



What is going on here and now when a patient meets a family doctor?

A cybernetic observation of the consultation process through the P4 lens
Relationships between Q-Codes and Quaternary prevention

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Considering the main themes discussed by GPs during congresses (Q-Codes), we will examine which ones are dealing with the Quaternary prevention concept.

and how Quaternary prevention could exert a deep influence throughout the consultation process and the care pathway

Download the Q-Codes version 2.5 Tabular list in various language

[English](#)

[Dutch](#)

[French](#)

[Korean](#)

[Portuguese](#)

[Spanish](#)

[Turkish](#)

[Vietnamese](#)

<http://3cgp.docpatient.net/tabular/>

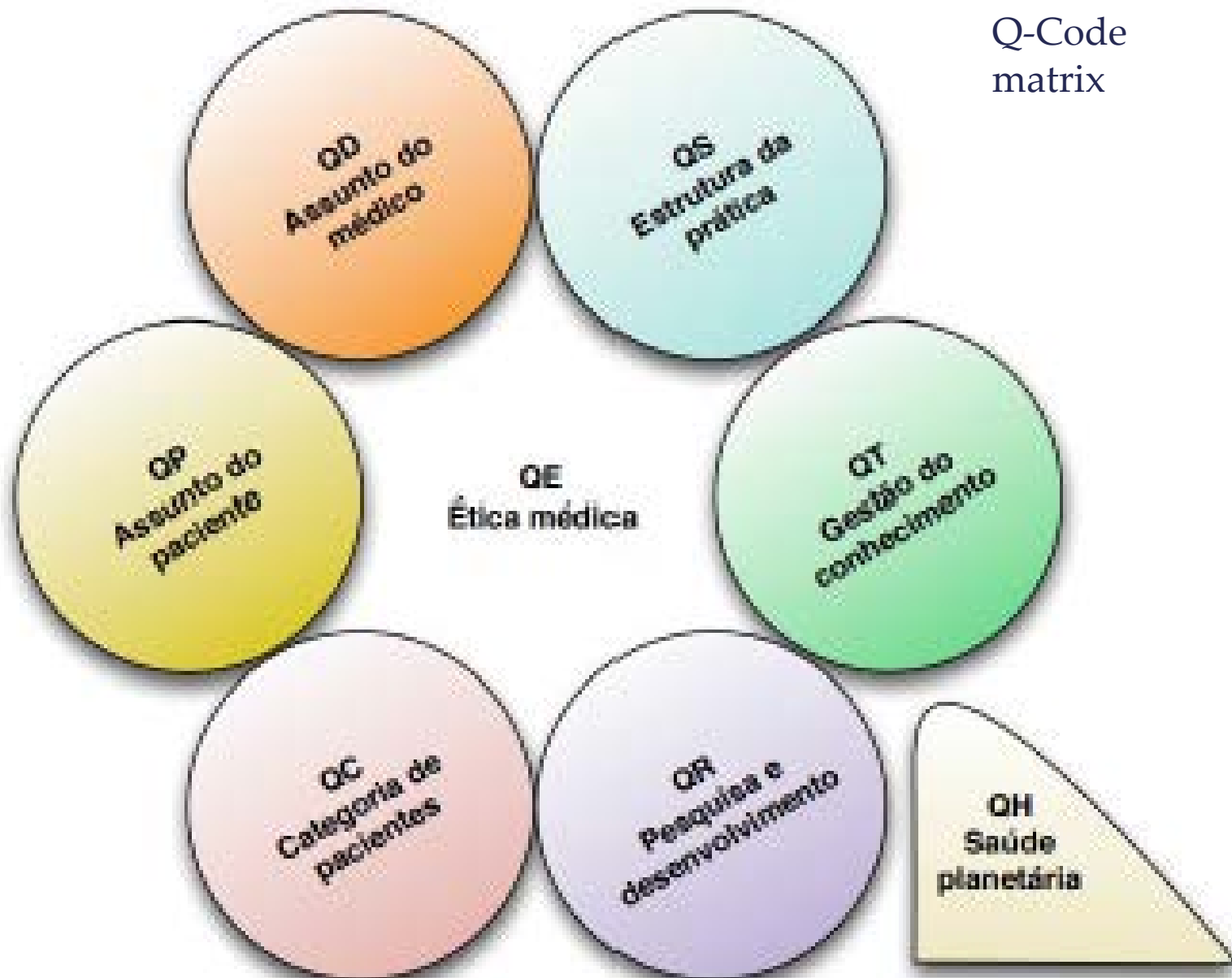
We reproduced the list of titles of each section of the Q-codes in a tabular list comparable to that produced with the ICPC-2 in A4 format and known as "desk copy". Both tabular lists are used to have on hand for an easy coding process of literature in General Practice Family Medicine.

Each Q-Code has a definition. Please refer to Jamouille M, Resnick MP. General Practice / Family Medicine Multilingual Terminology. Charleroi: Care Editions; 2016. 62 p

Consider <http://3cgp.docpatient.net/> for further informations, user guide and other languages.

<p>QC PATIENT'S CATEGORY _____</p> <p>QC1 age group</p> <p>QC11 infant</p> <p>QC12 child</p> <p>QC13 adolescent</p> <p>QC14 adult</p> <p>QC15 elderly</p> <p>QC2 gender issue</p> <p>QC21 men's health</p> <p>QC22 women's health</p> <p>QC23 sex difference</p> <p>QC24 transgender</p> <p>QC3 social high risk</p> <p>QC31 ethnic subgroup</p> <p>QC32 refugee</p> <p>QC33 homeless</p> <p>QC34 prisoner</p> <p>QC4 addict</p> <p>QC41 prescribed drug addict</p> <p>QC42 street drug addict</p> <p>QC43 game addict</p> <p>QC5 victim of violence</p> <p>QC51 gender-based violence</p> <p>QC52 child abuse</p> <p>QC53 elder abuse</p> <p>QC54 victim of torture</p> <p>QC55 ritual mutilation</p> <p>QC6 survivor</p> <p>QD DOCTOR'S ISSUE _____</p>	<p>QD34 genetic issue</p> <p>QD4 clinical prevention</p> <p>QD41 primary prevention</p> <p>QD42 secondary prevention</p> <p>QD43 tertiary prevention</p> <p>QD44 quaternary prevention</p> <p>QD5 complementary medicine</p> <p>QD51 homeopathy</p> <p>QD6 medico legal issue</p> <p>QD7 professional image</p> <p>QD8 work-life balance</p> <p>QE MEDICAL ETHICS _____</p> <p>QE1 personal view</p> <p>QE2 professional ethics</p> <p>QE3 bioethics</p> <p>QE31 euthanasia</p> <p>QE4 infoethics</p> <p>QE41 confidentiality</p> <p>QE42 informed consent</p> <p>QH PLANETARY HEALTH _____</p> <p>QH1 environmental health</p> <p>QH11 indoor pollution</p> <p>QH12 outdoor pollution</p> <p>QH2 biological hazard</p> <p>QH3 nuclear hazard</p> <p>QO OTHER _____</p>
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Q-Code
matrix



Q-Codes are complementary to ICPC

Q Q-codes

QC patient's category

QD doctor's issue

QE medical ethics

QH planetary health

QP patient issue

QR research

QS structure of practice

QT knowledge management

Q Q-codes

QD doctor's issue

QD1 communicator

QD2 doctor as carer

QD3 care manager

QD4 clinical prevention

QD5 complementary medicine

QD6 medico legal issue

QD7 professional image

QD8 work–life balance

Hypernym

Q Q-codes

QD doctor's issue

QD4 clinical prevention


QD41 primary prevention

QD42 secondary prevention

QD43 tertiary prevention

QD44 quaternary prevention

specific instance of
it (hyponym)



Q Q-codesQD doctor's issue

QD4 clinical prevention

QD44 quaternary prevention

QD441 overmedicalisation

QD442 disease mongering

QD443 overinformation

QD444 overscreening

QD445 overdiagnosis

QD446 overtreatment

QD441 overmedicalisation

Each Q-Code has a Conceptual content

- **Direct-to-Consumer Advertising** ; Advertising that directly targets consumers of certain products such as pharmaceuticals. (MeSH2016)
- **Health Services Misuse** ; Excessive or unnecessary utilization of health services by patients or physicians.(MeSH)
- **Medical Futility** ; The absence of a useful purpose or useful result in a diagnostic procedure or therapeutic intervention. The situation of a patient whose condition will not be improved by treatment or instances in which treatment preserves permanent unconsciousness or cannot end dependence on intensive medical care. (From Ann Intern Med 1990 Jun 15;112(12):949) (MeSH)
- **Medical Overuse** ; Excessive or unnecessary utilization of health services by patients or physicians.(MeSH 2016)
- **Medicalization** ; A process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses, or disorders. (Conrad . Annu Rev Sociol 1992 18:209)(MeSH)
- **Overmedicalization** - an excess of exposure to – or seeking for healthcare to an extent in which does not confer any benefit in terms of health and welfare, directly related to the terms: overscreening, overdiagnosis, overtreatment, (Cardoso 2015)
- **Overuse** ; as occurring when “a health care service is provided under circumstances in which its potential for harm exceeds the possible benefit (IOM 1998)

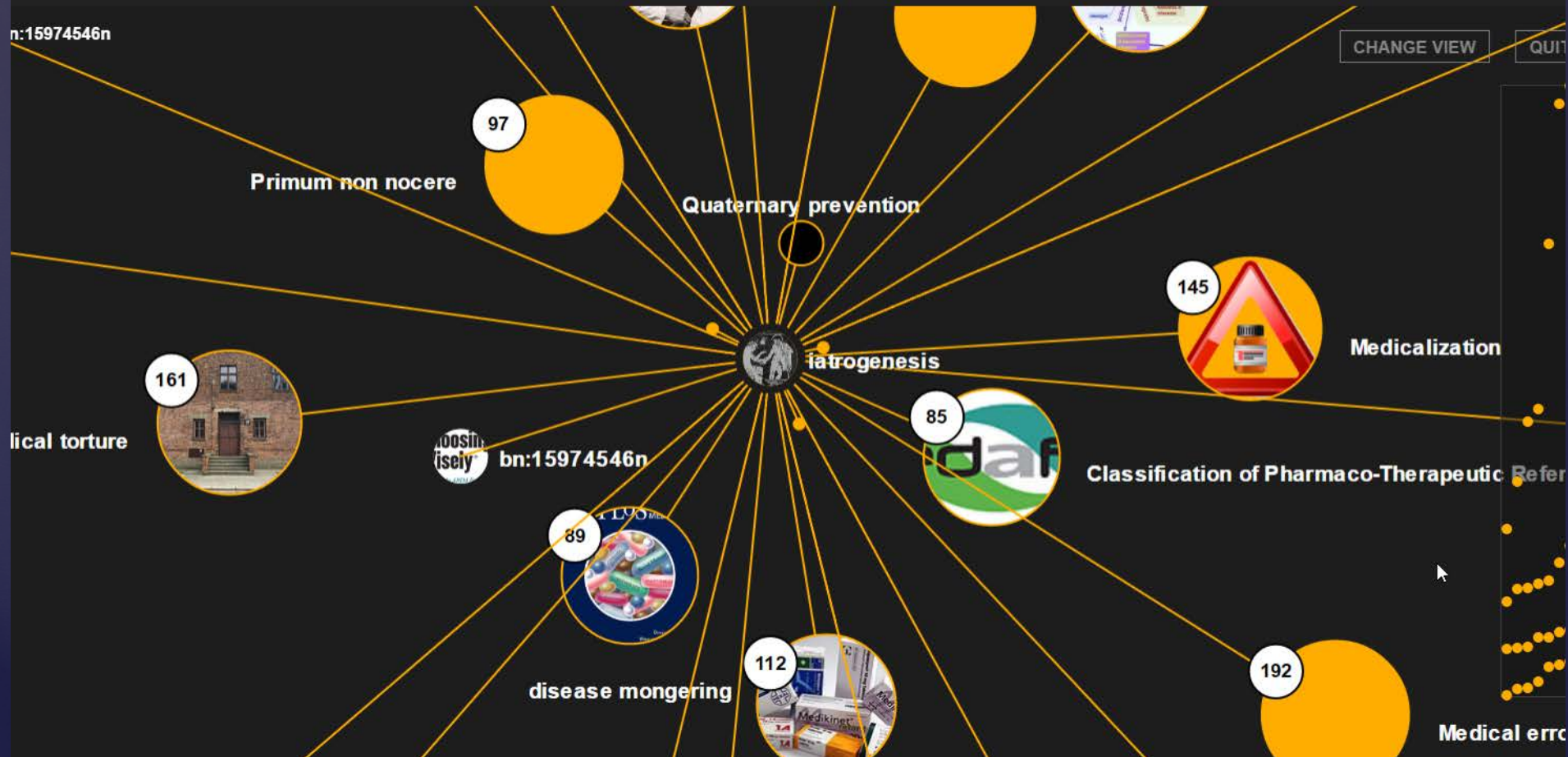
Each Q-Code is linked to a BabelNet URI

overmedicalization [bn:15974546n](https://babelnet.org/uri/bn:15974546n)

semantically related form

bn:15974546n

CHANGE VIEW QUIT



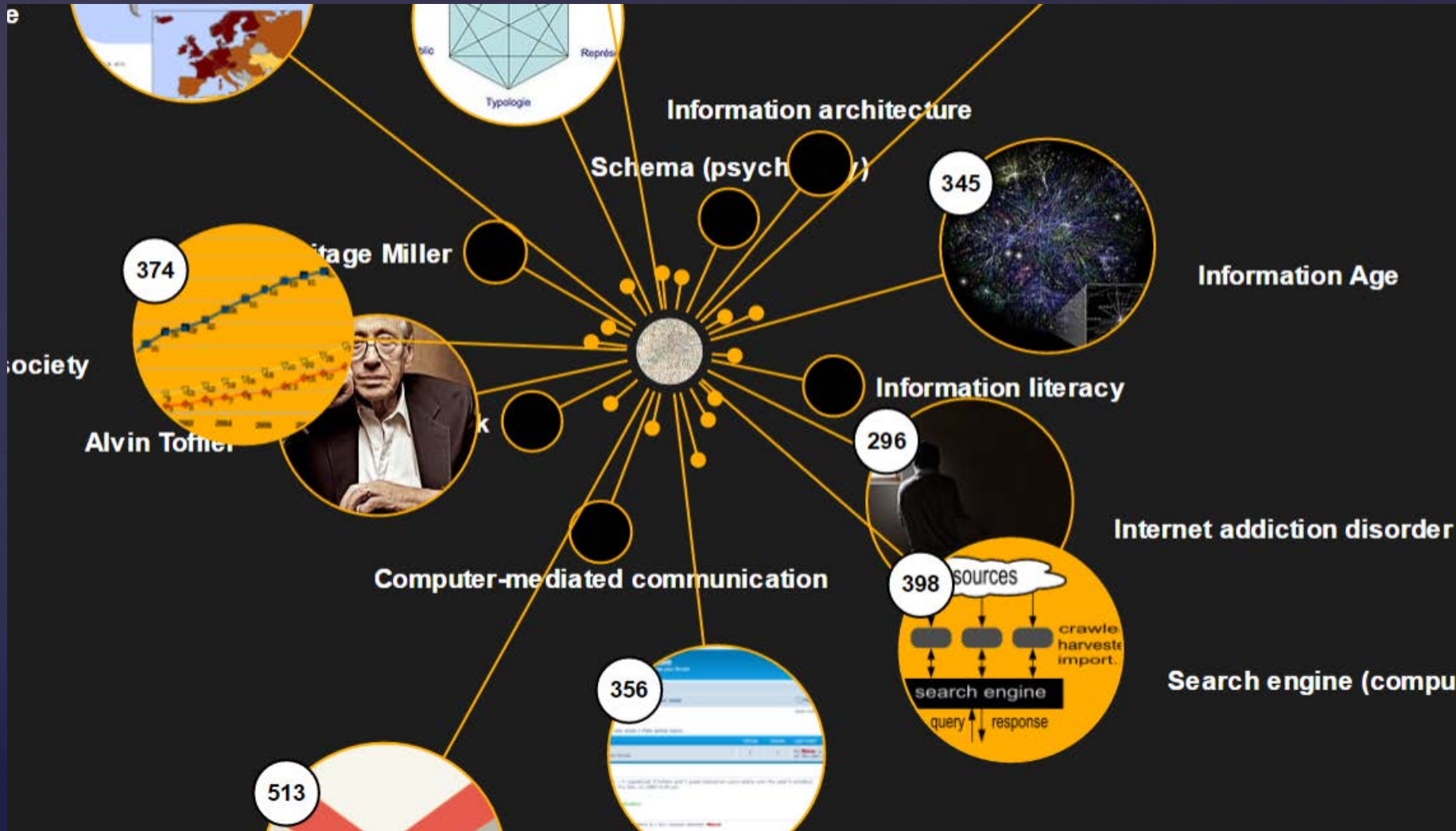
note for dummies

An URI is an
UNIVERSAL RESOURCE IDENTIFYER

Just like an URL but for a particular element
of knowledge

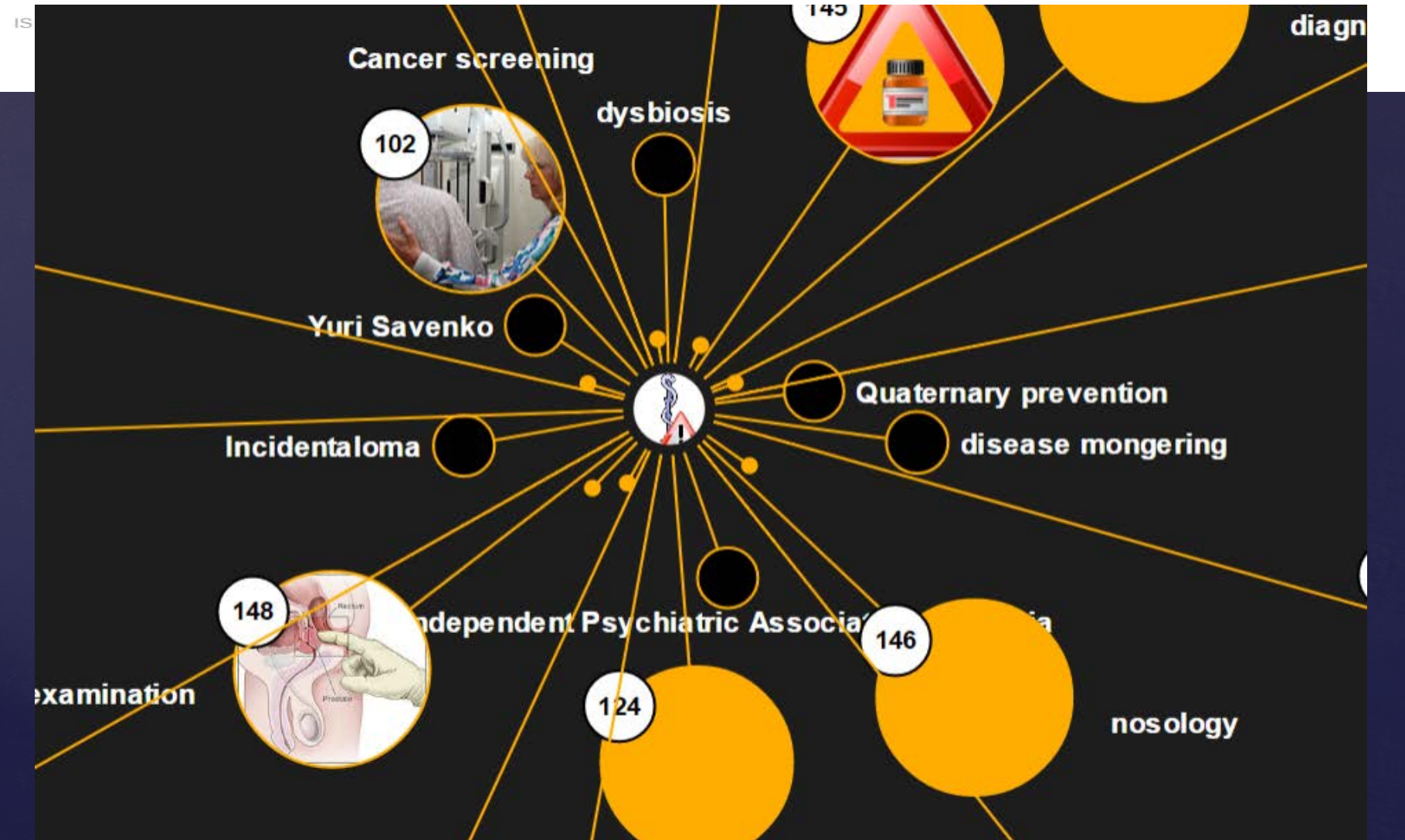
That's it. You are in semantic web world





EN Overdiagnosis · Over-diagnosis · Overdiagnosed

Overdiagnosis is the diagnosis of "disease" that will never cause symptoms or death during a patient's lifetime.



Yuri Sergeevich Savenko is a Russian psychiatrist, the president since 1989 of the [Independent Psychiatric Association of Russia](#)

On 19 December 2013, the Commission on Professional Ethics resolution as follows:

Savenko Yu. S. in his public appearances has grossly violated the norms of professional ethics. In numerous declarations, appeals, appearances by Savenko Yu. S. in the media, there are noted impermissible, insulting, offensive statements, which derogate from honour, dignity and goodwill of both individual experts and the expertand at the same time undermine the authority of the psychiatric community as a whole.^[17]

On 10 December 2013, Savenko received the award of the [Moscow Helsinki Group](#) "for historic contribution to the defence of human rights and the human rights movement".^{[19][20]}

www.ncbi.nlm.nih.gov/pubmed/16268662

Applications OpenClinical Hon Teksten vertalen Converting your f U VocabGrabb

NCBI Resources How To

PubMed

US National Library of Medicine
National Institutes of Health

Format: Abstract

CNS Drugs. 2005;19(11):897-908.

Overtreatment in epilepsy: how it occurs and

Perucca E¹, Kwan P.

J Am Board Fam Med. 2014 Sep-Oct;27(5):611-20. doi: 10.3122/jabfm.2014.05.140038.

Potential antidepressant overtreatment associated with office use of brief depression

ures. Hernandez Y Garcia E², Feldman MD², Cipri C², Nishio D², Knoepfler A², Wooddell Mk², f

www.ncbi.nlm.nih.gov/pubmed/27449959

Applications OpenClinical Hon Teksten vertalen Converting your f U VocabGrabb Sci-Hub: removin d g HeTOP v

NCBI Resources How To

PubMed

US National Library of Medicine
National Institutes of Health

Format: Abstract

BMC Fam Pract. 2016 Jul 22;17:92. doi: 10.1186/s12875-016-0433-3.

Applying clinical guideline

Austad B^{1,2}, Hetlevik I³, Mjølstad BP^{3,4}, f

Medwave. 2016 Apr 27;16(3):e6433. doi: 10.5867/medwave.2016.03.6433.

Attitudes, perceptions and awareness concerning

working in the Social Security System, Pa

[Article in English, Spanish]
Cuba Fuentes MS¹, Zegarra Zamalloa

Each Q-Code has bibliographic links. Here links to Overtreatment papers

J Am Board Fam Med. 2015 Jan-Feb;28(1):162.

Response: re: family physicians' knowledge of commonly overused treatments and tests.

Maurer D, Stephens M, Reamy B, Crownover B, Crawford P, Chang T.

QD doctor's issue

- QD3 care manager
- QD31 health risk management
- QD32 health issue management
 - QD321 medically unexplained symptom
- QD322 multimorbidity
- QD323 shared decision making
- QD324 incidentaloma
- QD325 prescribing behaviour
- QD326 deadoption
- QD33 health status assessment
- QD34 genetic issue
- QD7 professional image
- QD8 work-life balance

QE medical ethics

- QE1 personal view
- QE2 professional ethics
 - QE42 informed consent

QP patient issue

- QP1 patient safety
- QP2 patient-centredness
 - QP23 cultural competency
 - QP24 affordability
 - QP25 acceptability
- QP4 patient perspective
 - QP41 patient satisfaction
 - QP42 patient knowledge
 - QP43 patient autonomy
 - QP44 patient culture
- QP7 patient advocacy

QR research

- QR1 science philosophy
- QR3 research method
 - QR31 qualitative study

QT knowledge management

- QT2 training
 - QT21 undergraduate
 - QT22 vocational training
 - QT23 continuous medical education
 - QT24 Balint group
 - QT25 trainer
- QT3 quality assurance
 - QT31 evidence based medicine
- QT5 health data reporting
 - QT51 sentinel network
 - QT52 adverse event

Q Q-codes

QD doctor's issue

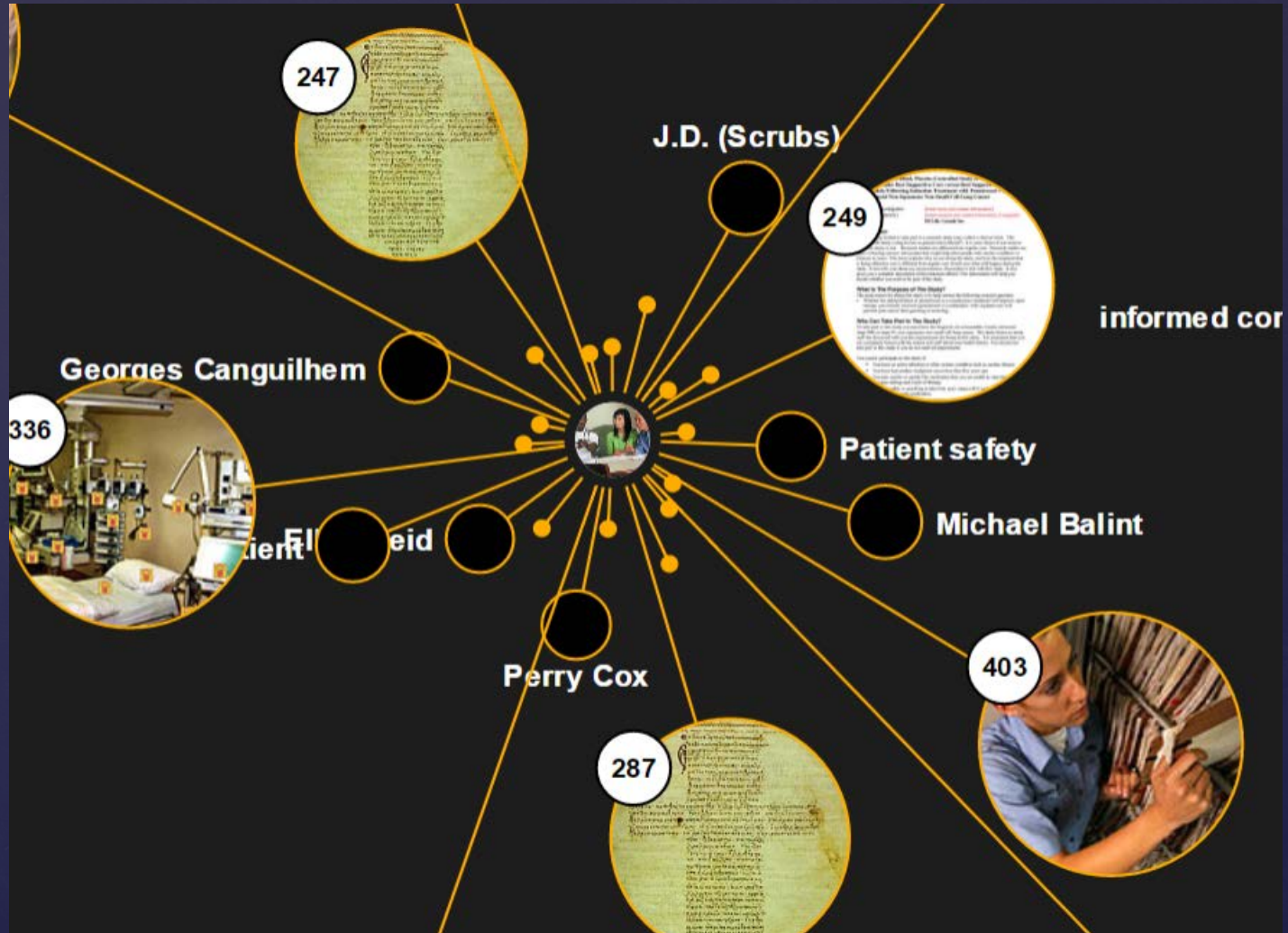
QD1 communicator

QD12 doctor-patient relationship

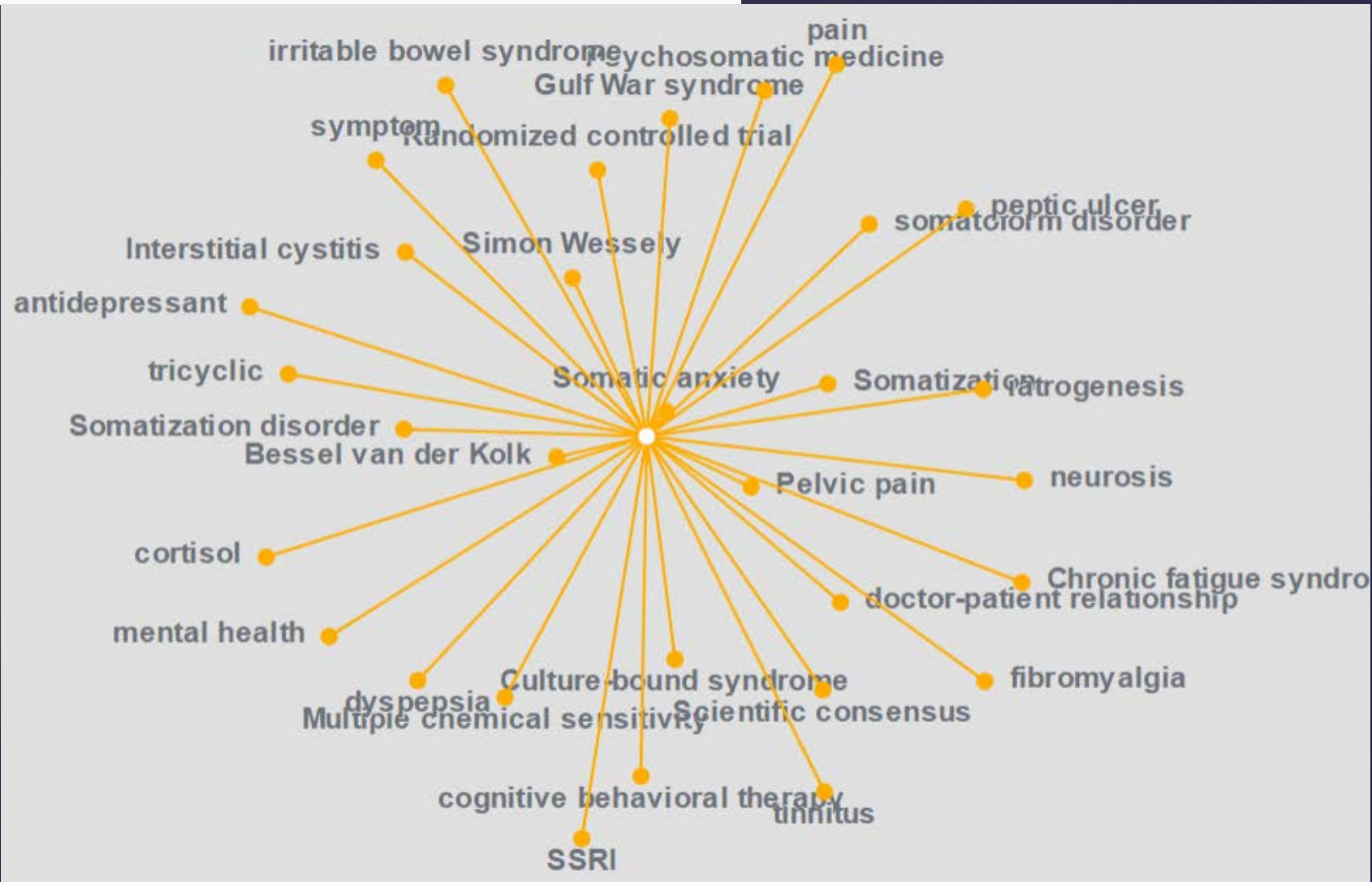
P4 Indirect relations

[Babelnet](#)

[bn:03881076n](#)



- Q Q-codes
 - QD doctor's issue
 - QD3 care manager
 - QD32 health issue management
 - QD321 medically unexplained symptom**



Now, asking to the audience their experience with P4
Please do chose a theme for which you have a living example of P4.

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 - QT51 sentinel network
 - QT52 adverse event

Q-Codes online database ;

<http://www.hetop.eu/Q>

3CGP page (ICPC+Q-Codes) ;

<http://3cgp.docpatient.net>

Book soon available in 6 languages

<http://3cgp.docpatient.net/the-book>

Thank you