

# "Quaternary Prevention (P4) or First do not harm "

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# Themes:

Daniel Widmer, Emilie Hochart ; Philosophical tools for Quaternary Prevention (P4)

Hamilton Wagner ; Quaternary prevention – the pitfalls from literature

Patrick Ouvrard ; The anthropological approach of care optimize Quaternary Prevention



Charleroi, Belgium, Home visit, 2006

Photography by Stephen Feldman



RETOUR  
errance  
SYMPTOME  
passage  
CHOMAGE  
LE QUARTIER  
errance  
ailleurs  
CHOMAGE  
LE QUARTIER



# Speaking about knowledge in Family medicine

Taking in account family doctors are working in multiple fields

	To do	To be
individual	Bio math medicine	Mental health
community	Epidemiology	Anthropology

Figure 1 Four fields of General Practice / Family medicine  
Adapted from M. Van Dormael<sup>2</sup>



Let's discuss  
patient doctor relationships,



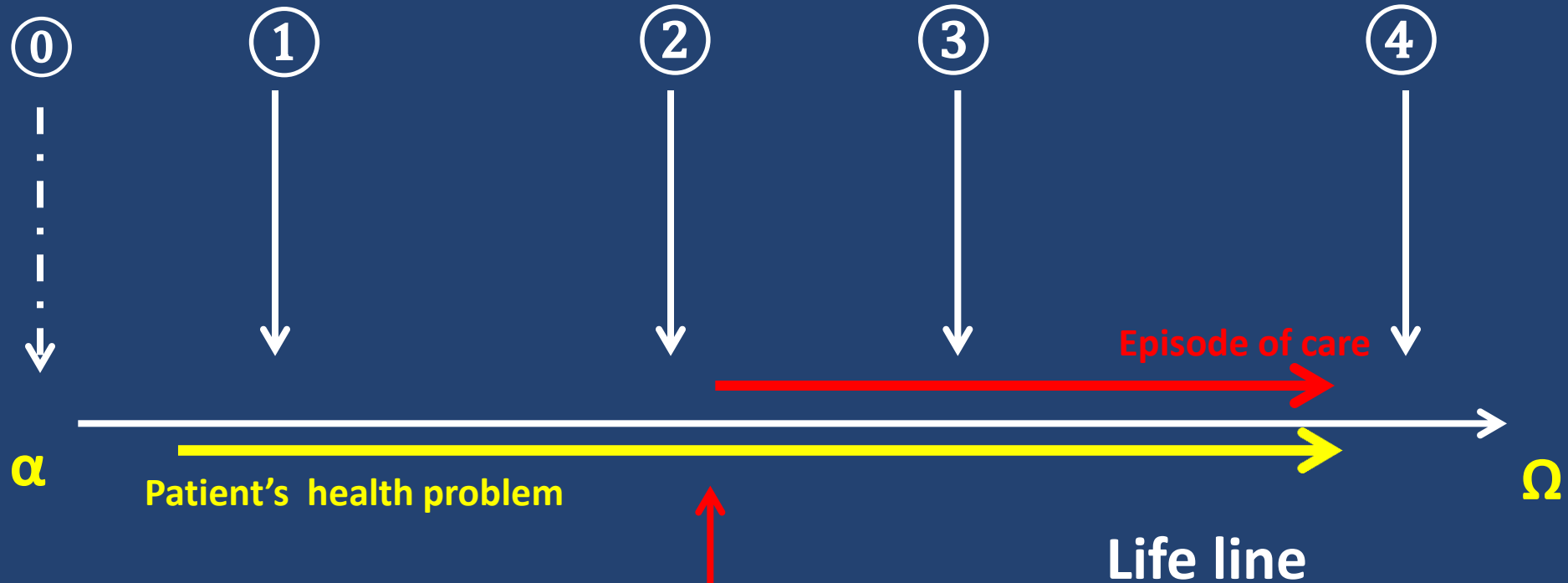
Adriaen Brouwer 1533

time line  
and  
doctor's duty



H.Bosch 1500

# Prevention ; chronological view



Ava

**Demand  
for care**



St Paul de Vence

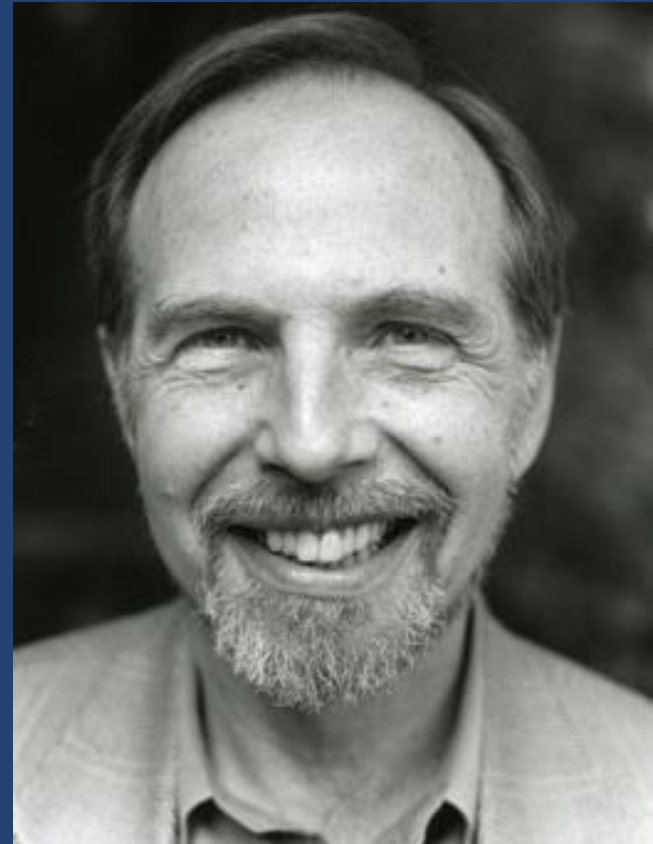
①②③ Leavell, H., & Clark, E. (1958). Preventive Medicine for the Doctor in His Community an Epidemiologic Approach (p. 684). McGraw-Hill.

① ● Primordial : Last JM. A Dictionary of Epidemiology. 4th edition [Internet]. OUP. 2000.

④ Bury, J. (1988). Éducation pour la santé : concepts enjeux planifications. Bruxelles: De Boeck-Université.

## Relationships based model

It is crucial to recognize that patient-doctor interactions are transactions between explanatory models, transactions often involving major discrepancies in cognitive content as well as therapeutic values, expectations, and goals.



Dr. Arthur Kleinman Professor of Psychiatry,  
& Medical Anthropology , Harvard Medical School.

Kleinman A, Eisenberg L, Good B. Culture, Illness, and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research. FOCUS: The Journal of Lifelong Learning in Psychiatry . 4(1). 2006

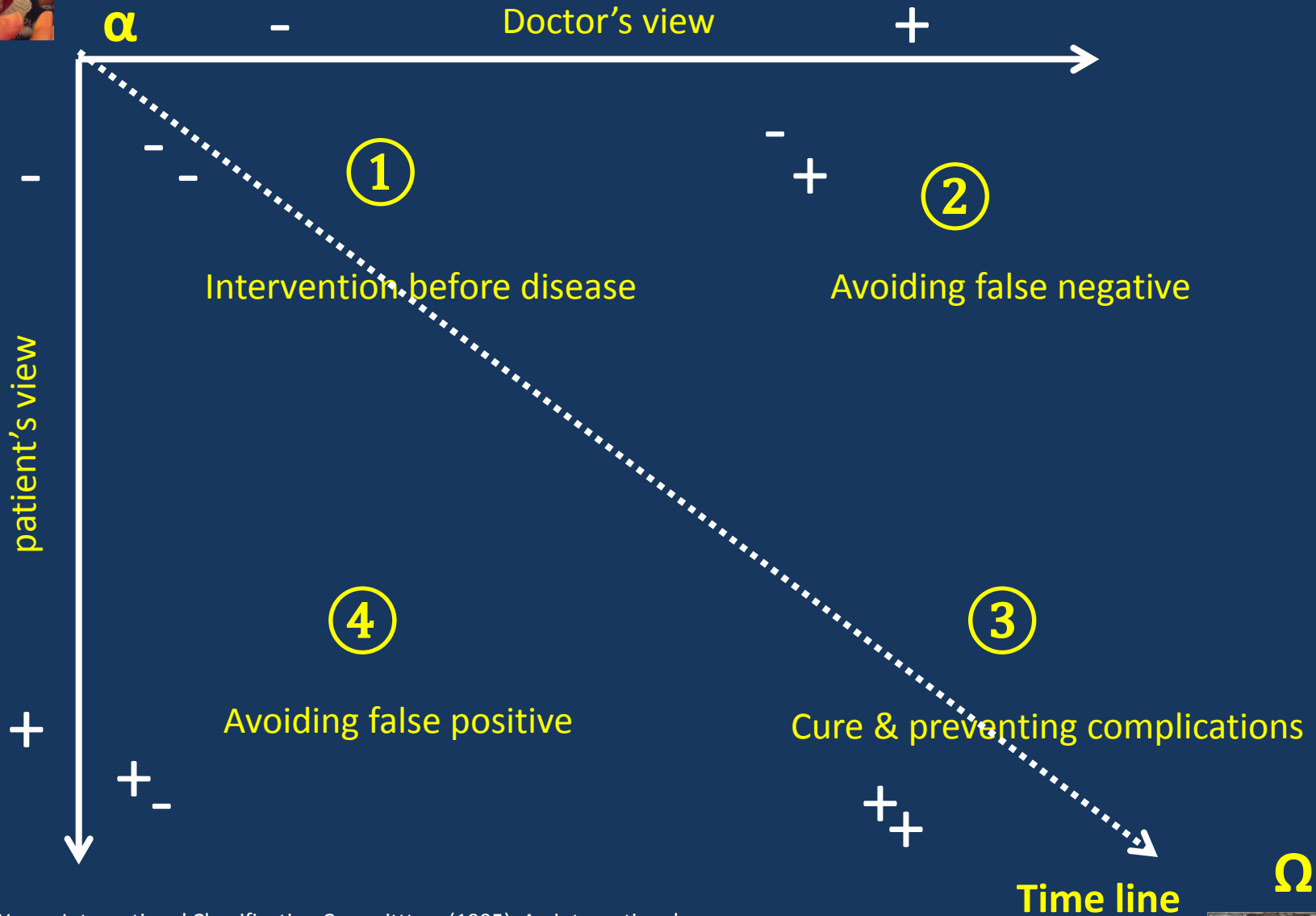


# Change the paradigm

- Let see the health problem through the Patient doctor relationships, each with their own agenda, fears, expectations and explanatory models.
- The doctor has been trained to find disease
- The patient has some reasons to approach the doctor, feeling well or ill
- Crossing those views change the insight
- Let's take the model of the four fold table



# Prevention ; relational view



①②③ Wonca International Classification Committee. (1995). An international glossary for general/family practice. WONCA Classification Committee. *Family Practice*, 12(3), 341–369.

④ Jamouille, M. (1986). Information et informatisation en médecine générale [Computer and computerisation in general practice]. *Les informa-g-iciens* (pp. 193–209). Presses Universitaires de Namur.



# Inserting Wonca glossary definitions (1985)

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.

4

Avoiding false positive



On the same model, we propose the P4 definition

**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.**

Jamouille M, Roland M. Quaternary prevention.  
WICC annual workshop Hong Kong: Wonca congress proceedings; 1995

Bentzen N. Wonca Dictionary of General/Family Practice. Maanedsskr. Copenhagen; 2003.

Conscience  
or  
patient's  
feeling

Doctor's knowledge  
Disease natural evolution

Absent -----> Present

well being  
feeling

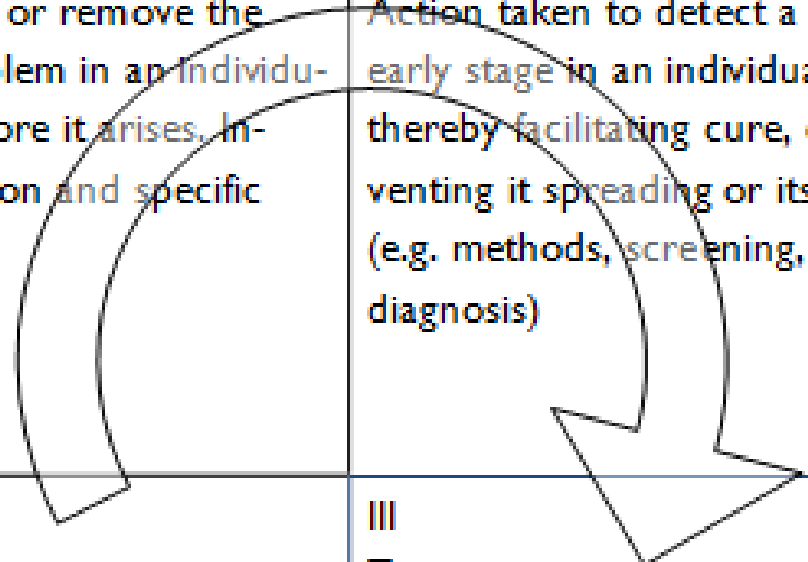
**I**  
Primary prevention  
Action taken to avoid or remove the cause of a health problem in an individual or a population before it arises. Includes health promotion and specific protection (e.g. immunization)

**II**  
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)


sick  
feeling

**IV**  
Quaternary Prevention  
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.

**III**  
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.



Doctors activities (or healthcare forces) could send the patient in the field 4 while patient's anxiety or misinformation is attracting the patient in the field 4 of the worried sick.

Avoiding those situations is the aim of Quaternary prevention represented by a red bar in the  following slides



# Easy glide from P1, P2, P3 to P4

# Doctor side

patient's view

Health information  
Health education

Immunization

Screening

Early diagnosis



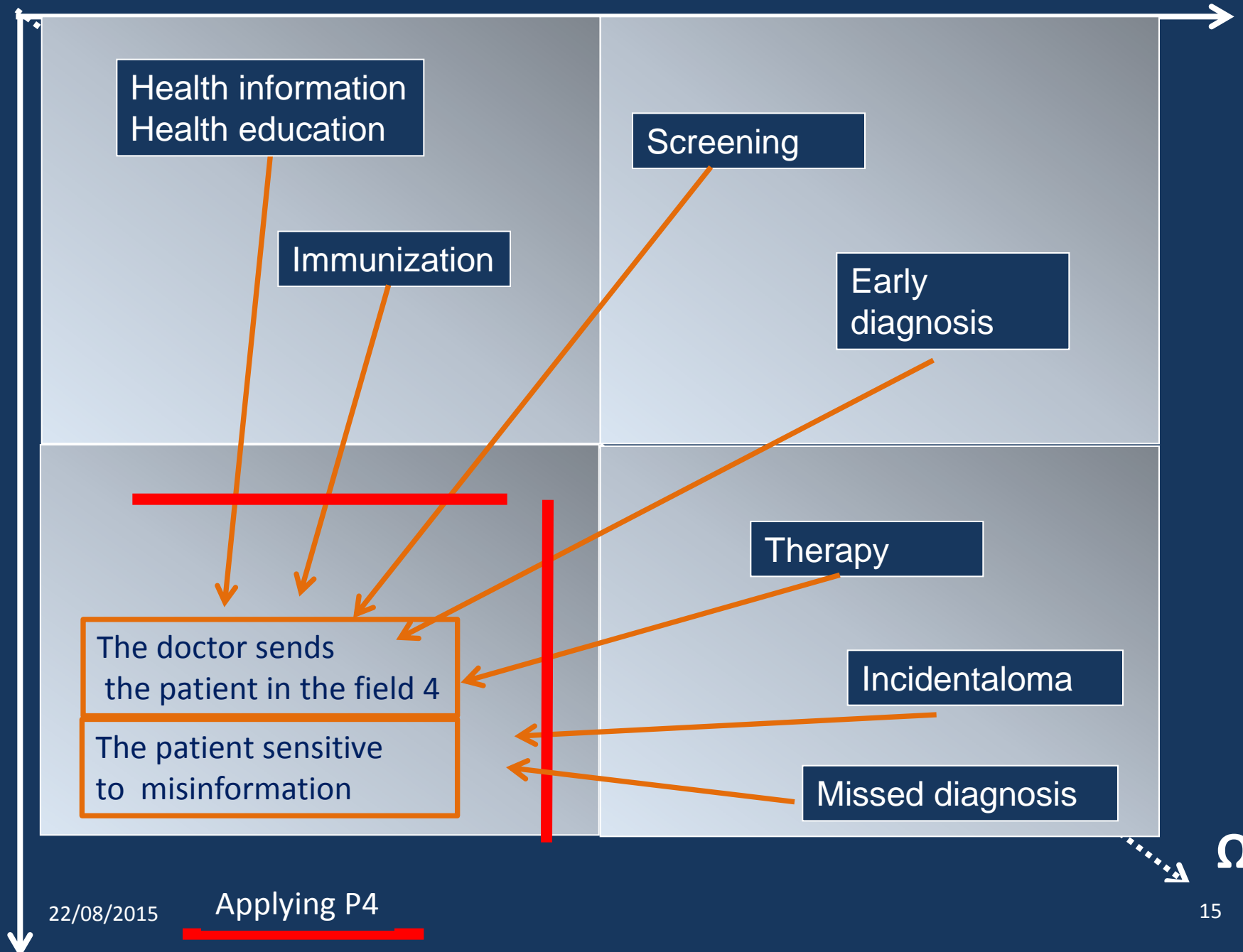
Therapy

The doctor sends  
the patient in the field 4

Incidentaloma

The patient sensitive  
to misinformation

Missed diagnosis



Quaternary prevention involves the need for close monitoring by the doctor himself, a sort of permanent quality control on behalf of the consciousness of the harm they could do, even unintentionally, to their patients.

Quaternary prevention is also about understanding that medicine is based on a relationship, and that this relation must remain truly therapeutic by respecting the autonomy of patients and doctors."



22/08/2015

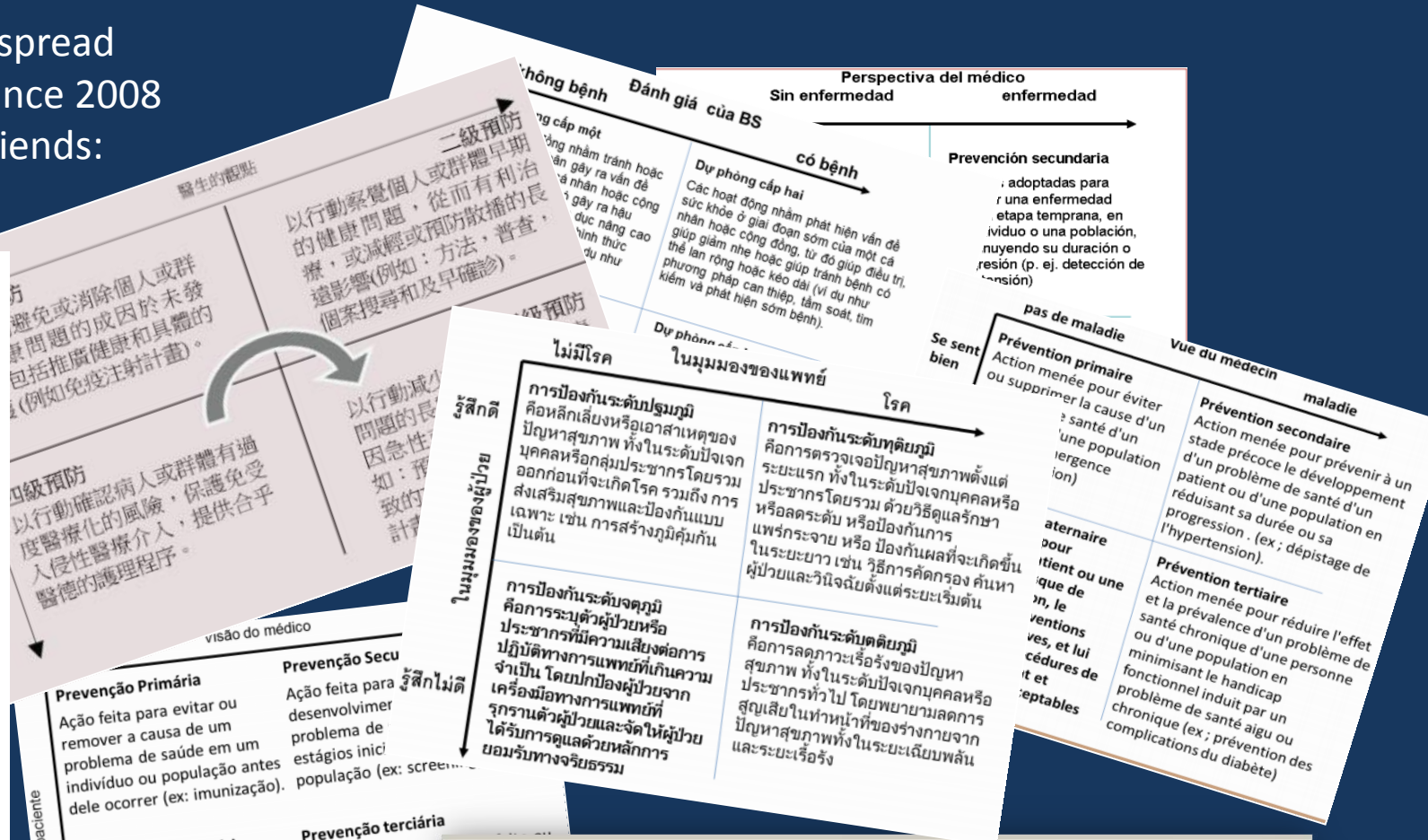
“the sacred line in the doctor-patient relationship”

Alan R. Schroeder. Seeing My Way to 'No'. *Medscape*. Jul 30, 2015



Fast worldwide spread of the concept since 2008  
P4 groups and friends:

- ✓ Brazil
- ✓ China
- ✓ Uruguay
- ✓ Argentina
- ✓ Chile
- ✓ Peru
- ✓ Paraguay
- ✓ Bolivia
- ✓ France
- ✓ Germany
- ✓ Switzerland
- ✓ Spain
- ✓ Portugal
- ✓ Thailand
- ✓ Vietnam
- ✓ USA
- ✓ UK
- ✓ .



Montevideo, 21 mars 2015. Wonca CIMF Special Interest Group on Quaternary Prevention

*merci*



[www.ph3c.org/p4](http://www.ph3c.org/p4)

# Philosophical tools for Quaternary Prevention (P4)

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*Dr Daniel Widmer, family physician.*

*Chargé de cours IUMF*

*Emilie Hochart Master student Unil FBM*

*29th European Conference on Philosophy of Medicine and Health Care*

*19-22.8.2015*





# Galen

The physician should  
also be a  
philosopher



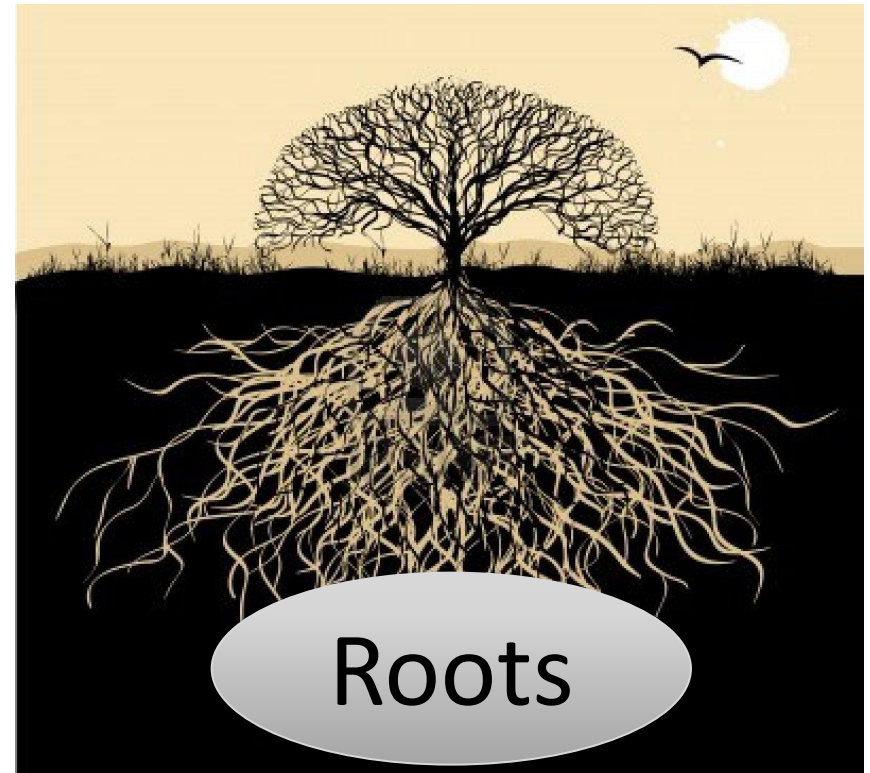
Galenus, Dalimier C. Traités philosophiques et logiques

# A-theoretical medicine?

## Practice



## Implicit theory



# Philosophical roots for P4

- Positivism
  - Critical theory
  - Scepticism
  - Ethical principles/virtues
  - Constructivist approach: narrative based medicine
- Widmer D. Philosophical roots of Quaternary Prevention

# Critical theory

## Power relationships

Power	Consequence
Pharma industry	Disease mongering Selling sickness
Academic organization	Publication bias Accent on quantitative over qualitative research
Health insurances	Selection of good risks
Money	Unnecessary check-ups in healthy high class people



# Philosophical roots for P4

- Positivism
- Critical theory
- Scepticism
- Ethical principles/virtues
- Constructivist approach: narrative based medicine
  
- Widmer D. Philosophical roots of Quaternary Prevention

# Philosophical roots or tools for P4

**Roots**

All theory is gray,  
my friend. But  
forever green is  
the tree of life.  
Goethe

**Tools**

**GPs prefer tools  
to theories**

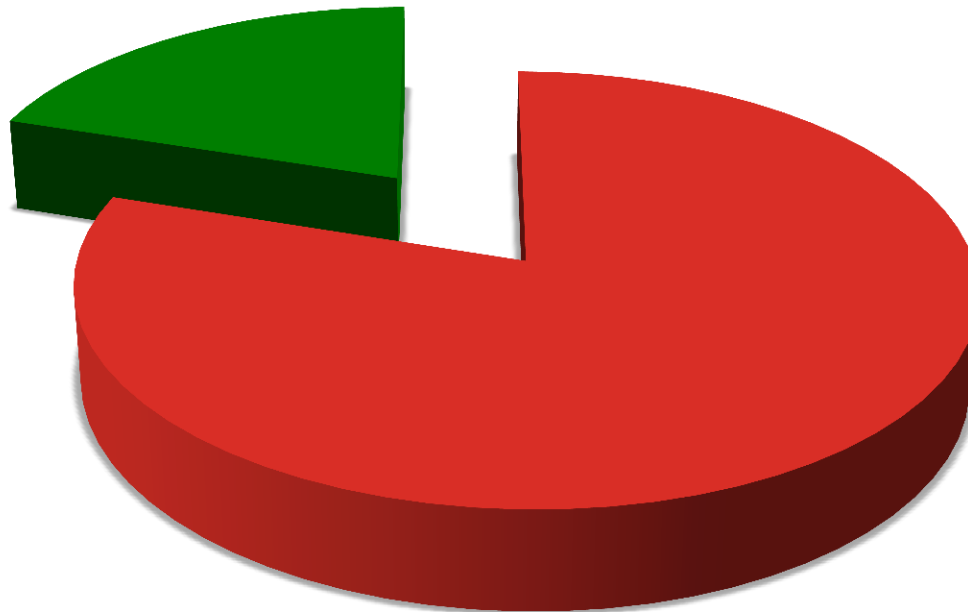
Bergson. Homo sapiens/ Homo faber  
Intelligence... is the faculty to create artificial  
objects, in particular tools to make tools.

# Tools for P4

- Positivism: level of evidence
- Critical theory: health inequalities
- Constructivist approach: patient's satisfaction, change, consensus, flash (emotional level), clinical supervision, work consultancy



# What we learn



- Anamnesis + physical examination
- Paraclinical exams



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**Thank you**

# Quaternary prevention - the pitfalls from literature

Hamilton Lima Wagner

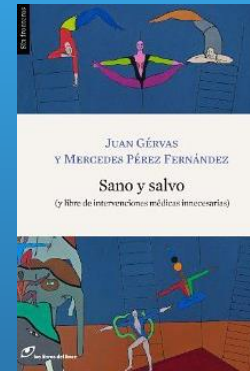
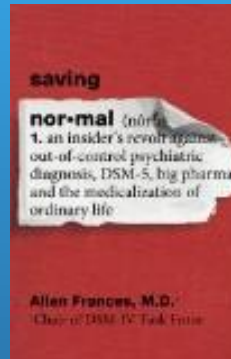
Family and Community Physician

Masters in Science

EUROPEAN CONFERENCE ON PHILOSOPHY OF MEDICINE  
AND HEALTH CARE



# There are many people worried about medical practice nowadays..



## Quaternary Prevention and the Challenges to Develop a Good Practice

Comment on “Quaternary Prevention, an Answer of Family Doctors to Overmedicalization” Hamilton Wagner.

### Abstract

The article analyzes literature problems using as a parameter the quaternary prevention concept, introducing guidelines to have good shared decisions that avoid overdiagnosis and overtreatment and improve the quality of life. The author proposes a four-step approach: reliable evidence, awareness about populations profile, independent research analysis, and an understandable format by ordinary people.

**Keywords:** Quaternary Prevention, Literature Problems, Practice

**Copyright:** © 2015 by Kerman University of Medical Sciences

**Citation:** Wagner H. Quaternary prevention and the challenges to develop a good practice: Comment on “Quaternary prevention, an answer of family doctors to overmedicalization”. *Int J Health Policy Manag.* 2015;4(x):x–x. doi: 10.15171/ijhpm.2015.98

### Article History:

Received: 11 May 2015; Accepted: 15 May 2015; Published: 15 May 2015

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# Marc Jamouille (1986)

Action taken to prevent or to remove the cause of a disease.  
Ex: immunization

Action taken to detect a disease in early stages, interfering in the follow up.  
Ex: screening of cancer.

Action taken to prevent overdiagnosis and overtreatment, offering to people an ethical and scientifically correct medicine.

Action taken to prevent complications of disease and to recover if possible.  
Ex: preventing diabetics foot.



# Reflecting on Jamouille's proposal

- The confrontation between medical knowledge and the experience of life of our patients. A test that is unexpected, but brings humanity to the centre of the medical action, to build partnerships and sharing decision.
- Jamouille's proposal is more than a simple action of the ethical practice of medicine. In fact it is to rethink medical art, looking at the concepts through the life of the people we are supposed to be looking after.

# Reflecting over some concepts:

- There are concepts that seem to be correct, but they don't resist studies:
- The mortality by prostatic cancer is the same, screening or not.  
(Djulgovich, M. Et Al, British Medical Journal, 2010, 341-4343)

In 1992 David Sacket proposed the EBM - it appeared to be a safe path, but we were misled. The concepts were corrupted by the health industry:

- Running flawed screenings.
- Unpublishing results that were unfavourable.
- Spinning research, to cover undesirable effects.
- Confounded with ghost-written research.

# Continuing the reflection

- **Why Most Published Research Findings Are False** - John P. A. Ioannidis - PLOS - 2005

If we accept that a  $P < 0.5$  is the truth for every research, but we don't realise that it may not mean anything for the person's life - so it's rubbish.

How evidence-based medicine is failing due to biased trials and selective publication

Susanna Every-Palmer MBChB FRANZCP MSc1 and Jeremy Howick BA MSc PhD2 - Journal of Evaluation in Clinical Practice. 2014

- Evidence for these flaws is clearest in industry-funded studies. We argue EBM's indiscriminate acceptance of industry-generated 'evidence' is akin to letting politicians count their own votes. Given that most intervention studies are industry funded, this is a serious problem for the overall evidence base.

# Examples using statins as a case:

Using The NNT as a reference:

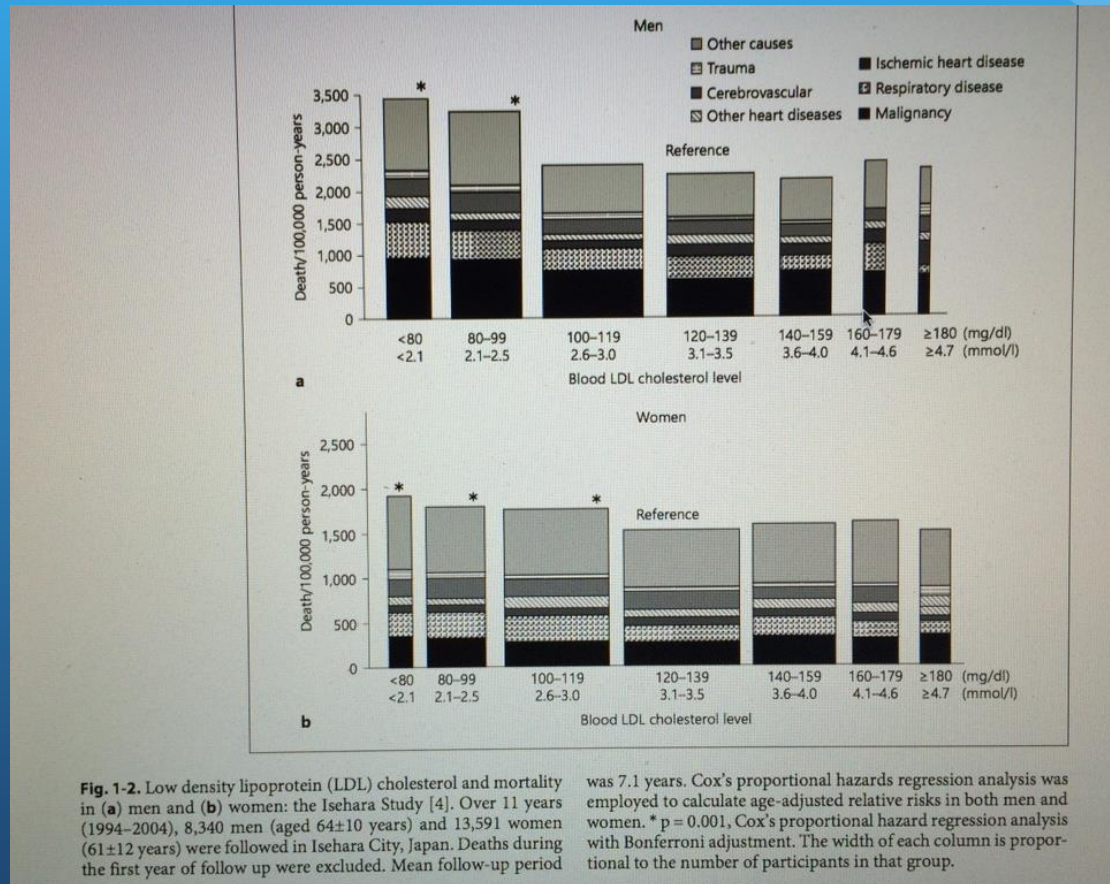
Giving statins for 5 years for heart disease prevention in primary care will save no lives. You will prevent a non fatal heart attack for every 104 people treated and you will prevent a stroke for every 154 people treated.

But you will cause diabetes for every 100 treated, and you will cause muscle damage for every 10 people treated.

And to justify the use all research was interrupted early - in a clear case of spinning.

- Jupiter a benefit of 0,49 - in 2% of the studied population - and they didn't have dislipidemy at all.
- ASCOT-LLA a benefit from 3% to 1,9% of non fatal heart attack
- HPS - a benefit from 9% to 7,6% in the population treated for a cardiovascular disease - non fatal

# Mortality related to LDL level in Japan





# Continuing the case:

How statistical deception created the appearance that statins are safe and effective in primary and secondary prevention of cardiovascular disease -ARTICLE *in* EXPERT REVIEW OF CLINICAL PHARMACOLOGY 8(2):1-10 · FEBRUARY 2015 - DOI: 10.1586/17512433.2015.1012494 · Source: PubMed - David M. Diamond and Uffe Ravnskov University of South Florida

Only weeks after this publication...

- Primary Prevention With Lipid Lowering Drugs and Long Term Risk of Vascular Events in Older People: Population Based Cohort Study - Annick Alperovitch; Tobias Kurth; Marion Bertrand; Marie-Laure Ancelin; Catherine Helmer; Stéphanie Debette; Christophe Tzourio - Disclosures -BMJ
- Statins and Lower Cancer Mortality; Risk Cut by Up to a Half - Liam Davenport - June 10, 2015
- Effect of Statins on Memory Loss Remains Uncertain - Jenni Laidman - June 08, 2015

# Finalising



- The quaternary prevention movement suggests that we are on the border of a new paradigm.
- We believe that it is necessary to reframe most of the definitions about what is health, illness and disease - to offer a humanistic approach to people.
- It's time to think of research as a tool for sharing decisions, where it's fundamental to know the NNT and the NNH - to help our patients make well informed decisions.
- And we must recognise that life has an end that can not be avoided. So we must be capable of discussing what we are really offering to the community.

**Thank you for attending  
this meeting.**

Hamilton Lima Wagner

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**29<sup>th</sup> EUROPEAN CONFERENCE  
ON PHILOSOPHY OF MEDICINE AND HEALTH CARE**

19 – 22 August, 2015  
Ghent, Belgium.

*Dr. Patrick Ouvrard, SFTG*

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The anthropological approach of  
care optimize Quaternary  
Prevention



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Session 4.7  
ROOM: LIBRARY  
Special seminar  
**"Quaternary Prevention (P4) or First do not harm "**  
Chair: Marc Jamouille





# Dr Patrick OUVRARD

Family Physician

Vice President of the SFTG\*

Head of Communication

Head of the department of Anthropology

*Conflicts of interest :*

*Fee for service basis*

*Pay for performance basis (P4P)*





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# Medicine is art

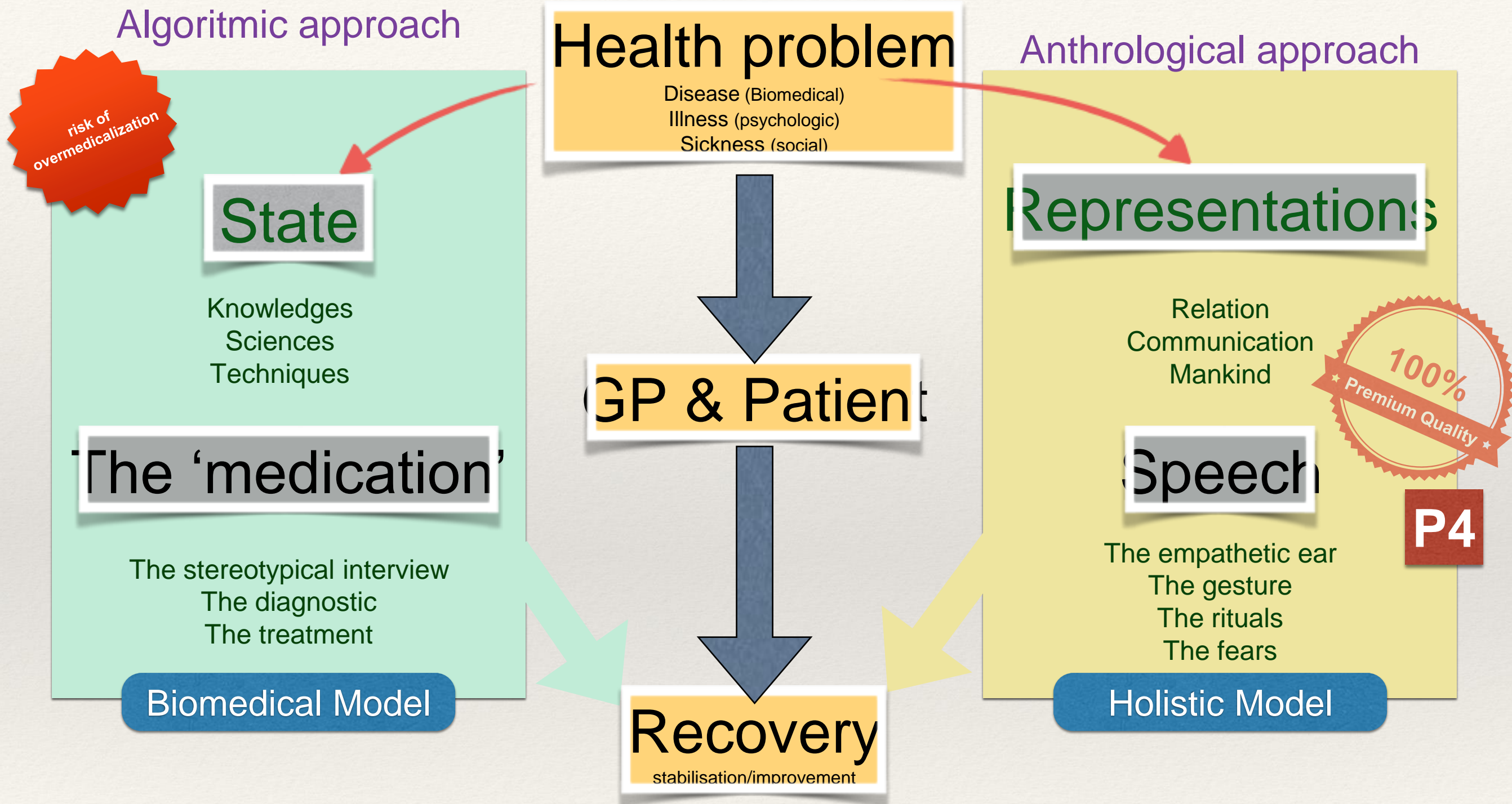
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- ❖ The complexity is the essence of general practice , this is what make the beauty, the difficulty and allows to recognize it as an art.
- ❖ The management of this inherent complexity is greatly enhanced by the skill of an anthropological and comprehensive approach to our patients.
- ❖ **The GP treats**
  - ❖ **individuals suffering in their cultural- socio- environmental context**
  - ❖ **not diseases, syndromes or symptoms.**
- ❖ « *The medicine is not a science but an art of adapting scientific standards to specific cases and whose singular meeting remains at its foundation* » *Leféve Céline*





# Meeting with patient in General practice



Anthropology allows clinicians to improve their communication skills.



# There are so many diseases that patients

*The GP treats individuals suffering in their cultural- socio- environmental context*

During the meeting, our attention should be given to the patient, not the disease

“Patient’s self-understanding and experience of illness offers a legitimate source of relevant medical knowledge.”

Goldenberg MJ. Soc Sci Med. 2006;62(11) : 2621–32.  
<http://philpapers.org/archive/GOLOEA-2>

Narrative based medicine in an evidence based world

Trisha Greenhalgh. BMJ. 1999 Jan 30; 318(7179): 323–325  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114786/> .

«Our body is one of the evidences of our existence: it is in and with our body that we are born, live and died; it is in and with our body that we build relations to others».

Michela Morzano. Penser le corps (Presses Universitaires de France, Paris 2002)





# Examples of Common clinical situation in family practice

- with overlooked anthropological background
- and serious consequences for the patient

- **Contraception**

Analyse of this example

- *Food or drink prohibition*

- *Specific social practice*

- *Religion practice*

- *Tribal practice*

- *Abortion*

- *Internet use...*

- ....



# First prescription of contraceptive pills

## ❖ Algorithmic approach :

- ❖ Genital examination
- ❖ Biology
- ❖ Prescription

## ❖ Anthropological approach :

- ❖ Take into account the cultural aspect
- ❖ Use of appropriate representations

... at a genital examination is not necessary (outside of a context of request to consolidate the normality)

❖ Explain carefully the prescription

### Outcome :

- ... sexuality
- ... of poor follow up of
- ... , poor compliance (increase the risk of unwanted pregnancy)

### Outcome :

- demedicalized aspect
- culturally appropriate explanations
- reduction of fears
- positive impact on sexuality
- good compliance (decrease the risk of unwanted pregnancy)

The anthropological approach of care optimize Quaternary Prevention



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# Evidence based teaching

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- ❖ Go further reflection and contextual analysis of the other and of itself can help to improve the triangular relationship patient / disease / doctor, and increase efficiency.
- ❖ Medical Anthropology must be taught in medical school
- ❖ Quaternary Prevention must be taught in medical school



Thanks for your attention

