Quaternary prevention, addressing the limits of medical practice

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- 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 Jamoulle: 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 Illitch to Moynihan, medicine can be dangerous for your health

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Institute sciences and Society, U. Louvain. (IRSS)
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

2005
Ray Moynihan
Selling sickness

Iatrogenic diseases

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

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

Episode of care

Patient’s health problem

Life line

Event


04/07/2013
• 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

Doctor’s view

Patient’s view

Time line


Prevention; our duties in relational view

- **Doctor’s view**
  - 1. Intervention before disease
  - 2. Avoiding false negative
  - 3. Cure & preventing complications
  - 4. Avoiding false positive

- **Patient’s view**

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Let’s take the definition of the Wonca dictionary of Family Medicine
The published definitions fit 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).

Avoiding false negative

Avoiding false positive

Cure & preventing complications

Time line

04/07/2013
Let’s put those definitions in the four fold table

1. Intervention before disease
   - Avoiding false negative
   - Cure & preventing complications

2. Patient’s view
   - 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).

3. Time line

4. Avoiding false positive

04/07/2013
Let’s put those definitions in the four fold table

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td><strong>Intervention before disease</strong></td>
<td></td>
<td>Avoiding false negative</td>
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<th>4</th>
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<tbody>
<tr>
<td>Avoiding false positive</td>
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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.
Let’s put those definitions in the four fold table

<table>
<thead>
<tr>
<th>Patient’s View</th>
<th>Time Line</th>
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</thead>
<tbody>
<tr>
<td><strong>Primary (prevention)</strong></td>
<td>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).</td>
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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).

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<table>
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<tr>
<th>Conscience or patient's feeling</th>
<th>Disease natural evolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well being feeling</td>
<td>Doctor's knowledge</td>
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<tr>
<td>Sick feeling</td>
<td>Absent</td>
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<tr>
<td>IV Quaternary Prevention</td>
<td>Present</td>
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</table>

**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)

**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

- Health information
- Health education
- Immunization
- Screening
- Early diagnosis
- Therapy
- Incidentaloma
- Missed diagnosis

The doctor attracts the patient
The patient attracts the doctor

Establishing red lines
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 ear 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