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Letter to Editor

New 2016 MeSH Addressing Information Gap, Poverty, Violence and Danger of Medicine Set the Tone for Policy-Makers in Patient Care

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Dear Editor,

In their interesting article on Collaboration and Co-Production of Knowledge in Healthcare,[1] Rycroft-Malone and colleagues make the following point: "*there are some general transferable qualities that might be embodied in researchers, such as being: able to wear more than one hat (being generalists), comfortable in the field, tolerant of messiness, a good communicator with different audiences, able to go with the flow and be adaptable whilst maintaining the standards of research rigor, able to manage conflict, be tenacious and creative (to name a few).*"

Can this set of qualities be shared by family practitioners (FPs)? According to the European definition of general practice/family medicine (GP/FM),[2] one can see that family doctors have indeed more than one hat. Communicating in messiness is their bread and butter and managing conflict their daily challenge. And each encounter with a particular patient could be considered as a research project on its own right.[3]

A prerequisite for FPs to "*go with the flow and be adaptable whilst maintaining the standards*" is the availability of highly adaptive information sources. To address this issue we studied the new Medical Subject Heading (MeSH) edited by the National Library of Medicine (NLM). Each year the staff of the NLM collects and selects new terms as they appear in the scientific literature or in emerging areas of research.[4]

We wanted to evaluate whether this process grasps societal change and new tendencies of knowledge transfer in the whole flow of knowledge in healthcare and particularly in GP/FM. In 2016, the NLM added 438 new descriptors and replaced 17 descriptor terms with more up-to-date terminology. While analyzing, in an ongoing research project, the contributions of FPs to their national and international congresses,[5] we extracted 52 terms out of this list for their relevance to the managerial (ie, non-clinical) GP/FM domain. New MeSH terms related to symptoms, diseases and clinical therapies drugs (ie, clinical), although relevant to GP/FM, are not included in this list.

This subset of the list of new or updated MeSH gives an interesting insight, through the witness of doctors, in the 2016 state of the world, which looks more difficult and dangerous than ever. In the following thought provoking examples of new terms, the reference to the MeSH annotation in the appended list is given with a number between brackets.

- We note an opening towards attention to the dangers of the information society with the MeSH: Data Anonymization (#14), Digital Divide (#17), Personally Identifiable Information (#38).
- The world ongoing division between rich and poor is also quite documented with: Health Equity (#25), Literacy (#31), Social Workers (#48), Undocumented Immigrants (#51), Working Poor (#52).
- Daily life and gender- or age-based violence have also five new or updated MeSH: Adult Survivors of Child Adverse Events (#2), Child Protective Services (#6), Exposure to Violence (#20), Intimate Partner Violence (#30), Physical Abuse Violence (#39).
- Particularly important for policy-makers and healthcare organizers, the MeSH vocabulary shows an outstanding evolution with the apparition of twelve terms related to overutilization and control of overmedicalization as well as to potential errors and harms in medicine as: Censorship, Research (#4), Crew Resource Management, Healthcare (#4), Deprescriptions (#15), Direct-to-Consumer Advertising (#18), Failure to Rescue, Health Care (#22), Healthcare Failure Mode and Effect Analysis (#27), Long Term Adverse Effects (#32), Medical Overuse (#33), Near Miss, Healthcare (#34), Potentially Inappropriate Medication List (#41), Prescription Drug Overuse (#42), Time Out, Healthcare (#50).

All those 12 terms could be related to the applications of the quaternary prevention (QP) concept.[6] The later has gained the status of descriptor in the South American Descriptors of Health Sciences[7] in 2015 but not yet in MeSH.

Overdiagnosis and overmedicalization are now fashionable in medical journals[8] and could be seen as sons of the QP concept[9] which has been defined in the Wonca dictionary[10] as "*Action taken to identify patient at risk of overmedicalization, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable.*" The concept has been shown applicable in the three first fields of prevention.[11-14]

This subset of the new MeSH, seen through the eyes of a long term practicing GP, shows a world of divisions, families torn apart by violence, installed inequity, and digital information divide. This little analysis shows also the

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emergence of a greater awareness of the dangers inherent in the exercise of our profession. This is worth to be highlighted to health policy- makers.

See Additional file 1; List of 52 new or updated MESH in 2016 relevant to GP/FM management.

Ethical issues

Not applicable.

Competing interests

Author declares that he has no competing interests.

Author's contribution

MJ is the single author of the paper.

Additional files

Additional file 1: Contains the Appendix 1.

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