



52^e CONGRES DE L'A.M.U.B.

Président : Pierre MOLS

Brussels, Belgium, 6-9 Septembre 2018



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

Marc Jamoulle, Belgium

Michel Roland, Belgium

Bruno Heleno, Portugal

Daniel Widmer, Switzerland

Giorgio Visentin, Italy

Gustavo Gusso, Brazil

Hamilton Wagner, Brazil

Ilario Rossi, Switzerland

Jong-Myon Bae, South Korea

Jorge Bernstein, Argentina

Luís Filipe Gomes, Portugal

Maciej Godycki-Ćwirko, Poland

Mariana Mariño, Argentina

Miguel Pizzanelli, Uruguay

Patrick Ouvrard, France

Ricardo La Valle, Argentina



On behalf of the WONCA Special Interest Group on Quaternary Prevention and Overmedicalization

- The authors, from 12 countries on 3 continents, are members of [WONCA International Special Interest Group on Quaternary Prevention & Overmedicalisation.](#)
- This presentation is on ORBI in French and English:
<https://orbi.uliege.be/handle/2268/226522>



- The text of this presentation in French is published in the [Revue Médicale de Bruxelles](#)
- The text will be republished in Spanish in the [Archivos de Medicina Familiar y General](#)
- 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 Prescribe Association which publishes the Prescribe 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

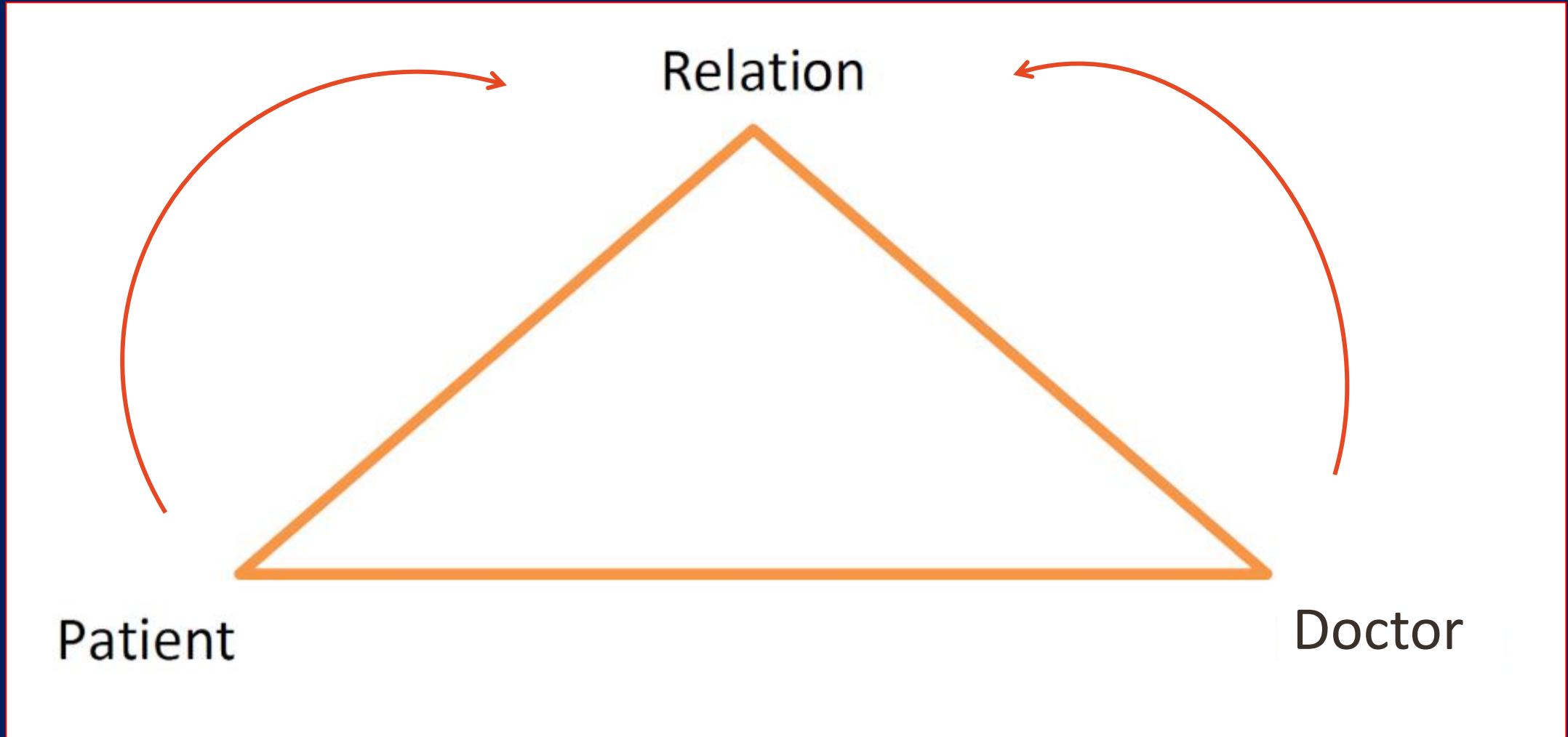
Prevention quaternaire

patient

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

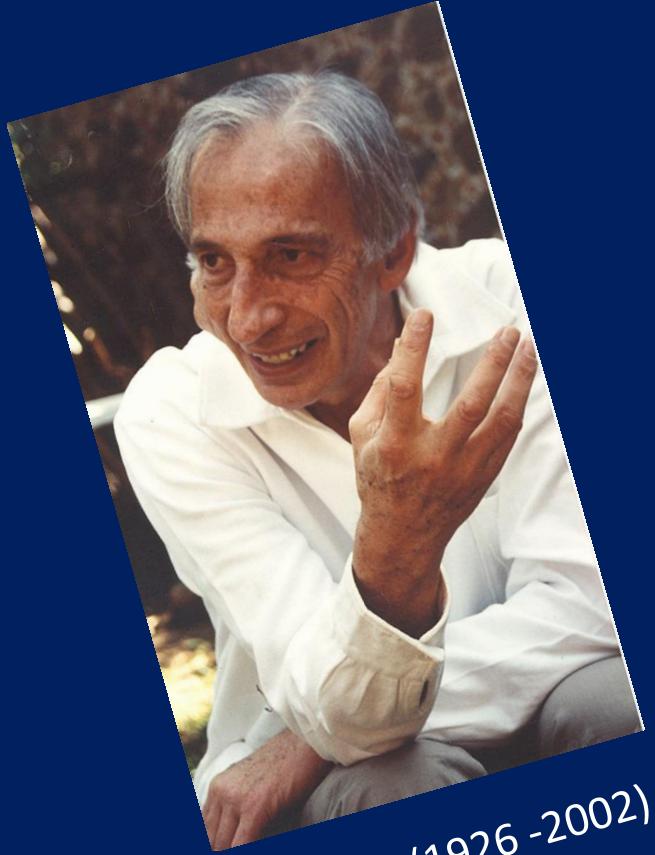
doctor

ethics



Widmer, D., Herzog, L., & Jamouille, M. (2014). Prévention quaternaire: agir est-il toujours justifié en médecine de famille?. *Revue Médicale Suisse*, 10(430), 1052-6.

Some authors at the origin of the concept



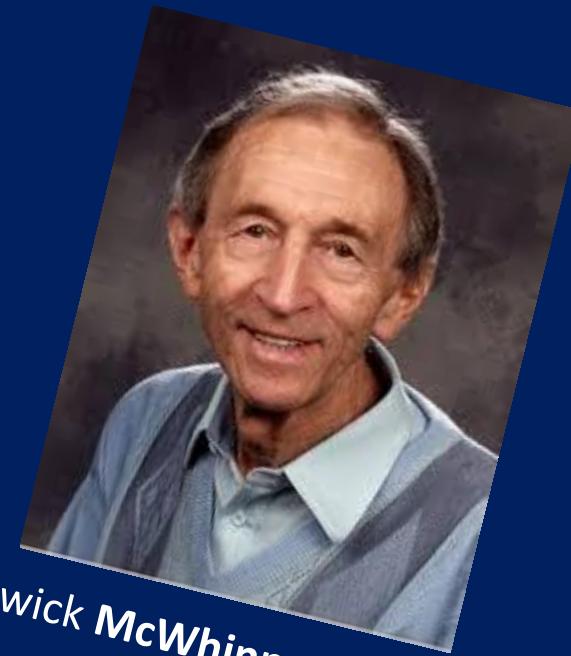
Ivan Illich (1926 - 2002)



Michael Balint (1894-1970)

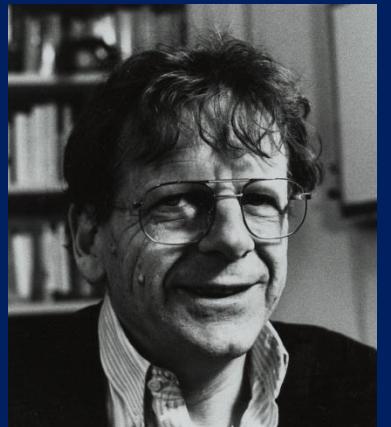


Umberto Eco (1932 – 2016)



Ian Renwick McWhinney, (1926 – 2012)

The patient



Jean Carpentier, (1989). *Medical Flipper*. Cahiers libres, 402. Paris: la Découverte.

We are addressing a concept in a world of reference

The clinical prevention

Implementing timely medical actions in
Family Medicine



Is a

| |
|---------------------|
| clinical prevention |
| prevención clínica |
| prévention clinique |
| 임상예방 |
| klinische preventie |
| prewencja kliniczna |
| prevenção clínica |
| klinik önlem |
| dự phòng |

Ogden, C., & Richards, I. (1923). *The meaning of meanings*. A.Harvest/HBJ book.

Referent (terminologie)

Eco, U. (1979). *The Role of the Reader: Explorations in the Semiotics of Texts*. Indiana University press.

We consider four elements

A health process, i.e. a event

Time



The patient



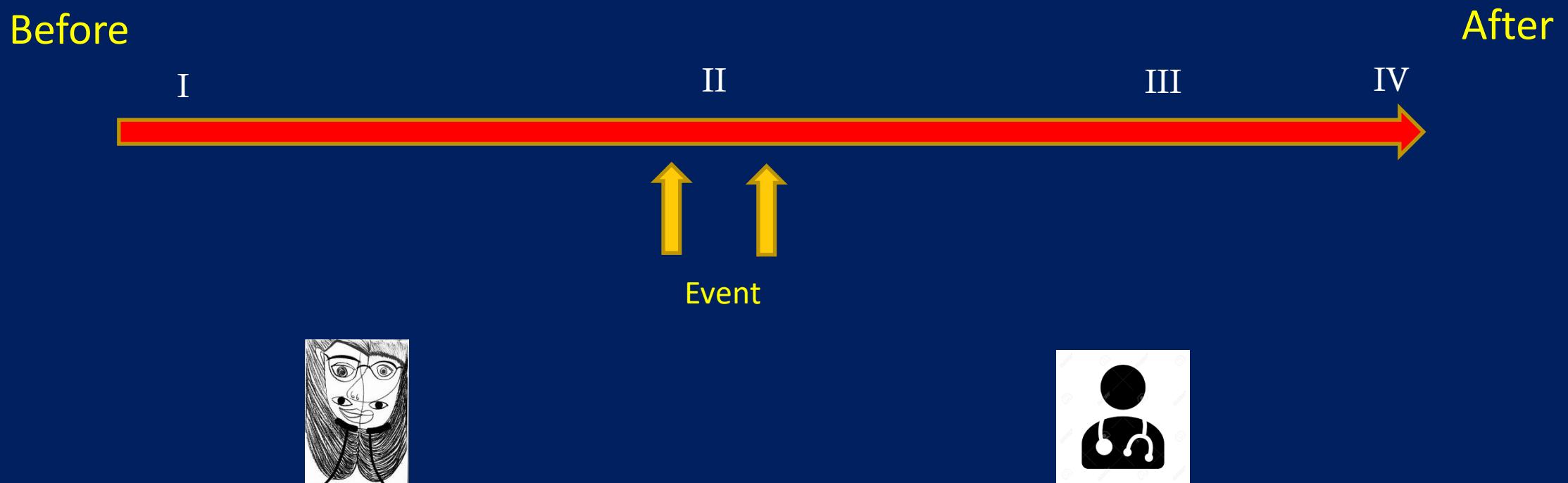
The doctor

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



Clark, E. G. (1948). The epidemiology of syphilis with particular reference to contact investigation. *The American Journal of Medicine*, 5(5), 655–69.

Bury, J. (1988). *Éducation pour la santé : concepts enjeux planifications*. Bruxelles: De Boeck-Université.

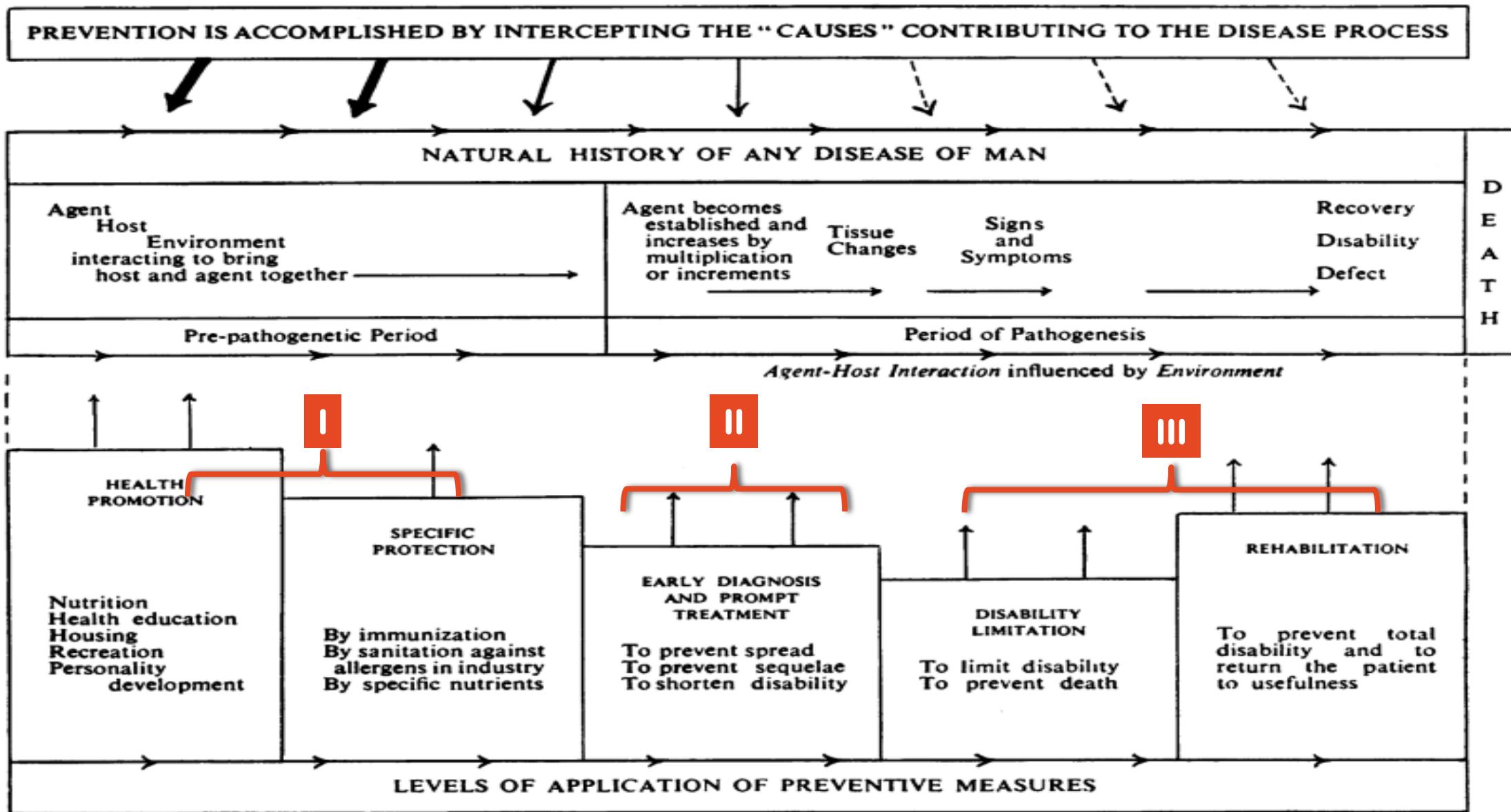
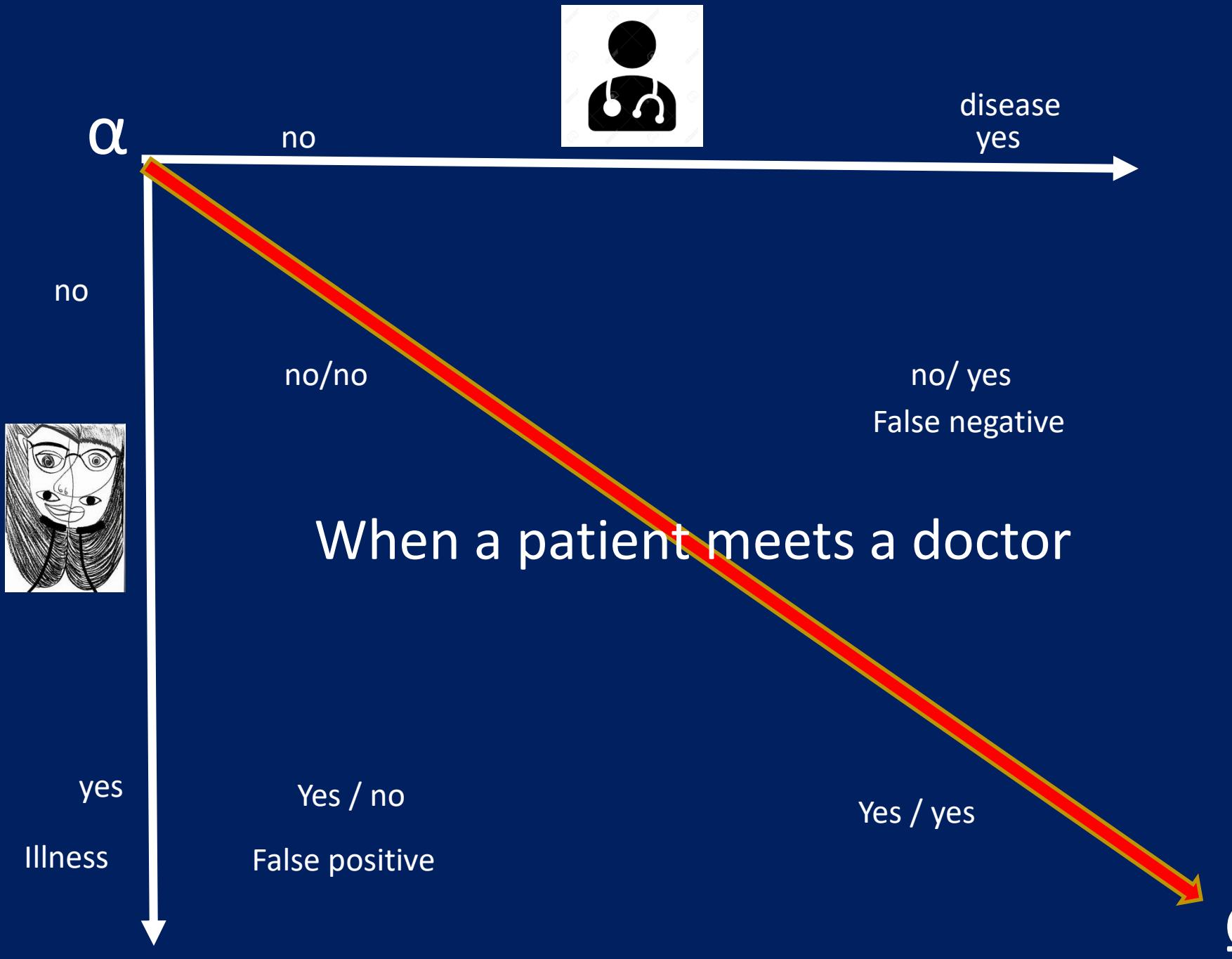


FIG. 1.—Natural history of disease and levels of prevention.

Our model is
now based on
relationships
and time



We share

- Values
- expectations
- fears
- expectations
- Knowledge

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

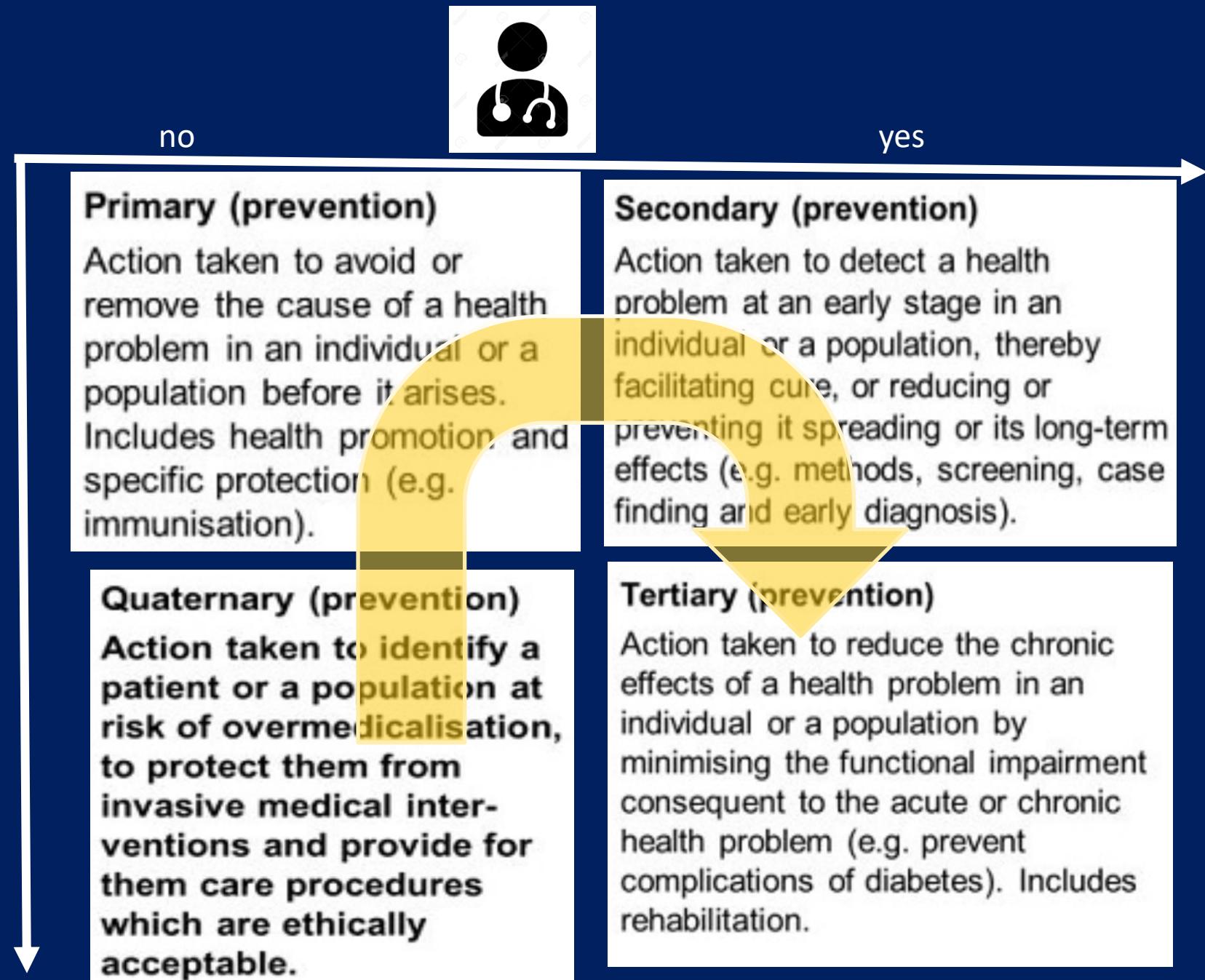


α

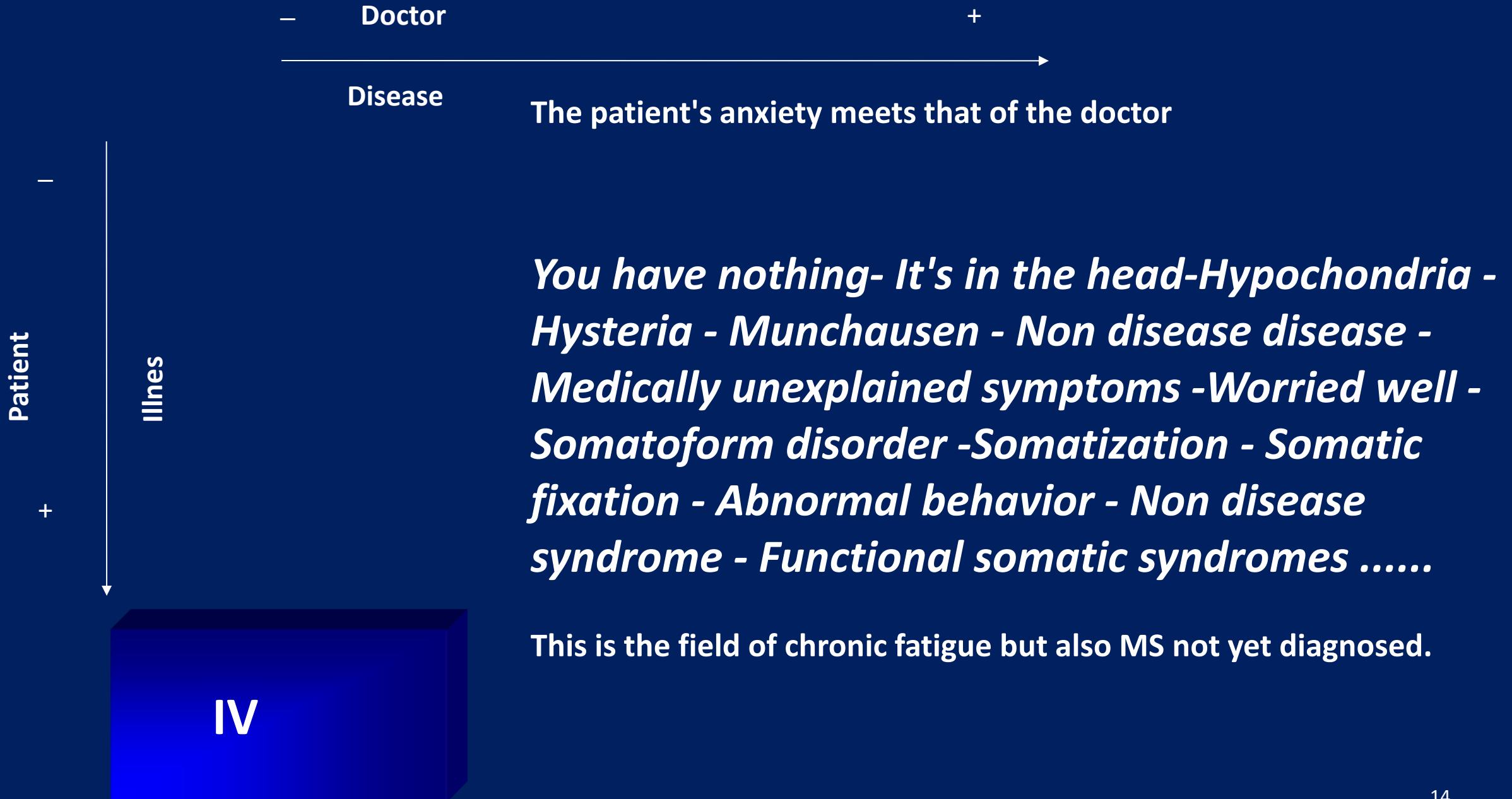
no

We proposed a fourth

yes



yes



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

Quaternary attitude

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. immunisation).

I

Action taken to detect a health problem at an early stage in an individual or a population, thereby facilitating cure, or reducing or preventing its spreading or its long-term effects (e.g. methods, screening, case finding and early diagnosis).

II

Action taken to reduce the chronic effects of a health problem in an individual or a population by minimising the functional impairment consequent to the acute or chronic health problem (e.g. prevent complications of diabetes). Includes rehabilitation.

III

Action taken to identify a patient or a population at risk of overmedicalisation, to protect them from invasive medical interventions and provide for them care procedures which are ethically acceptable.

IV

These four definitions provide a description of the family physician's activity and an ethical view of his / her action.

Applying P4

Meeting between the patient and the doctor



Anxiety
Fear
Despair
Emotion
Indifference



Health Information
Health education

Screening

Inmunization

Early diagnosis

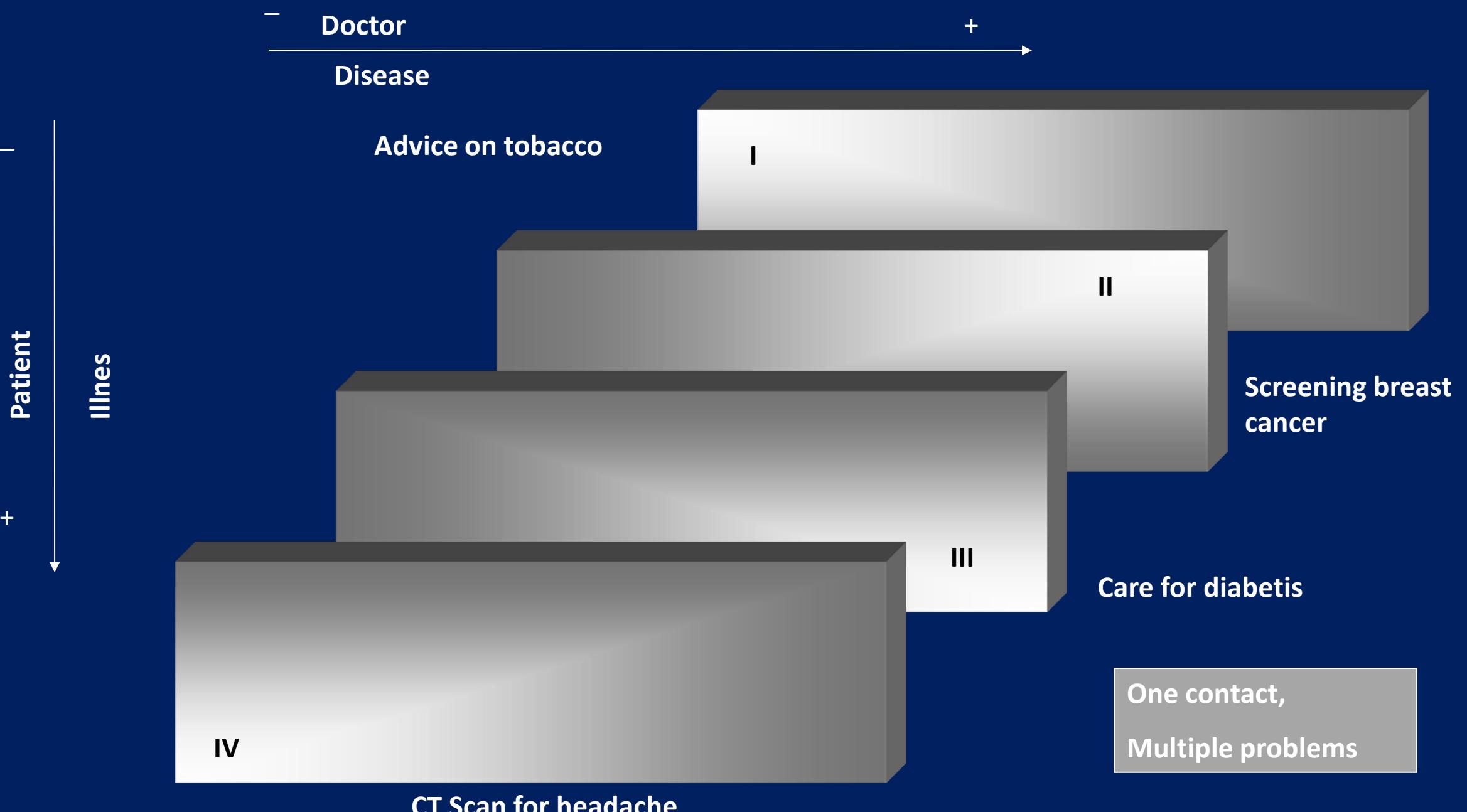
Therapy

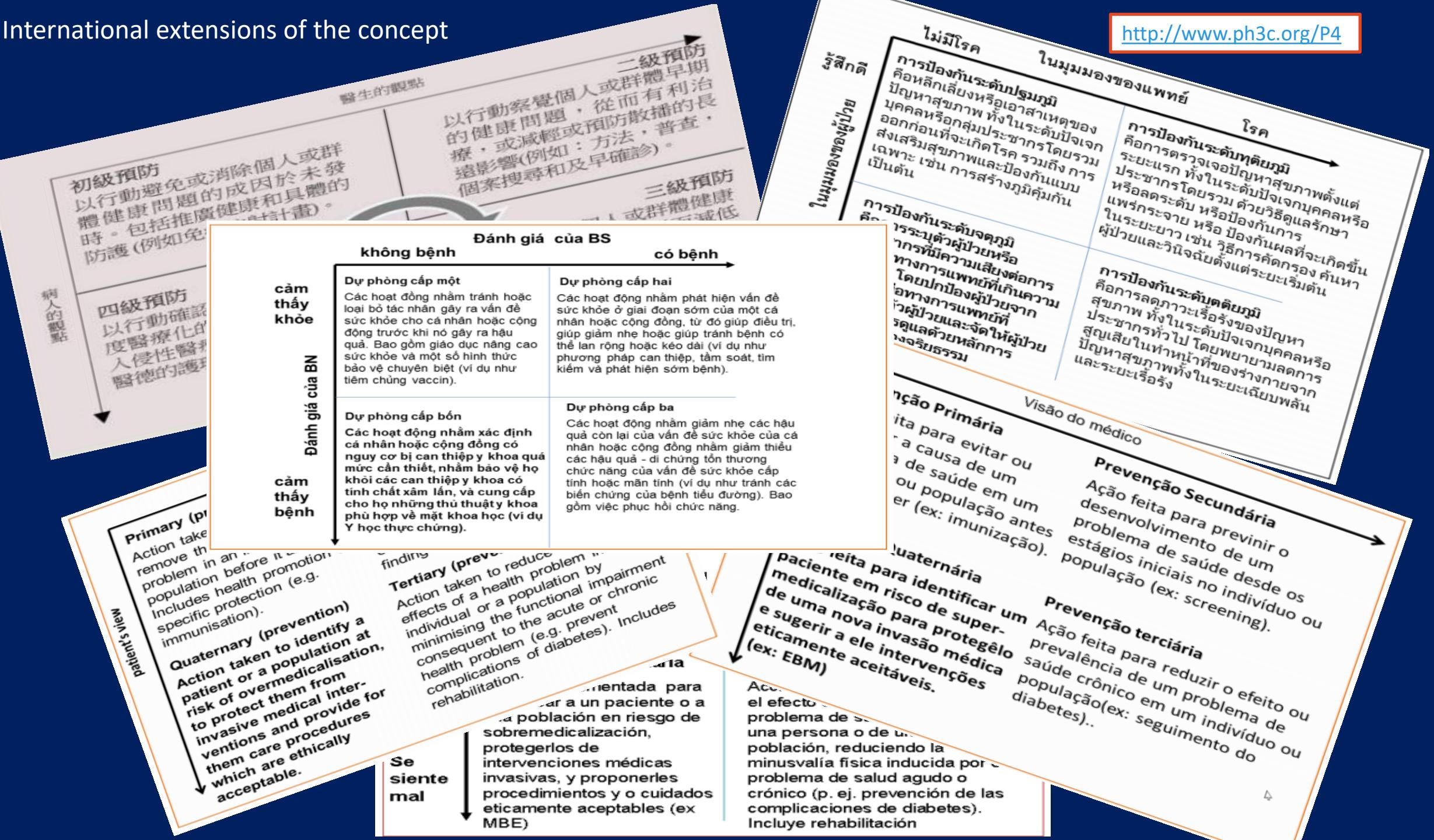
Incidentaloma

Errors

The doctor sends the patient in field 4

The patient is very sensitive to misinformation





Family doctors worldwide



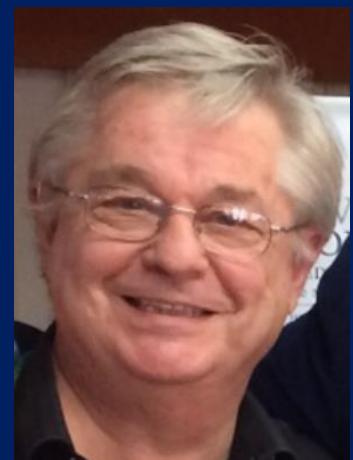
Ethical implications

- ‘Ethically Acceptable’ in QP definition

means that the final goal of QP would
make clinical practices conduct under
bioethical principles



Pr. Dr. Myon-Jong Bae, MD, PhD
South Corea



Dr. Jorge Bernstein MD
Buenos Aires, Argentina

Quaternary prevention implies four ethical principles:

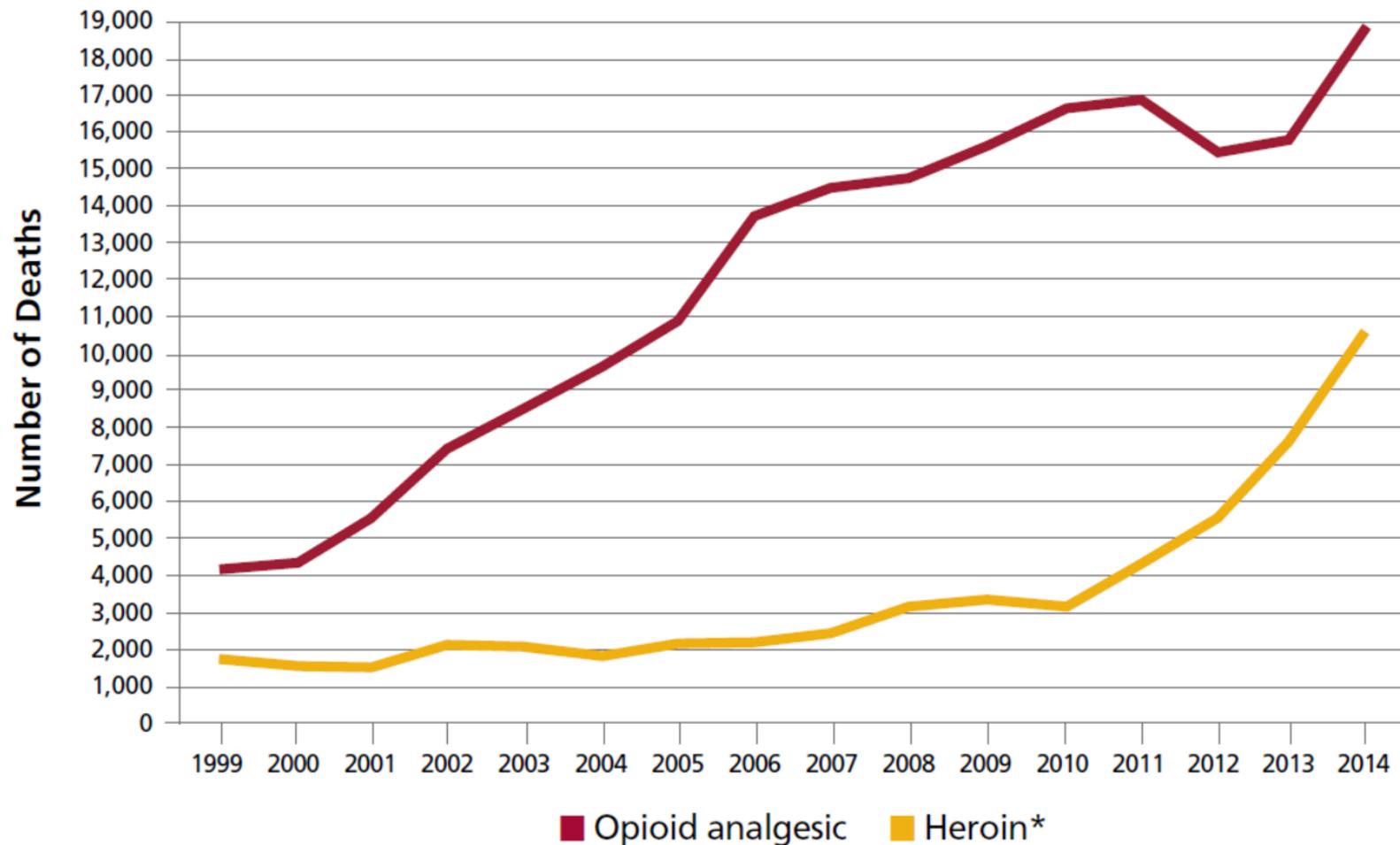
- **Non-maleficence :**
 - GP/FP have ethical obligation to protect patients from potential harm.
 - GP/FP play the important role of preventing the cascade of unnecessary medical services.
- **Beneficence**
 - GP/FP have to achieve evidence-based practice incorporating patient-perceived value.
- **Respect 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

Oscycontin 20 mg
oxytorm 10 mg
Fibromyalgie

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.

U.S. Deaths from Opioids & Heroin: 1999-2014



*Heroin includes opium.

1999-2013 Statistics: CDC/NCHS NVSS Multiple Cause of Death Files.

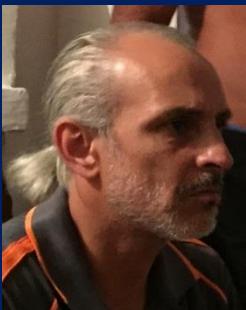
2014 Statistics: American Society of Addiction Medicine (ASAM). Opioid Addiction: 2016 Facts & Figures.

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.



Dr Bruno Heleno, MD, PhD
Portugal



Dr Miguel Pizzanelli, MD, MSc
UDELAR Montevideo



Pr.Dr Gustavo Gusso, MD, PhD
Sao Paulo, Brazil



Dr Mariana Mariño MD
Buenos Aires, Argentina

- 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



Pr. Dr Hamilton Wagner, MD
Curutiba, Brazil

Pr. Maciek Godycki-Cwirko MD, PhD, Hab PHS
Lodz, Pologne

Pr. Giorgio Visentin MD
Veneto, italie

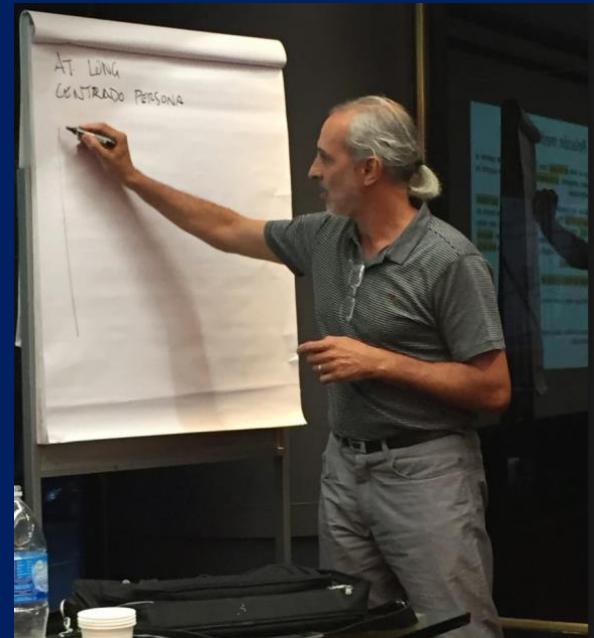
Luís Filipe Gomes MD, PhD
Faro, Portugal

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

The screenshot shows the homepage of the Depto Medicina Familiar y Comunitaria at Udelar. It features the university's logo and name, followed by a banner with a building image and the text "Depto Medicina Familiar y Comunitaria" and "Facultad de Medicina – Udelar". Below the banner is a navigation menu with links like "Inicio", "Biblioteca", "Carteleras", etc. The main content area is titled "Curso Optativo sobre Prevención Cuaternaria" and describes it as an introduction to Quaternary Prevention, its concept and application in medical practice.



Dr Miguel Pizzanelli
WONCA Conference, Montevideo, 2016

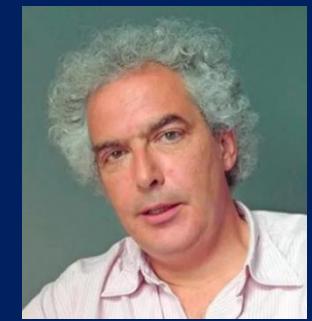
The screenshot shows a page from the SS MG (Société Scientifique de Médecine Générale) website. It features the logo and name of the organization. The main content is a section titled "Prévention quaternaire (P4)" with a sub-section "Responsable : Dr Jimmy Fontaine". Below this is a "Définition" section with a detailed text about the concept of Quaternary Prevention according to the WONCA dictionary. There are also sections for "En savoir plus", "Buts de la cellule P4", and "Fiches pratiques".

First National Quaternary Prevention Course in Perú / June 2018

The screenshot shows the website for the "Coordinamento Wonca Italia International Conference" held in Lecce on September 29-30, 2017. The text "Sovramedicalizzazione e prevenzione quaternaria" is visible at the bottom of the slide.

The screenshot shows the website for the "Buenos Aires Argentina Curso Introductorio a la Práctica de la Prevención Cuaternaria (P4)". It features logos for various medical organizations and the text "WONCA US Quaternary Prevention and Overmedicalization".

Anthropological implications of P4



Ilario Rossi PhD
Lausanne



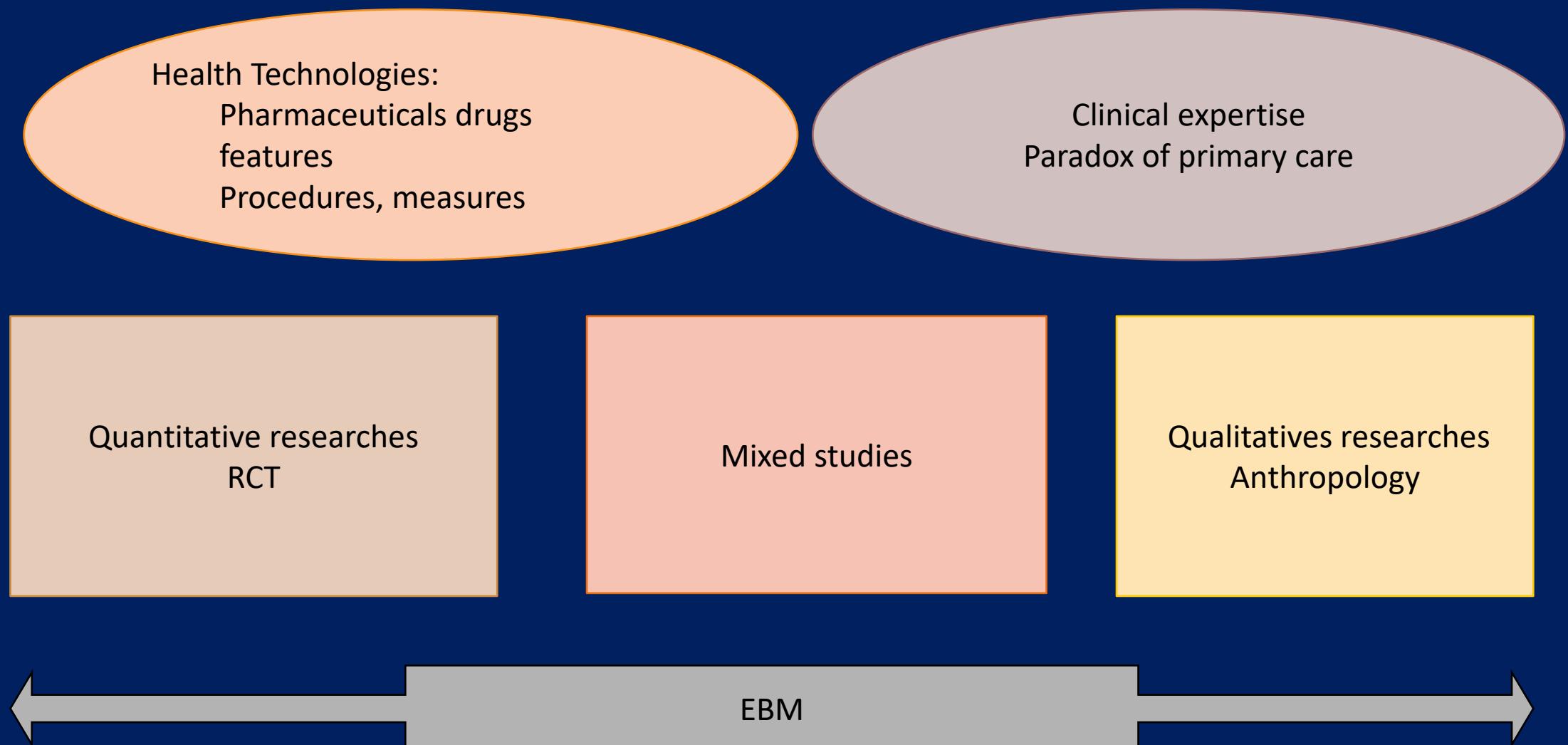
Daniel Widmer , MD
Univ. de Lausanne



Patrick Ouvrard MD
SFTG, Paris

- 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



Anthropological approach to quaternary prevention

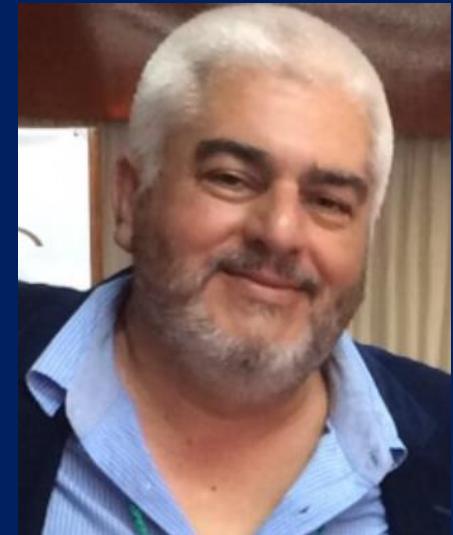
Ethical issues of the clinic analyzed according to different registers:

- Overall health
- National Policy
- Corporate culture
- Clinical and care practices
- Patient experience



Socio-political implications of Quaternary Prevention (P4)

- ✓ 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.

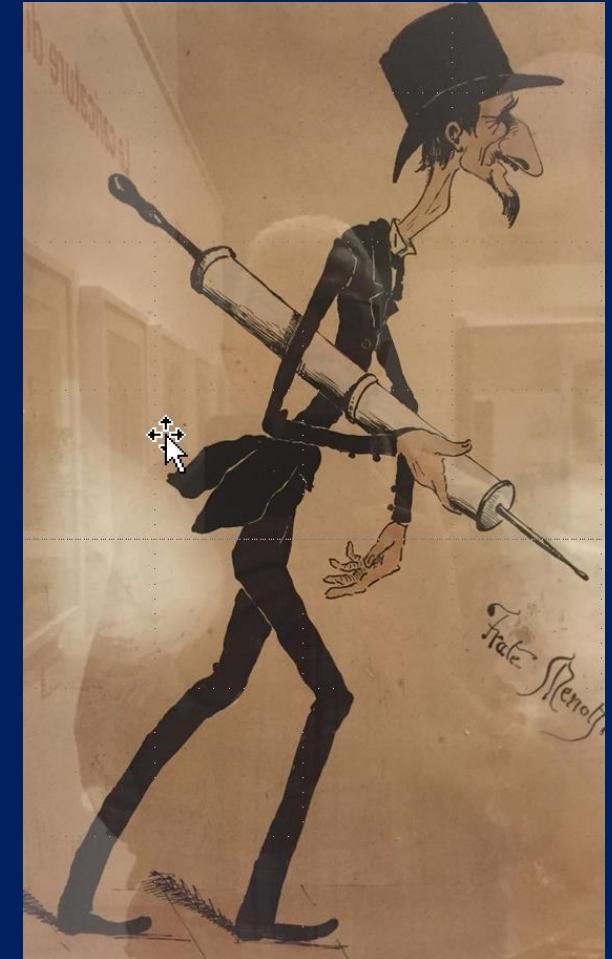


Pr. Dr. Ricardo Lavalle, MD, PhD
Buenos Aires, Argentina



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.



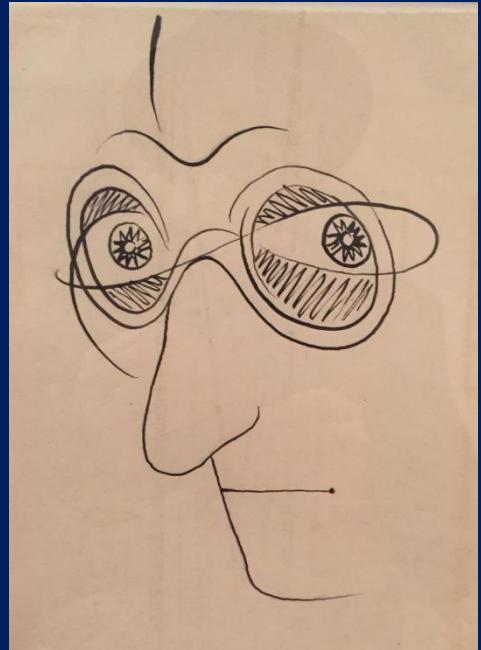
Frate Menotti
Musée de Bari, italie



Dr Marc Jamouille MD, PhD
Charleroi, Belgique



Pr. Dr Michel Roland MD, PhD
Bruxelles, Belgique



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

Thank you