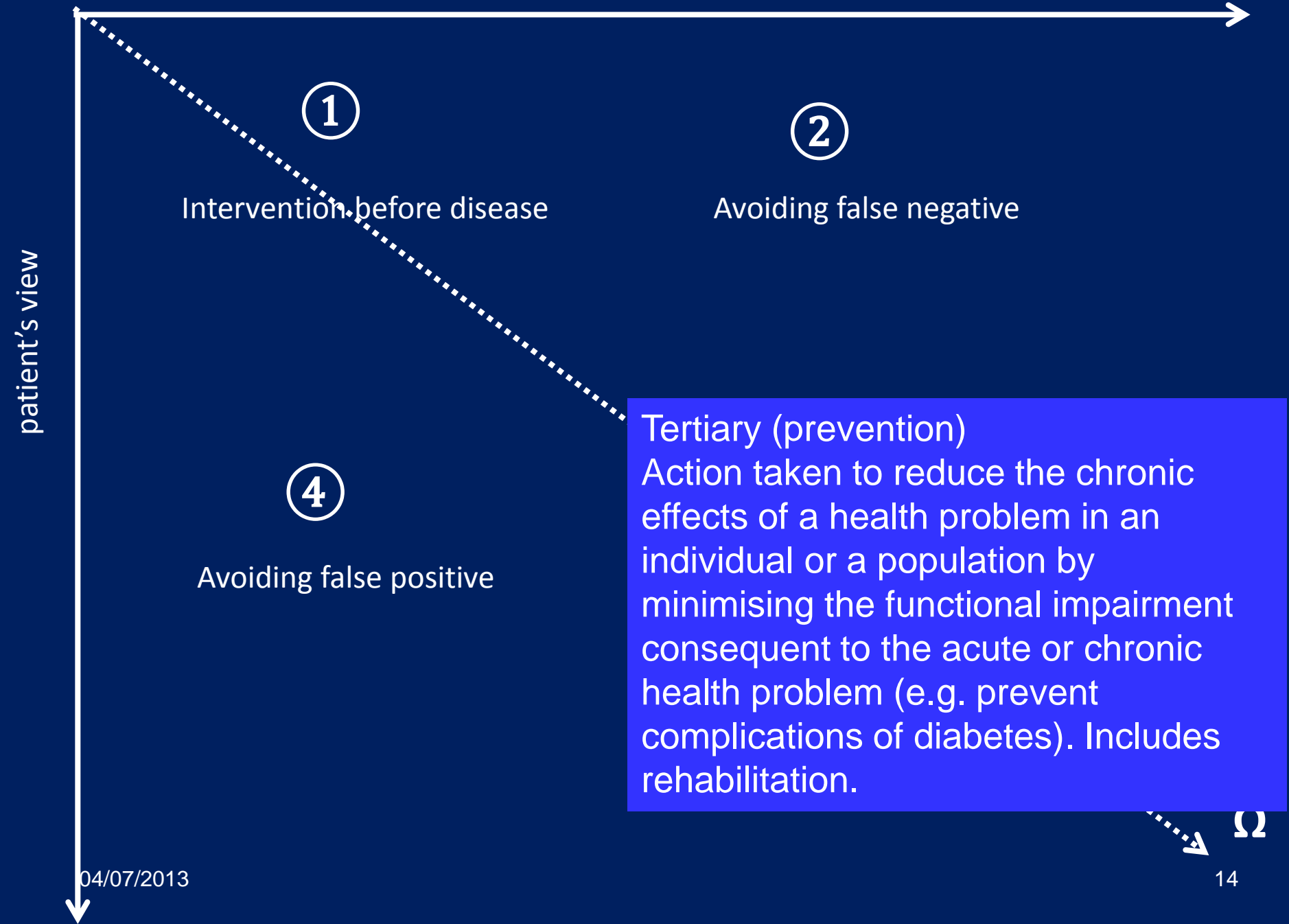
Time line

Ω

Let's put those definitions in the four fold table



Let's put those definitions in the four fold table



Let's put those definitions in the four fold table

Primary (prevention)
Action taken to avoid or remove the cause of a health problem in an individual or a population before it arises. Includes health promotion and specific protection (e.g. immunisation).

Secondary (prevention)
Action taken to detect a health problem at an early stage in an individual or a population, thereby facilitating cure, or reducing or preventing it spreading or its long-term effects (e.g. methods, screening, case finding and early diagnosis).

Tertiary (prevention)
Action taken to reduce the chronic effects of a health problem in an individual or a population by minimising the functional impairment consequent to the acute or chronic health problem (e.g. prevent complications of diabetes). Includes rehabilitation.

④

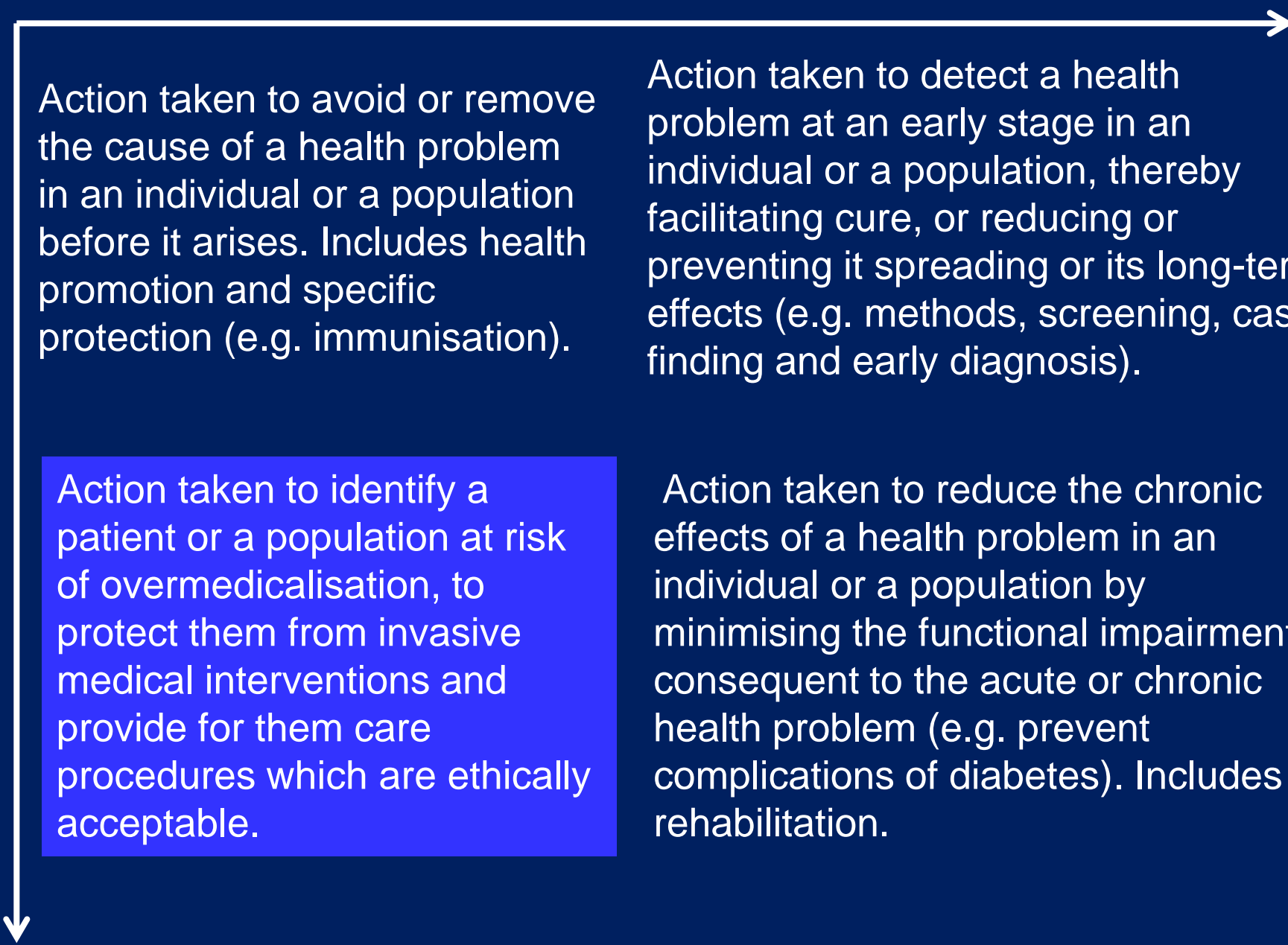
Avoiding false positive

On the same model, we have proposed the P4 definition

Action taken to identify a patient or a population at risk of overmedicalisation, to protect them from invasive medical interventions and provide for them care procedures which are ethically acceptable.

Jamouille M, Roland M. Quaternary prevention.
WICC annual workshop Hong Kong: Wonca congress proceedings; 1995

Bentzen N. Wonca Dictionary of General/Family Practice. Maanedsskr. Copenhagen; 2003.



Action taken to avoid or remove the cause of a health problem in an individual or a population before it arises. Includes health promotion and specific protection (e.g. immunisation).

Action taken to detect a health problem at an early stage in an individual or a population, thereby facilitating cure, or reducing or preventing it spreading or its long-term effects (e.g. methods, screening, case finding and early diagnosis).

Action taken to identify a patient or a population at risk of overmedicalisation, to protect them from invasive medical interventions and provide for them care procedures which are ethically acceptable.

Action taken to reduce the chronic effects of a health problem in an individual or a population by minimising the functional impairment consequent to the acute or chronic health problem (e.g. prevent complications of diabetes). Includes rehabilitation.

Conscience
or
patient's
feeling

Doctor's knowledge
Disease natural evolution

Absent —————> Present

well being
feeling

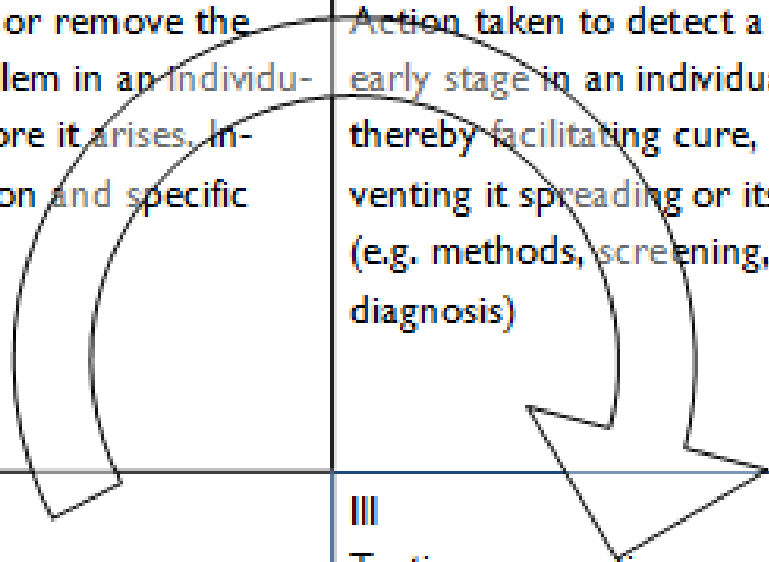
I
Primary prevention
Action taken to avoid or remove the cause of a health problem in an individual or a population before it arises. Includes health promotion and specific protection (e.g. immunization)

II
Secondary prevention
Action taken to detect a health problem at an early stage in an individual or a population, thereby facilitating cure, or reducing or preventing it spreading or its long-term effects (e.g. methods, screening, case finding and early diagnosis)

sick
feeling

IV
Quaternary Prevention
Quaternary Prevention: Action taken to identify patient at risk of overmedicalisation, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable.

III
Tertiary prevention
Action taken to reduce the chronic effects of a health problem in an individual or a population by minimizing the functional impairment consequent to the acute or chronic health problem (e.g. prevent complications of diabetes). Includes rehabilitation.



Easy glide from 1, 2, 3 to P4

patient's view

Health information
Health education

Immunization

Screening

Early
diagnosis

The doctor attracts
the patient
The patient attracts
the doctor

Therapy

Incidentaloma

Missed diagnosis



The red bar is also about dealing with

health belief

miscommunication

misunderstanding

anxiety of the patient

Unethical screening campaign

anxiogenic health education

Marketing disease

Marketing consensus

Branding conditions

Disease mongering

anxiety of the provider

unethical care

defensive medicine

lack of quality assurance

The red bar is also about dealing with



Somatization

Worried well

Somatoform disorder

Somatic fixation

Abnormal illness behaviour

Non disease syndrome

***Functional somatic
syndromes***

Non disease disease

Medically unexplained symptoms

Quaternary prevention is more than
prevention

It's a style

A way of thinking about our job
but also a tool to control it.

How to establish red lines



Is ethical prevention possible?

Let's hear what Gene, Iona, Dee, Mohammad and Miguel have to say about that

Introducing Dr. Gene WW TSOI

- Immediate Past President, Hong Kong College of Family Physicians
- Practicing GP since 25 years
- Clinical Associate Professor in teaching of medical students
- Consultant of Hong Kong Central Hospital

Doctor-Patient Relationship

Sharing of experience with a GP from Hong Kong