About prevention in Family Practice & Primary Care

4th International Conference On Primary Health Care/Family Health
3rd National Exhibition On Family Health Practices
3rd National Contest On Family Health Experiences

Aug. 5th to Aug. 8th, 2008
Ulysses Guimarães Convention Centre
Brasília/DF, Brazil

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LET US DISCUSS JUST A LITTLE BIT THE CONCEPT OF CLINICAL PREVENTION IN FAMILY PRACTICE
Definitions

Wonca International Classification Committee by product:

Wonca Dictionary of General/Family Practice

PREVENTION

Action to avoid occurrence or development of a health problem and/or its complications.
Any concern in relation to the health of a patient as determined by the patient and/or the health care provider.
Three actors

Patient and his/her knowledge

Doctor and his/her sciences

Time

And their interactions
The language of the patient lifeworld

• Suffering
• Death
• Disability
• Despair
• Problems
• Complaints
• Conditions
• Symptoms
• Fears

Let us have a look at the symptoms suit case which highlights the complexity of the patient complaint

Adapted from K. L. White, The Task of Medicine, Kaiser, 1988
SYMPTOME

RETOUR

CERTITUDE

errance

ailleurs

passage

TRAVAIL

CHOMAGE

MIGRATION

MJ 2008
The doctor
Complexity of GP’s duties

General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognize they will also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilizing the knowledge and trust engendered by repeated contacts.

The European Definition of General Practice / Family Medicine. Wonca Europe, 2005
LET US EXAMINE THE TIME LINE IN CLINICAL PREVENTION

A determined Process
About a vulnerable Problem
In due time
A process about a problem along the time line in usual planning in secondary care

Chronological approach

Before

After

time line

Onset of the problem

Ex: “secondary” prevention of relapse by Aspirin after acute coronary heart disease
Mixing patient’s and doctor’s views in primary care

Doctor’s views

Could be very different from

Patient’s views
Mixing patient’s and doctor’s views in primary care

Onset of the problem

You are
I am
Mixing patient’s and doctor’s views in primary care

Onset of the problem

You are not
I’m not
Mixing patient’s and doctor’s views in primary care

Onset of the problem

You are
I’m not
Mixing patient’s and doctor’s views in primary care

Onset of the problem

You are not I am
Let us see those concepts in a different way.

Crossing doctor and patient’s views along the time line

Between disease and illness

Between science and conscience
Crossing patient and doctor thoughts open four interpretation fields
Patient feel him/herself well

Doctor can find nothing wrong

Primary prevention
Ex: Immunization or prevention of falls
Patient feel him/herself well
Doctor look for disease. The doctor bets on the disease.

- Doctor

Disease

Patient

Illness

Secondary prevention

Ex: screening
Cervix/ Breast/ Scoliosis
Disease

Doctor

Patient

Illness

Tertiary prevention

Ex: retinopathy prevention in diabetic patients

Aspirin in post infarctus

Patient feel him/herself sick

Doctor agrees and looks for complications

I

II

III

- +

- +

+ -
What about the remaining one?

We got three

Patient feel sick

Doctor can find nothing wrong

Primary prevention

Secondary prevention

Tertiary prevention

Disease

Doctor

+ 

Patient

Illness

I

II

III
The anxiety of the patient meets this one of the doctor

You have nothing - It’s in your head - Hypochondria - Hysteria - Munchausen - Non disease disease - Medically unexplained symptoms - Worried well - Somatoform disorder - Somatization - Somatic fixation - Abnormal illness behaviour - Non disease syndrome Functional somatic syndromes.......

It’s the field of chronic fatigue syndrome but also of not yet diagnosed Multiple Sclerosis
LET US HAVE A LOOK BACK AT THE DEFINITIONS

As published in the

Wonca Dictionary of General/Family Practice
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)
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. screening, case finding and early diagnosis)
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
The field four is a hole where patients fall due to miscommunication, misunderstanding, anxiogenic health education, unstudied screening campaign, bad public health program, personal fear of the patient, health belief, anxiety of the provider, defensive medicine, uncontrolled technology or specialist based care, unstudied complementary medicine.....

Primary prevention
Secondary prevention
Tertiary prevention
Ex: Unfit health prevention campaign
The field four is a hole where patients fall due to miscommunication, misunderstanding, anxiogenic health education, unstudied screening campaign, bad public health program, personal fear of the patient, health belief, anxiety of the provider, defensive medicine, uncontrolled technology or specialist based care, unstudied complementary medicine.....

Ex: non targeted breast campaign
The field four is a hole where patients fall due to miscommunication, misunderstanding, anxiogenic health education, unstudied screening campaign, bad public health program, personal fear of the patient, health belief, anxiety of the provider, defensive medicine, uncontrolled technology or specialist based care, unstudied complementary medicine.....

Ex: 3 mm angioma in the liver
Listen to the patient
Control medicine

Quaternary prevention
IV
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.
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. 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

IV  
**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
Tobacco counselling

Breast screening

Diabetes care

One contact, multiple problems

Ask a scanner for her headache

Doctor

Disease
Quaternary prevention shapes numerous concepts

- auto control of preventative and curative program
- careful analysis of miscommunication
- understanding of patient’s anxiety and belief
- defensive medicine
- accepting to decide in uncertainty
- humility in the diagnostic process and patient relationships
- ethically balanced attitudes
It is only in the small contexts of millions of physician-patient relationships that are open, safe, and mutually determined that the public had any chance of controlling and protecting itself from its own Promethean propensities.

G. Gayle Stephens, MD. Reflections of a post flexnerian physician. in KL White (Ed) The Task of Medicine, Kaiser, 1988
Well, you know now that medicine can be dangerous for your health

You are at risk to be sick
And at risk to be cured

First, do not harm

Hippocrates
Gilles of Binche, Belgium, 1936

Thank you

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<td>Black and white photography of a home visit in Belgium by Stephen L. Feldman, Chicago, Illinois</td>
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<td>Carpentier J, Medical flipper, Paris, 1985</td>
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<td>G.Gayle Stephens, MD. Reflections of a post lexnerian physician. in KL White (Ed) The Task of Medicine, Kaiser, 1988</td>
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