Ethical, pedagogical, socio-political and anthropological implications of quaternary prevention

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On behalf of the WONCA Special Interest Group on Quaternary Prevention and Overmedicalization
The authors, from 12 countries on 3 continents, are members of the WONCA International Special Interest Group on Quaternary Prevention & Overmedicalisation.

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as well as in English and Portuguese in the Revista Brasileira de Medicina de Família e Comunidade.

Soon in Polish.
Conflicts of interest

• I have no connection with the industry
• I am a member of the Better Prescrire Association which publishes the Prescrire journal
• I am a member of the French Training and Therapeutics Society for General Practitioner (sftg.net)
• I am a member of the Belgian Group of General Practitioners (GBO)
• I am a member of the Wonca International Classification Committee
• I am a freelance researcher in primary care
• I live from my work and my patients that I thank for what they gave me
To do

Prevention quaternaire

Actions taken to identify a patient at risk of overmedicalisation, to protect them from new medical invasion, and to suggest interventions which are ethically acceptable.

docor

patient

ethics
RBM or/and EBM

For a Relationship-Based Medicine


Even G "Les «deux têtes» du médecin" L’Harmattan, Paris 2017
Some authors at the origin of the concept

Ivan Illich (1926 - 2002)

Michael Balint (1894-1970)

Ian Renwick McWhinney, (1926 – 2012)

Umberto Eco (1932 – 2016)
The patient

We are addressing a concept in a world of reference

The clinical prevention

Implementing timely medical actions in Family Medicine

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We consider four elements in a place of consultation.
The classic model is based on chronology and disease

The terms Primary (I), Secondary (II) and Tertiary (III) are borrowed from the natural history of syphilis. (Clarke 1948)

This model was completed in 1988 by Jacques Bury who proposed the concept of Qutarenaire Prevention to talk about Palliative Care


**PREVENTION IS ACCOMPLISHED BY INTERCEPTING THE “CAUSES” CONTRIBUTING TO THE DISEASE PROCESS**

**NATURAL HISTORY OF ANY DISEASE OF MAN**

<table>
<thead>
<tr>
<th>Agent</th>
<th>Host</th>
<th>Environment</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>interacting to bring host and agent together</td>
<td>Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Defect</td>
</tr>
</tbody>
</table>

**Pre-pathogenetic Period**

**Period of Pathogenesis**

**Agent-Host Interaction influenced by Environment**

**LEVELS OF APPLICATION OF PREVENTIVE MEASURES**

- **Health Promotion**
  - Nutrition
  - Health education
  - Housing
  - Recreation
  - Personality development

- **Specific Protection**
  - By immunization
  - By sanitation against allergens in industry
  - By specific nutrients

- **Early Diagnosis and Prompt Treatment**
  - To prevent spread
  - To prevent sequelae
  - To shorten disability

- **Disability Limitation**
  - To limit disability
  - To prevent death

- **Rehabilitation**
  - To prevent total disability and to return the patient to usefulness

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Our model is now based on relationships and time.

We share:
- Values
- Expectations
- Fears
- Expectations
- Knowledge

When a patient meets a doctor:

- False positive
- False negative

The three definitions existing in 1986 find their place in the table.

We proposed a fourth.


The patient's anxiety meets that of the doctor

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

This is the field of chronic fatigue but also MS not yet diagnosed.
These four definitions provide a description of the family physician's activity and an ethical view of his/her action.

By rereading the definitions we realize that the term prevention has disappeared.

Quaternary attitude

Avoiding false negative
Avoiding false positive
Intervention before disease
cure & preventing complications

Health Information
Health education

Screening

Early diagnosis

Therapy

Inmunization

Incidentaloma

Errors

Meeting between the patient and the doctor

Anxiety
Fear
Despair
Emotion
Indifference

The doctor sends the patient in field 4
The patient is very sensitive to misinformation

Family doctors worldwide
Ethical implications

• ‘Ethically Acceptable’ in QP definition means that the final goal of QP would make clinical practices conduct under bioethical principles.
Quaternary prevention implies four ethical principles:

• **Non-maleficence**:
  • GP/FP have ethical obligation to protect patients from potential harm.
  • GP/FP play the important role of preventing the cascade of unnecessary medical services.

• **Beneficence**
  • GP/FP have to achieve evidence-based practice incorporating patient-perceived value.

• **Respect for Autonomy**
  • GP/FP conduct shared decision making to let patients empower

• **Justice**
  • GP/FP achieve distributive justice by preventing overmedication
Example of uncontrolled medical maleficence

Piece of paper brought by a patient, prescription required for a neighbor. Consultation MJ May 18, 2018  Belgium
In 2007, the manufacturer of Oxycontin and three executives pled guilty to federal criminal charges for misleading regulators, doctors and patients about the risk of drug addiction.

To teach quaternary prevention?

- The teaching of quaternary prevention is a complex field where epidemiology, communication, the doctor-patient relationship, student-centered approach, along with many others abilities must be present in a balanced way.

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Medical students often see “biological science” as separated from political or economic issues. Teaching quaternary prevention should integrate the “biopsychosocial” approach and the macro and micro views.
Examples

• Discuss what is the difference between illness and disease
• Improve critical thinking about the balance risks benefits / understand that all medical interventions can cause harm.
• Rational use of test and diagnostics procedures.
• Refer to the Micro Meso Macro approach (see text)

To teach quaternary prevention

Dr. Miguel Pizzanelli
WONCA Conference, Montevideo, 2016
Anthropological implications of P4

• Interest in Clinical Practice: Standards and Values
• Inventory of clinical experience / expertise
• Anthropological surveys on specific populations (migrants, rural areas, ...)
• Interest in health policy - regulations and technology assessment
• Interest in overall health
To broaden EBM

Health Technologies:
- Pharmaceuticals drugs features
- Procedures, measures

Clinical expertise
- Paradox of primary care

Quantitative researches
- RCT

Mixed studies

Qualitatives researches
- Anthropology
Anthropological approach to quaternary prevention

Ethical issues of the clinic analyzed according to different registers:

• Overall health
• National Policy
• Corporate culture
• Clinical and care practices
• Patient experience
P4 is NOT a tool. It is not a technique. It is not an X... based medicine.

It is a way of seeing the world, is to think about a new way of being doctors and how medicine has to be.

That is why it has become a political movement.

Socio-political implications of Quaternary Prevention (P4)

Pr. Dr. Ricardo Lavalle, MD, PhD
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La P4 implique:

- Propose a new model of Medicine.
- Ethical values. Inclusion of the human and social dimension. Tolerate Uncertainty.
- Health is a right, not a market object.
- Health as a science is predominantly social.
- The practice of medicine is an art and, as such, subjective, local, audacious and fallible.
- Knowledge is a social good.
- Political conception of our activity.
Thank you

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Jose de Almada self-portrait.
Porto. Museo Soares dos Reis.