

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

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Jerome Bosh, 1500
Temptation of St. Anthony



Alagoas, Brazil, 2019



Gilly, Belgium, 2002

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

Disease based and chronological views of prevention

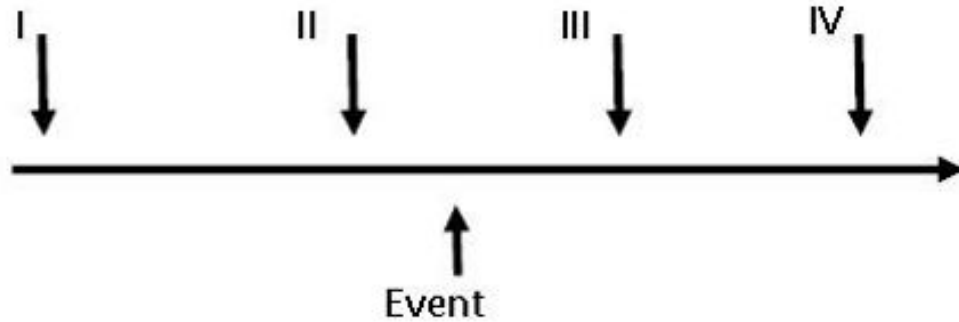
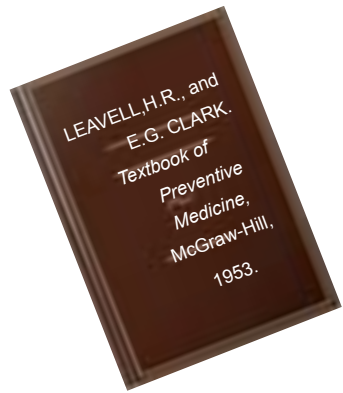
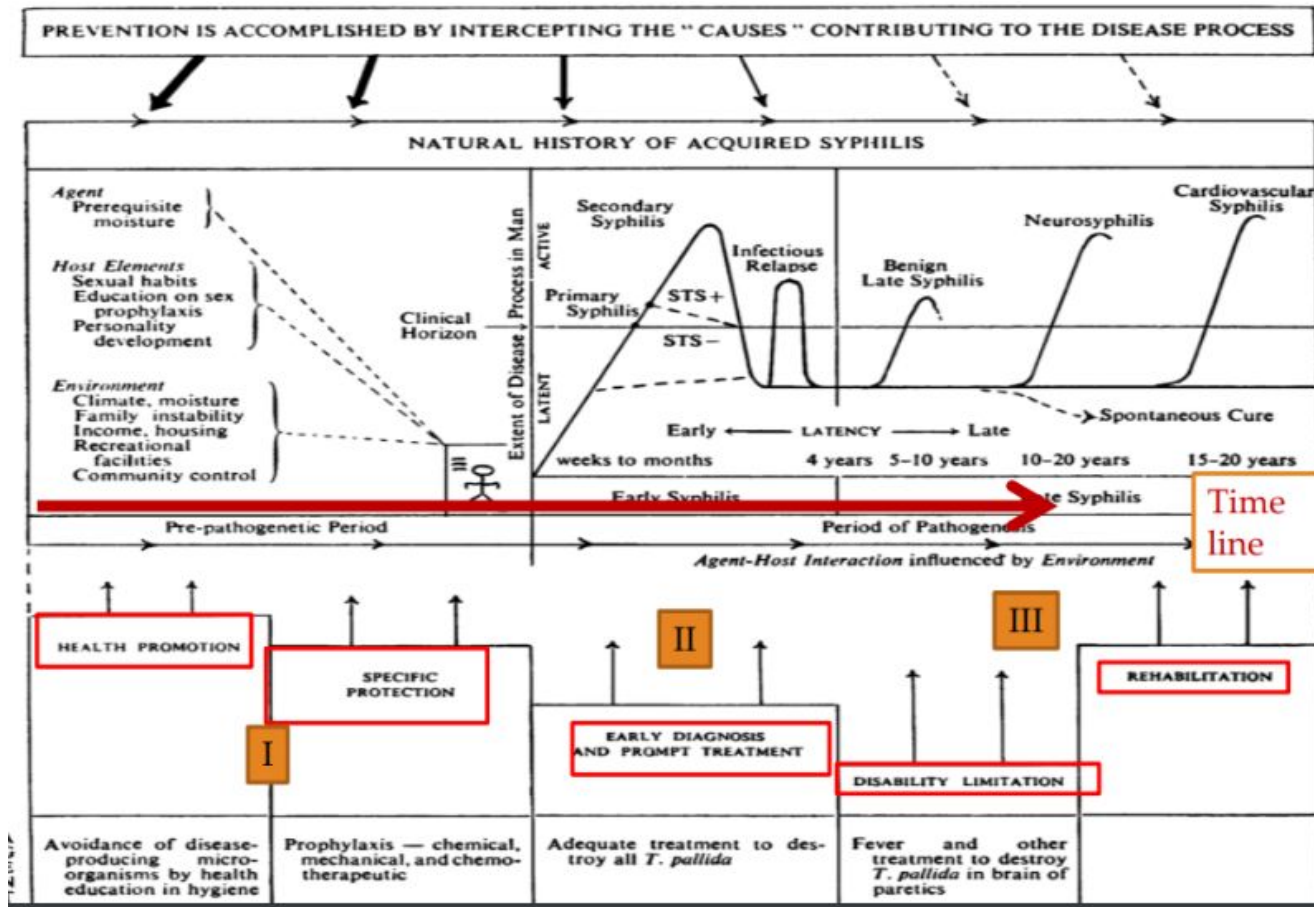


Figure 1: The chronological and disease-oriented view of preventive activities along the lifeline is divided into three stages, which are derived from Clark's work on syphilis (1954). A fourth stage was later introduced by Jacques Bury (1988) for palliative care.

Birth of the clinical prevention

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



From public health to clinical practice

Some Influencers



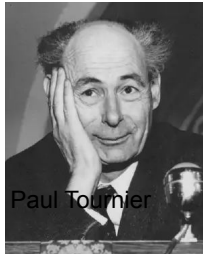
J.H. Levenstein



Moira Stewart



Jan McWhinney



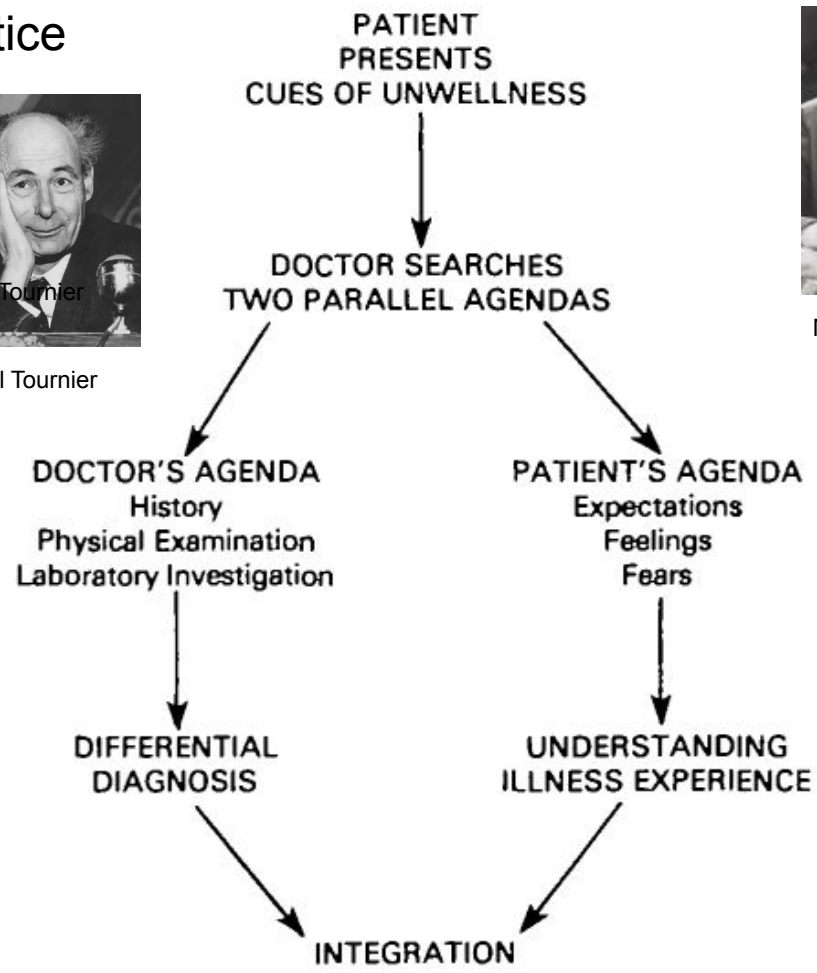
Paul Tournier



Michael Balint



Ivan Illitch

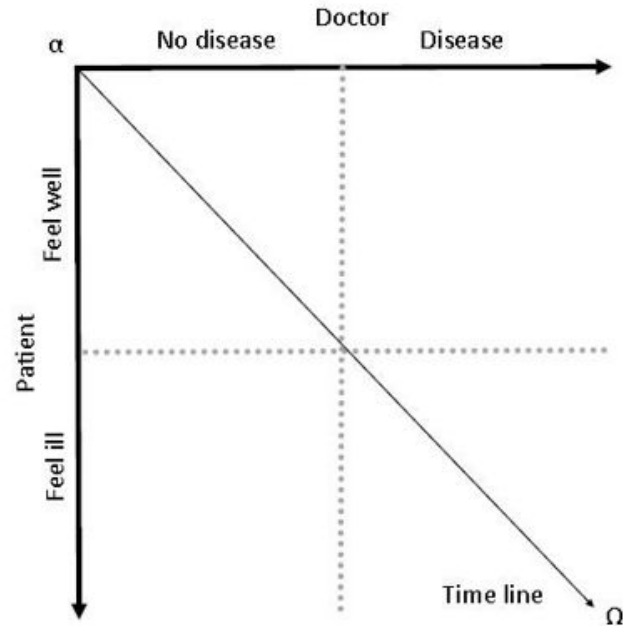


J. H. Levenstein, E. C. McCracken, I. R. McWhinney, M. A Stewart, and J. B. Brown, "The patient-centred clinical me 1. a model for the doctor-patient interaction in family medicine," *Family practice* , vol. 3, no. 1, pp. 24–30, 1986.

FIGURE 1 *The patient-centred clinical method*

From public health to clinical practice

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 . (Jamouille 1986)

Comportamento doentil

Somatization

Worried well

Somatoform disorder

Somatic fixation

Está na sua cabeça

Você não tem nada

Abnormal illness behaviour

Non disease syndrome

Hipocondria

Functional somatic syndromes

Excessivamente preocupado

Non disease disease

Histeria

Medically unexplained symptoms

The stacey diagram in complexity

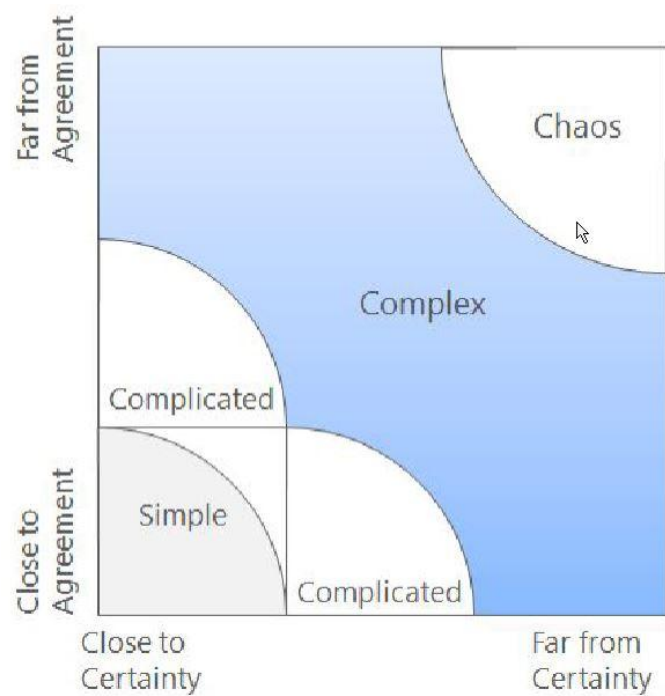


Figure 3: The situation depends on the degree of certainty and agreement. Far from agreement crossed with far of certainty leads to chaos (Diagram attributed to R. Stacey (agilecoffee.com))

Four fields of doctor activity

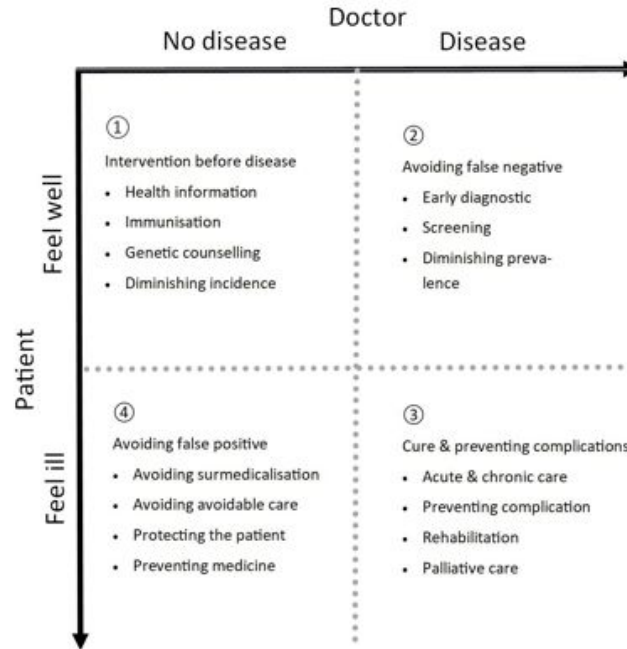
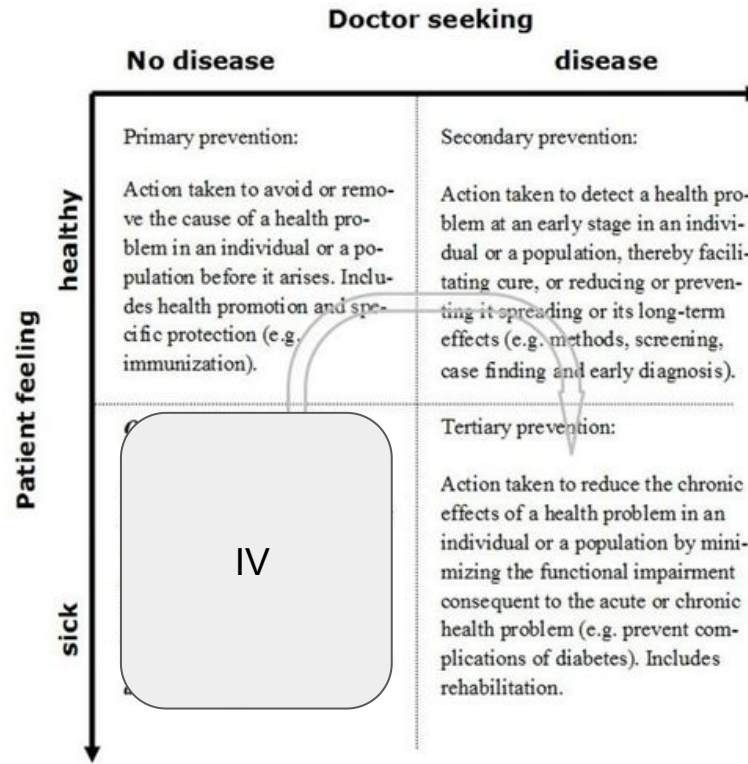


Figure 4: The 2x2 crosstab model introduced at the 1995 WONCA World Conference in Hong Kong divides GP/FM activities into four areas based on patient-doctor relationships, including preventive activities across the timeline. Quaternary prevention, which encompasses avoiding overmedicalization and protecting 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.

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,



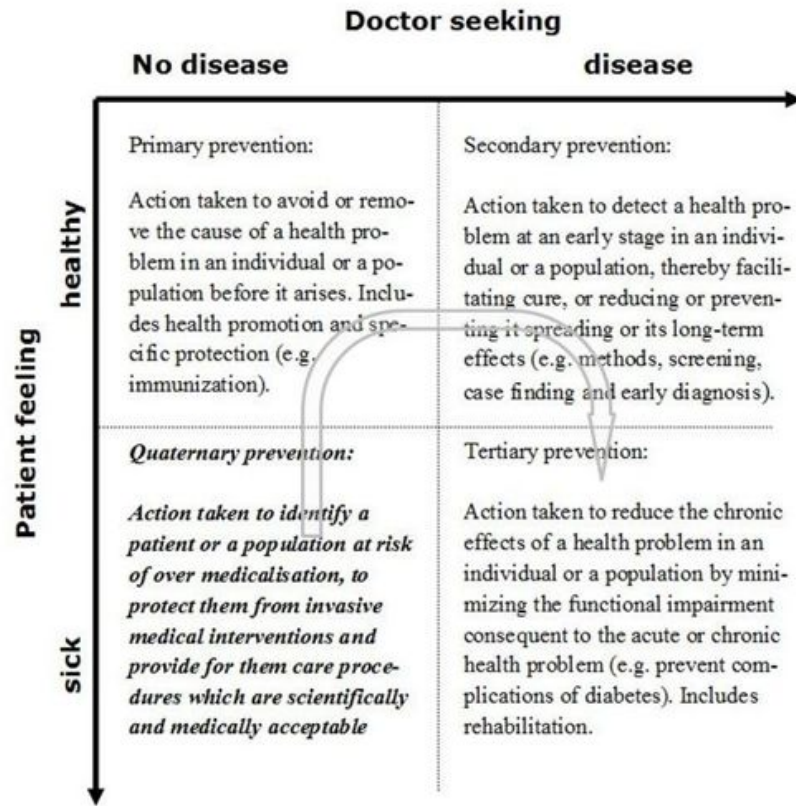
L. de Leyde, 1500. Nancy

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,



School of the southern Netherlands
15th century, , Brussels

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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

Concepts at stake in P4

Q Q-codes

QD1 communicator

QD11 encounter

QD12 doctor-patient relationship

QD13 counselling

QD14 systems thinking

QD15 motivational interviewing

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

QE medical ethics

QE1 personal view

QE2 professional ethics

QD321 medically unexplained symptom

QD323 shared decision making

- 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

