Teaching ethics of prevention while defining fields of activities in GP/FM, a success of WICC.

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Traditionally, clinical prevention is conceptualized as a medical activity before or after the occurrence of a condition. Primary prevention is used before any problem arises and encompass health education and promotion. The place of secondary prevention is unclear, sometimes used by cardiologists as prevention after an event. Tertiary is not really in use and quaternary has been proposed for palliative care. In this view, the patient is the object of care along time line. The condition is central.
In this model, built on the 2x2 crosstab model, prevention is presented as the result of the relationships between patient and doctor. The doctor is looking for disease while the patient will feel sick one day. The 2x2 crosstab model allows representing 4 fields of activities along the time line which includes traditional preventive ones. In this view, time line cross the two folds table. Working along the time line, called also prevention, is the bread and butter of family doctor along the life of the patients and patients and doctors will meet at the end, suffering and dying together (point Ω).
Presented at Hong Kong WONCA World 1995, the 2x2 crosstab model, built on the patient doctor relationships, allows to define four fields of activities in GP/FM including also preventative activities along the timeline.
Doctor’s view

Primary (prevention)
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).

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).

Tertiary (prevention)
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.

The 3 definitions of Primary, Secondary and Tertiary prevention already published in 1995 in the Wonca glossary of GP/FM fit perfectly in the 2x2 crosstab model.

The definition of the missing field, the fourth one, called Quaternary Prevention, proposed at the Durham W ICC meeting has been endorsed by the whole W ICC group by standing ovation and edited in the Wonca dictionary of GP/FM in 2003.
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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).

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)
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.

Tertiary (prevention)
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.

Quaternary prevention is more than a factual activity. It’s a way of thinking about the job which applies in the other fields too (as shown by the arrow), covering such items as overmedicalisation by overinformation, overscreening, overdiagnosis, overtreatment, as well as avoidable care, protection of the patient and more generally the limits of medical care. Implicitly, patients and populations deprived of care are also in this field which covers undermedicalisation too.

P4 challenges also such strange diagnostics as « No disease disease - Medically unexplained symptoms - Worried well – Difficult patient - Functional somatic syndromes - Somatoform disorder - Abnormal illness behaviour (unlimited list)
Now, close your eyes
New basic job description of the family doctor

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Quaternary prevention concept is spreading quickly worldwide

2008 Adopted by European Union of General Practioners (UEMO)
2009 Workshop at Basel Wonca Europe congress
2010 Conference at Brazilia
2010 Conference at French congress of GP/FM, Nice (fr)
2011 SIAP Seminar by Equipo Cesca at Barcelona (sp)
2012 Seminars at Buenos Aires, Mendoza & Rio de la Plata (ar)
2013 Seminars at Harvard (us), Lausanne (ch) & Paris (fr)
2013 Opening session of the annual congress of SBMFC, Belem (br) & APMGF, Covilhã (po)
2013 Workshop at Prague Wonca world congress

2013 Conferences in Peru, Argentina, Uruguay
2014 Seminar at Wonca Lisbon
2014 Seminar in Hong Kong / Conference in Argentina, Brazil / Publications in India
2015 Montevideo ....
Papers about Quaternary Prevention in indexed and non indexed journals


**2014**


P4 (nick name of Quaternary prevention) is not really well accepted in academic journals. But Internet is its kingdom.
A quick growing P4 network

- **WICC**  [http://ph3c.org](http://ph3c.org)  Quaternary prevention rubric
- **Belgium**  [http://docpatient.net/mj/P4_citations.htm](http://docpatient.net/mj/P4_citations.htm)
- **Brazil**  groups.google.com/forum/gtprevencaquaternaria/  gtprevencaquaternaria@gmail.com  Twitter @prevquaternaria  www.facebook.com/pages/Prevenção-Quaternária/
- **Iran**  [http://earthcitizenshealth.blogspot.com](http://earthcitizenshealth.blogspot.com)
- **Spain**  SIAP2011@yahoogroups.com
- **Uruguay**  www.facebook.com/pages/Prevención-Cuaternaria/
Thank you