Seminar "Quaternary Prevention and Medicalization".
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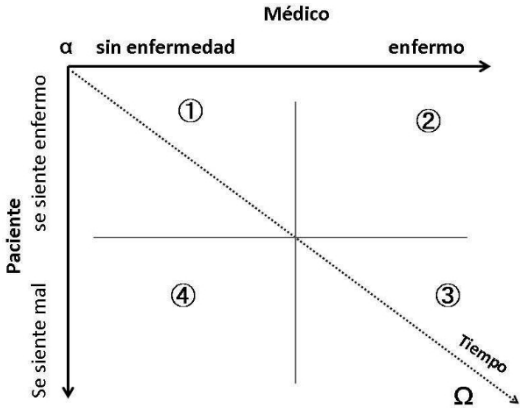
A propos d'un dessin [On the basis of a scribble].*

When I came up with the idea for P4[1] in 1986, the world was not yet globalized. The WHO was still insisting on a list of essential drugs. Non-Western countries did not consume statins and Panic Attacks were still called Nervous Breakdowns. Depression was not yet a condition that was treated without interruption, and psychotics received pharmacological treatment only during their crises. The food industry's ability to sell junk food was much less effective, but tobacco was already everywhere.

During a training process in Public Health, immersed in chi-square exercises, that statistical test that tries to separate the wheat from the chaff, I trained myself in calculating specificities, sensitivities and other predictive values, knowing however that they are mostly valid for populations, but nothing for an individual patient. I was interested in large numbers and their immense predictive potential for grouped events, but after the course I would meet again my patients and situations like this: "He is alone with his sick wife, his back hurts and he drinks[2] ", a situation that totally escapes any statistical influence, and any predictivity.

I was always one of those bad students who sat near the stove in class and away from the teacher's inquisitive gaze. Luckily for me, attention deficit disorder without hyperactivity did not yet exist. In 1986 I retained the ability to be over the moon during class. This explains why during a statistics course I had taken to drawing a picture in the corner of a sheet of paper. Instead of doing a case test, I scribbled a new type of improbable test. The doctor vs. patient test, the knowledge of some vs. the doubt of most, science vs. conscience.



Doing so delimits[3] four possibilities of agreement or disagreement: Patient and physician can agree that there is no disease.
①. The physician may bet on the disease and try to train in this to his patient who nevertheless feels well ②. Both may agree on the existence of a problem, the need to treat it and to prevent complications ③. But they may disagree, the patient lives sick and the physician finds nothing ④, a situation so frequent and risky for the patient. In an interesting way, patients and physicians will necessarily meet again at the point Ω, in illness and death.

It was also the time when I was immersed in Mc Whinney's "Texbook of Familiy Medicine" and was rejoicing in his takeaways.
with respect to the man-patient. A few years earlier, I had also enjoyed reading Illich and even earlier Balint. At the crossroads between public health and individual health, I wondered about ethical issues that cut across my profession.

Always driven by the questioning of my relationship with the patient, I then became interested in the concept of reason for reunion. Professor Henk Lamberts of the University of Amsterdam welcomed me into what was to become the Wonca International Classification Committee (WICC). In 1999 the WICC accepted the definition I proposed and the concept was transcribed in the Wonca Dictionnary of General Practice .[4]

> **Action implemented to identify a patient or population at risk of over-medicalization, protect them from invasive medical interventions, and propose ethically and medically acceptable care procedures.**

The concept would have remained confidential and fun if one of the Committee members had not convinced the great Barbara Starfield[5] of their interest. The perception of the world was changing for some of my colleagues. Under the pretext of discovering new drugs, new foods, new pesticides, the drug, chemical and food industries had caught up with the tobacco industry in terms of harmfulness to the human species and to planet earth in general. They all practiced the same sophisticated methods of information manipulation and psychological seduction, the same methods that were used by the tobacco industry to incite young people to believe that tobacco is not harmful to the human species and to planet earth in general.

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*translation: Jorge Bernstein, Mónica Cortazar, Miguel Pizzanelli

addictive drug. The drug industry has employed armies of medical representatives, treasure troves of ingenuity to hide under a scientific screen the manipulation of information, the purchase of publication space, the concealment of failures, and to drown the real alarming news in a sea of reassuring paid publications.[6] .

But the capacity to reveal and analyze information has also developed and spread with determination. Numerous physicians and scientists around the world have begun to denounce manipulations and abuses of all kinds. No field of medicine today escapes criticism as a matter of course. And since in recent decades, medicine has declared itself competent in everything, from mental health to sexual health and behavioral health, criticism has come from all sides, particularly from primary health care providers, those who are in daily contact with the population.

The domain of classifications, and in particular the DSM IV, was the battlefield, with the revelations of manipulations to which the American Psychiatric Association lent itself[7] . In 1999, it had taken the combativeness of a group of early internaut physicians and a first petition to prevent the WHO from approving the new blood pressure standards insidiously proposed by a multinational drug company trying to extend its market. The so-called pandemic flu crisis opened our eyes to the influence of corporations on States and the WHO. Many drugs are proposed as a panacea and are withdrawn from the market after fierce fights in which one realizes that the international control bodies are also managed by these same companies .[8]
Journalists denounce these manipulations[9] in the face of which most physicians remain impassive or are accomplices. Examples of overstepping the bounds of what is acceptable can be found in any field of medical practice, be it information, prevention, diagnosis or treatment. Medicine becomes, for the first time in contemporary history, suspected of spreading disease. The "*primum non nocere*" of Hippocrates is undermined by this civilization of unscrupulous merchants.
This gloomy picture is the same in the face of the doubt that pervades daily practice. The inflation of information, of detection, of diagnostic means, of new treatments requires an incredible shrewdness from the field physician, who must always place doubt at the center of his decision-making process.

In this new framework, which sharpens what we have left of scientific management, the small chi-square graph between patient and physician provides an amazing observation grid of these phenomena. Section I falls perfectly into over-information; section II, into over-scribing; section III, into over-treatment and over-diagnosis or defensive medicine; and section IV, which interrogates our relationship, also allows us to question our behavior at any level.
Interestingly, my doodle has been picked up by countless physicians and professors, to such an extent that in 2010, I was surprised to discover that even young Brazilian undergraduate medical students knew it perfectly well. WICC colleagues have widely disseminated the concept, which has made its way to Europe, Latin America and is already on its way to Asia.

In 2011, the Cesca Team organized a webinar on Quaternary Prevention in Barcelona. In 2012, an international online seminar ending with a day of debates in Buenos Aires, brings together physicians, psychologists and social workers from Argentina, Uruguay, Brazil, Ecuador and many other countries for an unprecedented discussion on the validity of our profession, based on the Quaternary Prevention reflection grid. The P4 concept was clearly the trigger for an extensive exchange on the ethics of the healing profession in this globalized world.
This year saw the passing of two of our discipline's most prominent teachers Ian Mac Winney and Barbara Starfield, to whom the concept of quaternary prevention owes so much. I am extremely honored and touched to be the bearer of such fruitful thoughts, through an incredible story that began with a scribble on the corner of a leaf.

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