

Quaternary prevention and global warming

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My dear friends, dear Enrique and all the members of the Wonca planetary health group,

It is a great honor for me to have been invited to speak at the First Wonca Congress on Planetary Health and I thank you for that.

The theme of planetary health was not very prevalent in my study assessing several thousand abstracts from colleagues attending Wonca congresses between 2010 and 2017. This topic accounted for only a few percent of the number of abstracts. The topic of ethics was addressed in a similar manner, but accounted for even less percentage of the number of abstracts. At the SBMFC conference in Curitiba in 2017, out of the 1746 abstracts presented, only 10 dealt with ethical issues and 13 with environmental issues [1]. This speaks volumes about the sensitivity of our colleagues on these two dimensions. I am happy to see that global health is now at the forefront of our concerns.

The situation is becoming tenser, and the announced catastrophe is now at our doors. Following the BBC is enough to be overwhelmed with terrifying images such as the recent fires in Greece during a never-before-seen rise in temperature. The philosopher Ravetz, at the origin of the philosophical postnormal current, was a pioneer when fifteen years ago he wrote “*We cope with failures of all sorts, and our whole civilisation may be heading for a massive and catastrophic failure*” [2]. Now faced with this terrible situation, most of us are hiding, following stupid leaders, and taking refuge in ignorance to avoid fear. Others, like all of you, are facing the facts, trying to understand what is happening, what has happened and what we can still do.

As part of the postnormal current, the epidemiologist Jaime Breilh tries to find new ways of thinking and mentions “*the absurd opulence of a rapacious and powerful minority*” [3]. This indicates that the blame falls only on a few. However, the reality is that each of us is an opulent raptor in front of those who have less. In front of a South American or African farmer, I would myself be an opulent raptor. This makes for a difficult understanding of the situation and any assign of blame must be considered with prudence.

You have asked me to consider the problem of global climate warming from the perspective of quaternary prevention. These terms may sound strange when put together. What does quaternary prevention have to do with this? This concept, endorsed in 2003 by Wonca, is a tool for physicians to think about the consequences of their own actions with regard to patients, whether at the macro level of health policy, the meso level of health care organization, or the micro level of a daily clinic. [4]

Our definition of quaternary prevention is as follows

“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 [5]”.

and includes several concepts;

- The concept **at risk of overmedicalisation** includes undermedicalisation and wrong medicalisation as a by-product of the patient doctor relationship, considering health care as a co-construction.
- The current pandemic shows that the means used to save lives at all costs are considerable. And from an ethical standpoint, who would dare say that we should not take this path? But this path, as another **medical invasion**, is also terribly expensive in terms of carbon footprint. The data are compelling. Health care systems produce a considerable share of the carbon footprint, at least as much as the automobile industry [6].
- And to be **ethically acceptable**, health professionals have a very important role to play in reducing the environmental impact of health services [7].

Health care facilities are expensive buildings in terms of carbon footprint. But it is surprising to

note that “Globally, the pharmaceutical industry carbon emissions are more than 50% higher than the automotive sector”[8]. I cannot take the time to explore, as you will certainly do, all the means behind controlling our carbon consumption. But if I were to cite only one way it would be that of deprescribing. As the same Cristina Richie says so appropriately; “Rethinking *prescribing practices—particularly around mental health—must be a cornerstone of sustainable health care.*” [8]

I don’t want to leave you without putting you in touch with two groups of Belgian colleagues who are also making their way in the same field. One in the south of the country, in the French-speaking region, is the Coquelicot group (docteurcoquelicot.com), supported by our Scientific Society of General Practice (ssmg.be). This group is dedicated to raising awareness and training general practitioners in environmental issues.

The other, in the northern part of the country, the Dutch-speaking region, which relies more on data culture, is trying to highlight the environmental impacts on patients’ health by crossing general medicine data (intego.be/en/) with environmental data, under the aegis of the Catholic University of Leuven (KUL).

Thank you very much for inviting me to discuss with you. I wish you all an excellent conference.

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