15TH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE

PERSON CENTERED PREVENTION AND HEALTH PROMOTION: FROM THE CLINIC TO PUBLIC HEALTH

3-5 APRIL 2023

The Tale of Quaternary Prevention: How Partnering with Patients Leads to a New Approach to Prevention.

Marc Jamoulle MD, PhD', Michel Roland MD, PhD', Miguel Pizzanelli MD', Ricardo La Valle MD, PhD', Gustavo Gusso MD, PhD', Felipe Gomes MD', Patrick Ouvrard, MD', and Daniel Widmer MD'



Jerome Bosh, 1500 Temptation of St. Anthony

^{&#}x27;Management information sciences, University of Liege, Liege, Belgium.

Emeritus professor of general practice, Free University of Brussels, Brussels, Belgium.

³Assitant professor of general practice, University of the Republic, Montevideo, Uruguay.

Professor of general practice, Hospital Italiano, Buenos Aires, Argentina.

⁵Professor of general practice, University of Sao-Paulo, Sao-Paulo, Brazil.

Emeritus professor of medicine, University of Algarve, Portugal.

²Vice-president, European Union of General Practitioners - UEMO, Angers, France.

Emeritus professor of general practice, University of Lausanne, Lausanne, Switzerland.

^{*}Corresponding author. Email: marc.jamoulle@uliege.be





Family medicine, the story of a partnership, regardless of location

Disease based and chronological views of prevention

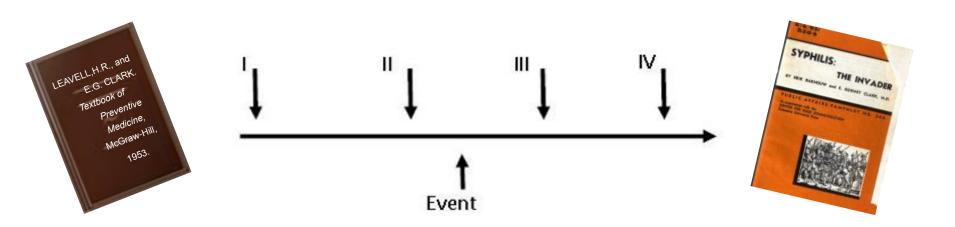
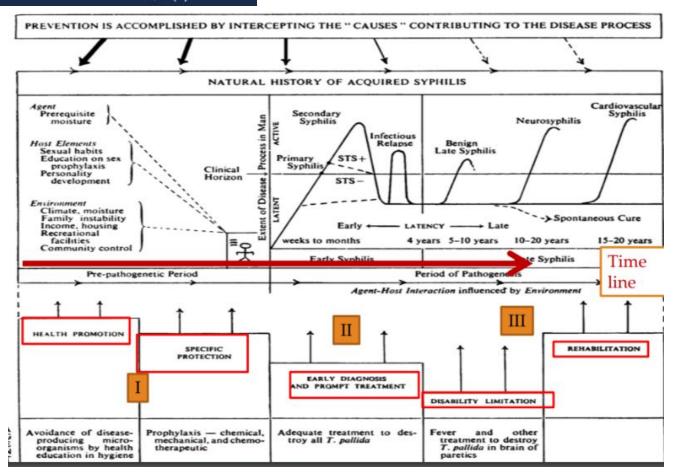


Figure 1: The chronological and disease-oriented view of preventive activities along the lifeline is divided into three stages, which are derived from Clark's work on syphilis (1954). A fourth stage was later introduced by Jacques Bury (1988) for palliative care.

Birth of the clinical prevention

Clark EG. Br J Vener Dis. 1954;30(4):191-197



From public health to clinical practice

Some Influencers

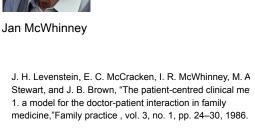


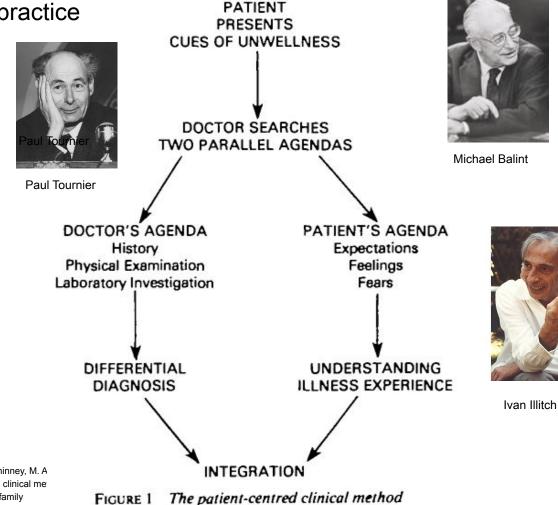
J.H. Levenstein



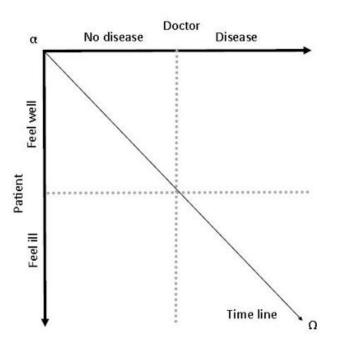
Moira Stewart







Design of the quaternary prevention concept





Namban-Jin, Japan, XVI s. Porto

Figure 2: The various stages of prevention are collaboratively developed by the doctor who seeks to identify diseases and the patient who desires good health. As a result, the timeline is now slanted. The patient and doctor will eventually encounter each other in times of illness and at the end of life, represented by the point Ω . (Jamoulle 1986)

Comportamento doentil Somatization Worried well Somatoform disorder Somatic fixation Está na sua cabeça Abnormal illness behaviour Você não tem nada Non disease syndrome Hipocondria Functional somatic syndromes Non disease disease Excessivamente preocupado Histeria

Medically unexplained symptoms

MJ 2008

The stacey diagram in complexity

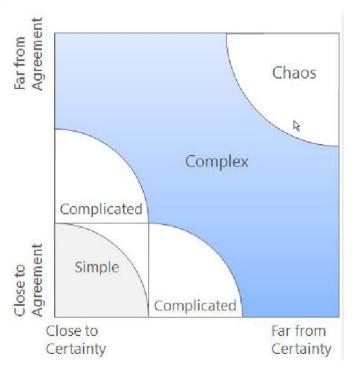


Figure 3: The situation depends on the degree of certainty and agreement. Far from agreement crossed with far of certainty leads to chaos (Diagram attributed to R. Stacey (agilecoffee.com)

Four fields of doctor activity

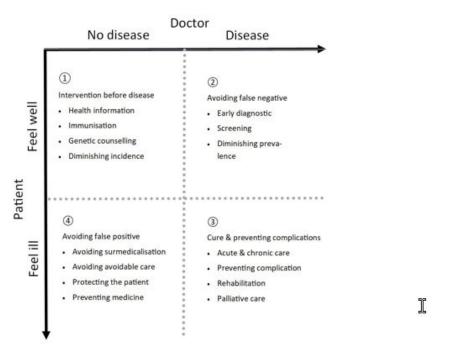


Figure 4: The 2x2 crosstab model introduced at the 1995 WONCA World Conference in Hong Kong divides GP/FM activities into four areas based on patient-doctor relationships, including preventive activities across the timeline. Quaternary prevention, which encompasses avoiding overmedicalization and protecting patients, is more than just a factual activity, but a way of thinking that can be applied to all areas of GP/FM. This concept also includes the limits of medical care and considers the needs of underserved populations, including undermedicalization.

The Long Covid case



Cardiologist Angina pectoris (suspected)
Neurologist Alzheimer (suspected)

Pneumologist Pulmonary embolims (suspected)

Hyperventilation

Rheumatologist Fibromyalgia Psychiatrist Traumatic shock

Professional exhaustion

Anxiety attacks

Post traumatic stress disorder

Depression

A teacher Lazy teenager

Gastroentelologist Irritable bowel syndrome

Functional colopathy

Patient's agenda

Doctor's agenda

Figure 5: Left; word cloud of the symptoms expressed by 34 patient with clinical Long Covid syndrome. Right; diagnostics found in the medical records of the patients, Belgium July 2021 - June 2022 [19]. All 34 patients diagnosed with PACS (Long Covid) reported that the specialists they consulted failed to listen to their concerns and provided inaccurate and speculative diagnoses based solely on their individual areas of expertise.

Three fields of prevention

1995 WONCA Glossary

N. Bentzen and C. Bridges-Webb, "An international glossary for general / family practice," eng, Family Practice, vol. 12, no. 3, p. 267, Sep. 1995,

Doctor seeking No disease disease Primary prevention: Secondary prevention: Action taken to avoid or remohealthy Action taken to detect a health prove the cause of a health problem at an early stage in an indiviblem in an individual or a podual or a population, thereby facilipulation before it arises. Inclutating cure, or reducing or prevendes health promotion and speting it spreading or its long-term Patient feeling cific protection (e.g./ effects (e.g. methods, screening, immunization). case finding and early diagnosis). Tertiary prevention: Action taken to reduce the chronic effects of a health problem in an individual or a population by mini-IV mizing the functional impairment consequent to the acute or chronic sick health problem (e.g. prevent complications of diabetes). Includes rehabilitation.



L. de Leyde, 1500. Nancy

Figure 6: The three definitions of Primary, Secondary, and Tertiary prevention, which were already published in the WONCA glossary of GP/FM in 1995, align seamlessly with the 2x2 crosstab model. The fourth field, which was missing from the three definitions of Primary, Secondary, and Tertiary prevention, was proposed as Quaternary Prevention at the 1999 Durham WONCA International Classification Committee (WICC) meeting. The definition was endorsed by the entire WICC group with a standing ovation and was included in the WONCA dictionary of GP/FM in 2003. [16].

Four fields of prevention

2003 WONCA dictionary

N. Bentzen, WONCA dictionary of general/family practice, Maanedsskr: Copenhagen: WONCA International Classification Committee, 2003,

Doctor seeking

No disease

disease

Primary prevention:

healthy

Patient feeling

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.

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. methods, screening, case finding and early diagnosis).

Quaternary prevention:

immunization).

Action taken to identify a patient or a population at risk of over medicalisation, to protect them from invasive medical interventions and provide for them care procedures which are scientifically and medically acceptable

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.



School of the southern Netherlands 15th century, Brussels

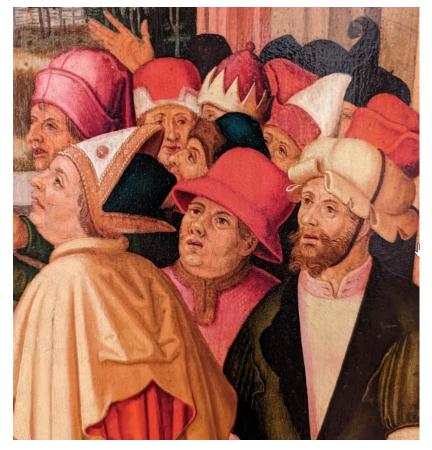
Figure 6: The three definitions of Primary, Secondary, and Tertiary prevention, which were already published in the WONCA glossary of GP/FM in 1995, align seamlessly with the 2x2 crosstab model. The fourth field, which was missing from the three definitions of Primary, Secondary, and Tertiary prevention, was proposed as Quaternary Prevention at the 1999 Durham WONCA International Classification Committee (WICC) meeting. The definition was endorsed by the entire WICC group with a standing ovation and was included in the WONCA dictionary of GP/FM in 2003. [16].

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.



Nosadella, 1530, Bologne. Nancy museum

Online description and bibliography on the HeTOP multilingual knowledge base

Concepts at stake in P4

Q Q-codes

QD1 communicator

QD11 encounter

QD12 doctor-patient relationship

QD13 counselling

QD14 systems thinking

QD15 motivational interviewing

QE medical ethics

QE1 personal view

QE2 professional ethics

QD doctor's issue

QD4 clinical prevention

QD44 quaternary prevention

QD441 overmedicalisation

QD442 disease mongering

QD443 overinformation

QD444 overscreening

QD445 overdiagnosis

QD446 overtreatment

QP patient issue

QP2 patient-centredness

QP6 partnership

QP7 patient advocacy

QD321 medically unexplained symptom

QD323 shared decision making

3CGP HeTOP page

- Conflict of interest; none
- With the support of the Dr. Daniël De Coninck Fund, managed by the King Baudouin Foundation, Belgium
- Long Covid study (Slide 5) accepted by the Ethics Committees of the University of Liege and the Katholieke University of Leuven

Sources

This presentation, text & bibliography see; https://orbi.uliege.be/handle/2268/301234



F.Verbeek 1550 Mechelen museum

