Wonca Special Interest Group on
Quaternary Prevention and Overmedicalisation

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Quaternary prevention, present and future

To the memory of Mario G. Acuña

Quaternary prevention (P4) is the collection of health activities that attenuate or avoid the consequences of unnecessary or excessive interventions in the health system, mostly originated in the medicalization and the commercial approach promoted by interests opposed to those of the patients[i]. As a result, we're not only facing the health system but also the economic and social systems. We advocate for a scientific medicine, one that is humane and ethical, accessible to those who need it and based on equity. Therefore, our actions are necessarily political and their content is democratic.

Our critics of the biomedical model or hegemonic one described by Menéndez[ii] demand the creation of alternatives. One of these is the biopsychosocial model (Mc. Whinney), which requires periodical updates such as the patient-centered clinical model[iii]. Following this path and joining the approaches mentioned above, we propose a model characterized by the following characteristics:

- Inclusive
- Non-reductionist, comprehensive and integrated
- Able to tolerate uncertainty
- Including humanistic, social and political dimensions
- Avoiding and denouncing the normalisation of: hunger, exclusion, inequality, violence, racism and exploitation, all of which are more harmful for health than “diseases”.

To work within P4 is a way to behave taking in account the patient-physician relationships. More generally, it’s a process of care within the health care system that bears in mind the needs and the timing of the patients, especially those who differ from us. It includes the consulting subsystem (the patient and his/her environment) and the assisting subsystem in the context where this relationship takes place. The mechanical application of the recommendations drawn from the P4 publications about medications or procedures without a process of dialogue, of

construction with the people who consult, may be a bigger mistake than the one that we intended to amend.

The need for P4 is based, among other things, on the perversion of Evidence Based Medicine mainly caused by the actions of the pharmaceutical industry. This tool that, well applied, helps us in the production of knowledge, has suffered all kind of manipulations (publication biases, altered data, active concealing of negative tests, etc.), and this creates an unworthy tool offering benefits for the pharmaceutical companies at the expense of the safety of the patients. We need to work hard to restore those falsified researches and thus reveal whatever the research lets us learn. Let's take for example the Restore Invisible and Abandoned Essays (RIAT) about de Study 329 on paroxetine[iv], the scam with oseltamivir[v] and the now classic Buttlei Groc accusation regarding the fraud with the inhibitors of the COX2[vi]. It's hard to believe, but every ethical mandate in health business has been broken on behalf of profit. It's imperative that we confront this menace. The fight will be very difficult and many people take for granted the defeat. We We're just like those who are fighting against the tobacco industry.

P4 runs the risk of enduring a similar process to serve as an instrument of cost containment, becoming a "light" P4 that favours other interests, not those of the population. The industry serves its own interests, and the main one is profit. In order to succeed it has to accumulate power. In several court trials where they admitted their guilt, it has been shown that they don't hesitate to jeopardize the health of the people they are supposed to take care of. The deaths and severe damages to people due to the intentional concealing of information about possible hazards can be counted in hundreds of thousands. We believe this infringes the rights of the patients and it should be judged as a human rights violation.

To work from P4 implies taking care of the working conditions of the providers. It also implies a good performance at the medical consultation. The tools used at the clinical visit and the creation of a good physician-patient relationship are an indispensable component of a P4 minded care. Most of our patients are used to the biomedical-hegemonic model. To facilitate (or to stop precluding) the use of their capacity to make decisions about their health is a process that takes time both for the individual and for the group. It requires tolerance to uncertainty, renouncing to paternalism and respect for the patient's autonomy. Therefore, each person requires a different time span to achieve it.

Finally, we want to share Marc Jamoulle's definition of health[vii]:

> *"Health is a state of resistance. It is not just resistance to disease, but resistance to violence & harassment, resistance to drugs, resistance to exploitation, resistance to bad food, resistance to pollution, resistance to disastrous housing conditions, resistance to the pharmaceutical market, resistance to the commercialisation of health and even, sometimes, resistance to medicine itself. We, as health professionals, support our patients in their resistance."*

If you are willing to sign this paper, please send a mail to

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List of signatures available on the Spanish speaking web site http://www.nogracias.eu/2016/12/26/la-salud-como-resistencia-un-manifiesto-por-la-prevencion-cuaternaria/

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