



2017 EACME Annual Conference

September 7-9, 2017

# Quaternary prevention

workshop

Marc Jamouille, MD, Belgium  
Daniel Widmer, MD, Switzerland  
Ricardo La Valle, MD, PhD, Argentina  
Miguel Pizzanelli, MD, Uruguay



Moderator : Bert Molewijk

Associate Professor Clinical Ethics & Team leader, Medical Humanities, EMGO+, VUmc, Amsterdam

Associate Professor Clinical Ethics, Center for Medical Ethics, Oslo

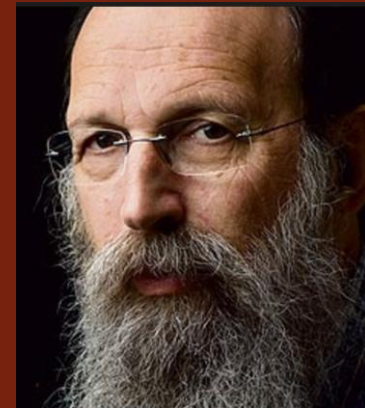
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# 'There is no such thing as expertise in medical ethics'

WONCA Conference, Kos, Greece, 2005

Michael Weingarten,  
Professor of medical ethics

Oxford University  
Bar Ilan University



Dealing with a concept :

Clinical prevention:

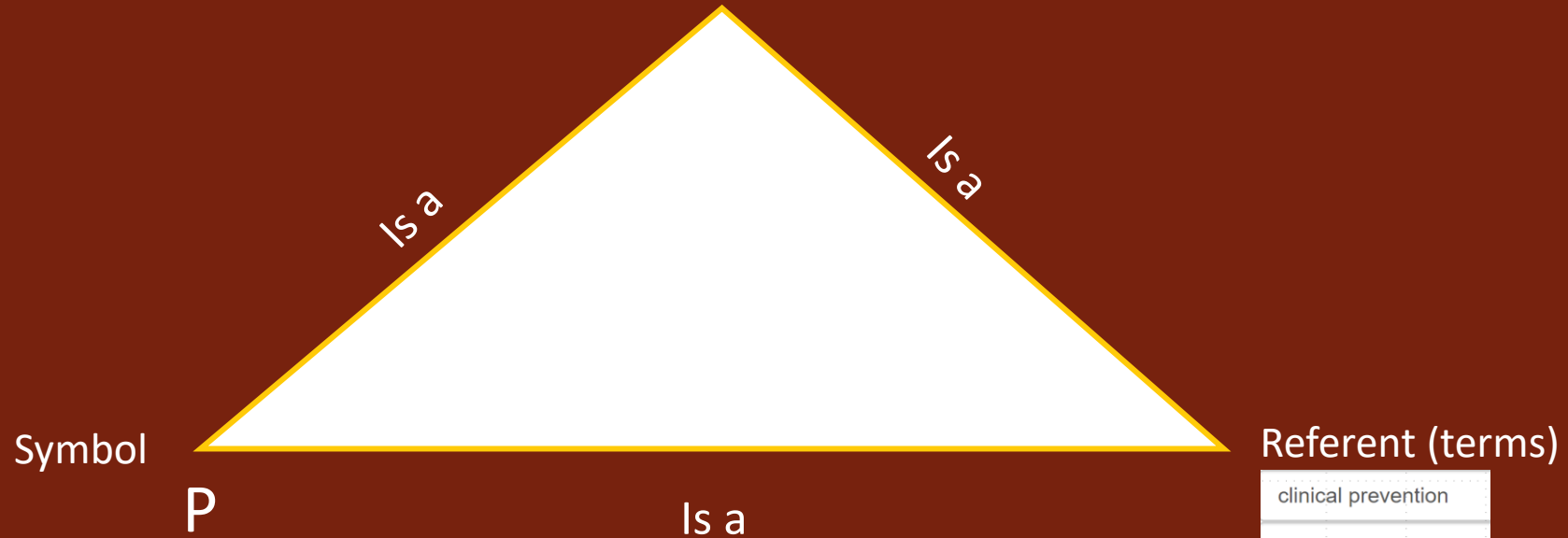
the application of preventive measures  
in due time

Clinical Prevention



In a world of reference :

Family medicine



clinical prevention
prevención clínica
prévention clinique
임상예방
klinische preventie
prewencja kliniczna
prevenção clínica
klinik önlem
dự phòng

Ogden, C., & Richards, I. (1923). *The meaning of meanings*. A.Harvest/HBJ book.

Eco, U. (1979). *The Role of the Reader: Explorations in the Semiotics of Texts*. Idiana University press.

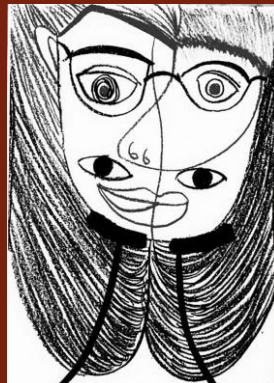
We are dealing with four elements :

Health process : Event



The doctor

Time



The patient

in a consulting place

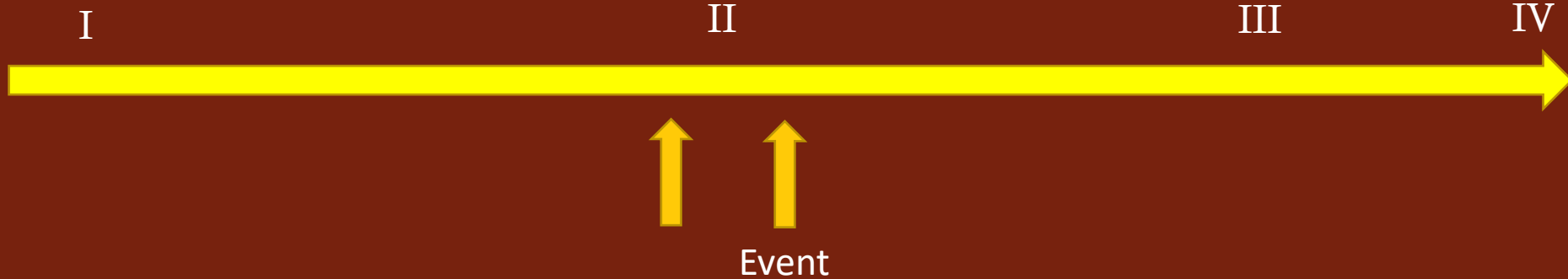
# The usual model is based on disease and time

The terms Primary (I), Secondary (II), Tertiary (III) are referring to Syphilis natural story. (1948)

The model has been completed in 1988 by Jacques Bury with quaternary referring to palliative care.

Before

After

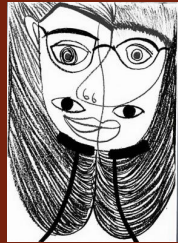


Clark, E. G. (1948). The epidemiology of syphilis with particular reference to contact investigation. *The American Journal of Medicine*, 5(5), 655–69.

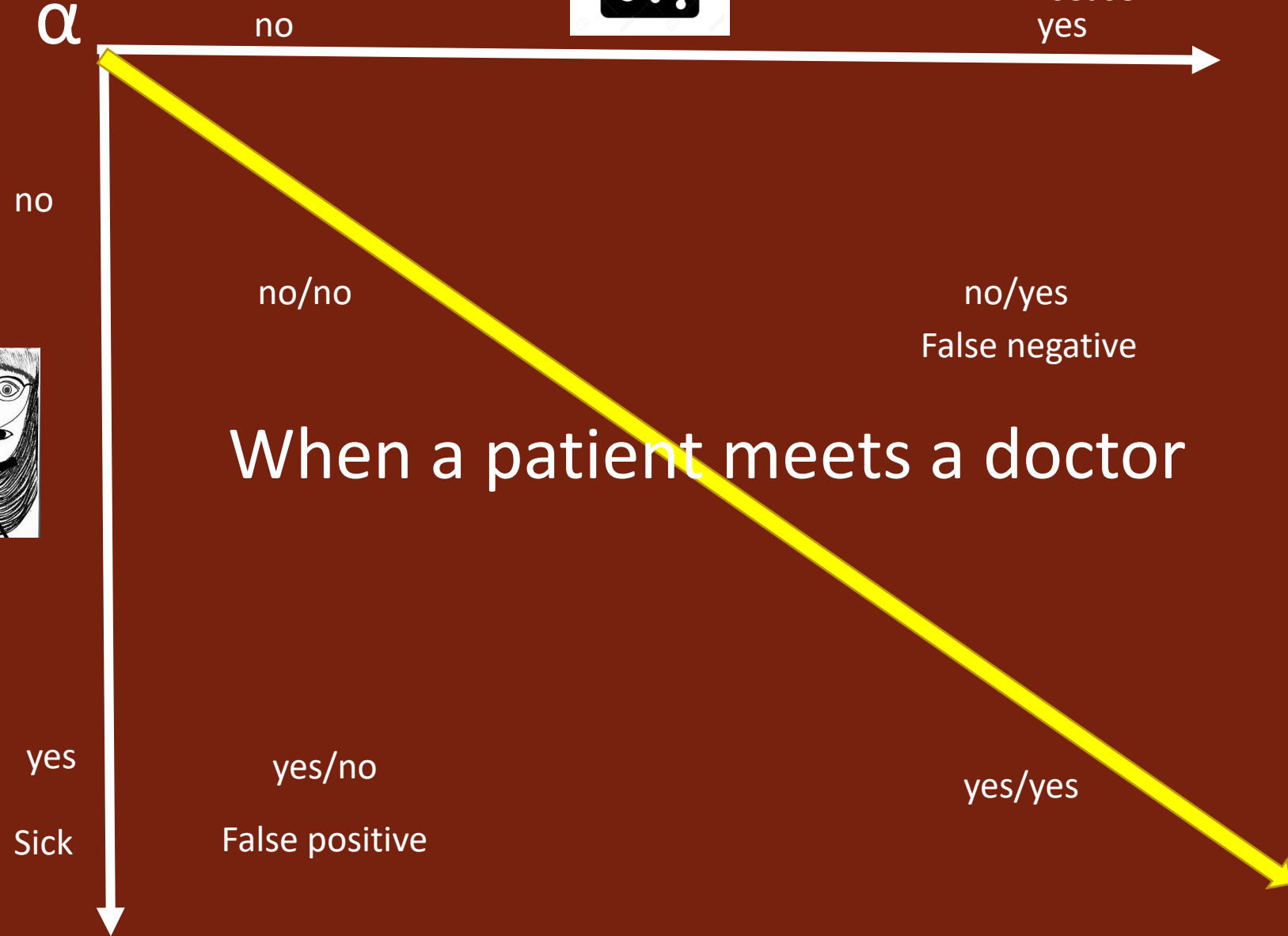
Leavell, H., & Clark, E. (1958). *Preventive Medicine for the Doctor in His Community an Epidemiologic Approach*. McGraw-Hill.

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

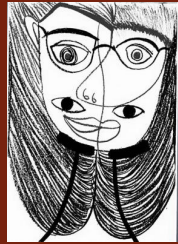
Our model is based on relation, knowledge and time



Sharing Values  
Hope  
Fear  
Expectation  
Knowledge



The 3 existing definitions are added to the table



We have proposed the fourth one

$\alpha$

no



yes

no

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).

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).

yes

**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.**

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.



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).

No more prevention but action

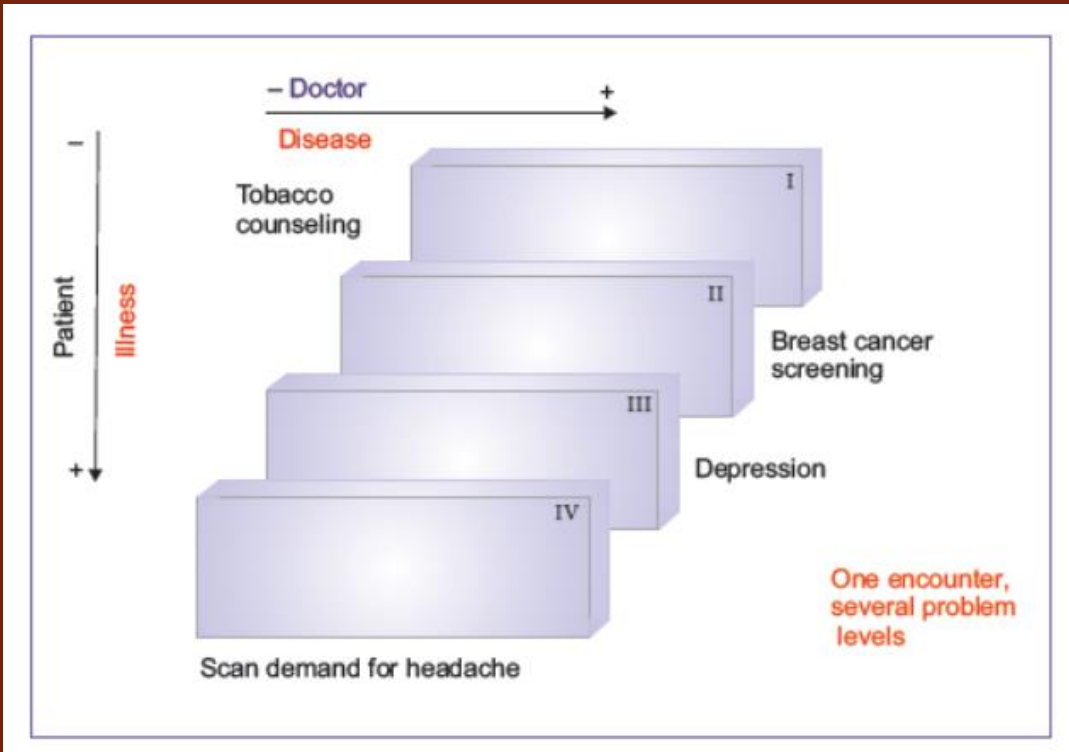
From prevention to attitude

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).

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.

**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.**

## Description of the practice of Family Medicine including the prevention of medicine itself



**One encounter,  
various possible  
levels of problems**

## Q Q-codes

### QD doctor's issue

#### QD4 clinical prevention

QD41 primary prevention

QD42 secondary prevention

QD43 tertiary prevention

#### QD44 quaternary prevention

QD441 overmedicalisation

QD442 disease mongering

QD443 overinformation

QD444 overscreening

QD445 overdiagnosis

QD446 overtreatment

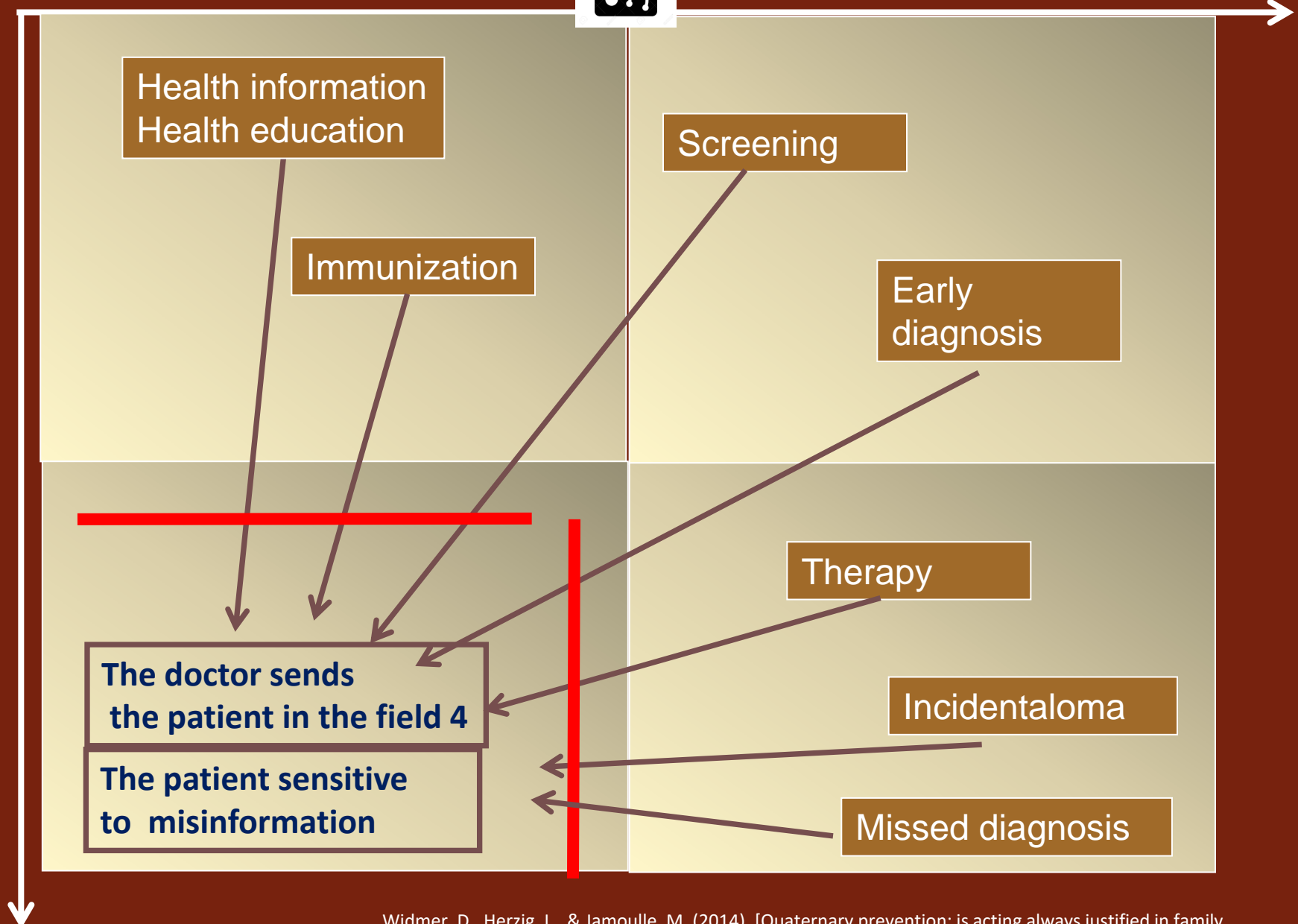
Bae, J., & Jamouille, M. (2016). Primary Care Physicians' Action Plans for Answering to Results of Screening Test based on the Concept of Quaternary Prevention. *Journal of Preventive Medicine and Public Health = Yebang Uihakhoe Chi*, 49(6), 343–348. <https://doi.org/https://doi.org/10.3961/jpmph.16.059>

Jamouille, M., Grosjean, J., & Darmoni, S. (2017). Access to multilingual individual rubrics in URI format for ICPC-2 and the Q-Codes. Retrieved from <http://orbi.ulg.ac.be/handle/2268/211268>

Applying P4

Meeting patient's and doctor's

Anxiety  
Fear  
Despair  
Emotions  
Disregard



# Reaching knowledge base about P4

[http://www.hetop.eu/hetop/Q?la=en&rr=CGP\\_QC\\_QD44](http://www.hetop.eu/hetop/Q?la=en&rr=CGP_QC_QD44)

The screenshot shows a web browser window with the URL `hetop.eu/hetop/?la=en&rr=CGP_QC_QD44`. The page features the HeTOP logo, a search bar with the text "Type a word here", and several search filters: "No wildcard search", "Do not search into definitions", "Terminologies selection" (checked), and "filter translated concepts".

The main content area displays the "QD44 quaternary prevention (Q-code)" section. It has four tabs: "Description", "Hierarchies", "Relations", and "PubMed / Doc'CISMeF". The "Full tree" tab is selected, showing a hierarchical list of Q-codes:

- Q Q-codes
  - QD doctor's issue
    - QD4 clinical prevention
      - QD44 quaternary prevention**
        - QD441 overmedicalisation
        - QD442 disease mongering
        - QD443 overinformation
        - QD444 overscreening
        - QD445 overdiagnosis
        - QD446 overtreatment

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# Anthropological perspective on P4

Daniel Widmer  
Lausanne

# New technologies in daily life

- New technologies – source of over-medicalization?
- « I abandoned my uterus to the researchers in the hospital; they asked me to sign a paper. I am Ok to sign a paper for research, if it is useful for others... But they asked also if I want to be informed if they find something important for me in my uterus. Something for genetic diseases they said. What is your opinion? It is important to me to sign? »



# General consent



<http://www.chuv.ch/consentement-general>





Under-medicalization?

People are ill  
when they  
can't work

Widmer D, & coll. Introduction aux travaux des étudiants à Santiniketan. Prim Hosp Care (fr). 2017;17(16):303

Nicolet D, & coll. Le diabète de type II au sein des tribus Santals. Prim Hosp Care (fr) 2017; 17(16) 310-311

# GP point of view about tools (focus group with Daniela Cerqui, anthropologist)

- Tool don't replace clinical judgement
- Always ponderate benefit versus risk
- Consider watchful waiting procedures
- The procedure necessitate more explanations
- Possibility also for the patient to use directly the device: anxiety?
- Necessity of education of patient and doctor

If I use the device, do I change my decision?

Be careful not to harm

**Technologic time and explanation is stolen time to relationship**

# A priori position DW & D. Cerqui

- Questionning the good way to use new technologies (Ethics)
- Questionning the model of society we want with new technologies (Anthropology)

# Clinical situations – 4.0 medicine

DW & D. Cerqui

Decisional algorithms accessible to the patient

Artificial intelligence

**Example:** Paparrizos J, White RW, Horvitz E. Screening for Pancreatic Adenocarcinoma Using Signals From Web Search Logs: Feasibility Study and Results. *Journal of Oncology Practice*. 2016 Aug;12(8):737–44.

Uncertainty managed by tick-box culture

Scores

Example of bodily distress syndrom

# Clinical situations – 4.0 medicine

DW & D. Cerqui

Decisional algorithms

**Google says I have a risk of pancreas cancer,  
please do a MRI**

New technologies for more accurate diagnosis

Examples: - lung ultrasonography:

<http://www.nfp72.ch/en/projects/module-3-optimised-use-of->

**You say I have not to be operated for my  
cancer since genetic markers are good – but  
are you totally certain? It is a cancer...**

Uncertainty managed by tick-box culture

**You say I have a bodily distress syndrom but  
what is the cause?**

Biosensors: - external: ICT4life: <http://www.ict4life.eu>

Implantable cardioverter

**You can see on my smartphone that I have  
some arhythmia again...**

# Clinical situations – 4.0 medicine

DW & D. Cerqui

## GPs replaced by technology

Decisional algorithms  
Artificial intelligence

## Enhanced GPs

New technologies for more accurate diagnosis

## Patients replaced by data

Uncertainty managed by tick-box culture  
and scores

## Enhanced Patients

Biosensors: - external - or internal (Implantable  
cardioverter)

# What do we want?

- A GP for explanation?
- A GP for relationship?
- Since my mother is dead, I am very isolated. With my poor health condition, they cannot tell me anything worse...
- But everyday you continue with optimism
- It's the best I can do...

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# Political implications of P4

Ricardo La Valle

Buenos Aires

La justicia social es la distribución equilibrada de los bienes dentro de una sociedad → EQUIDAD. El problema es la DESIGUALDAD.

**Social justice is the balanced distribution of goods within a society → EQUITY. The problem is INEQUALITY.**

'La desigualdad social aumenta en todo el mundo'.

**'Social inequality increases throughout the world'.**

La desigualdad mundial es la enfermedad del siglo XXI, ya que la mitad de las riquezas del planeta está en manos del 1 % de la población mundial.

**Global inequality is the disease of the 21st century, since half of the world's wealth is in the hands of 1% of the world's population.**



We came from here

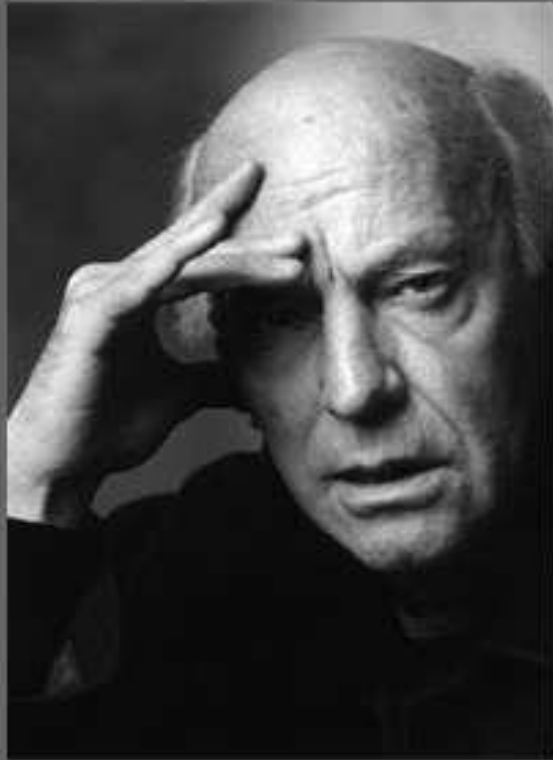






**Es la región más desigual del mundo.**

**Is the most unequal region in the world.**



La justicia es como las  
serpientes, sólo muerde a los  
descalzos.

Eduardo Galeano

literato.es

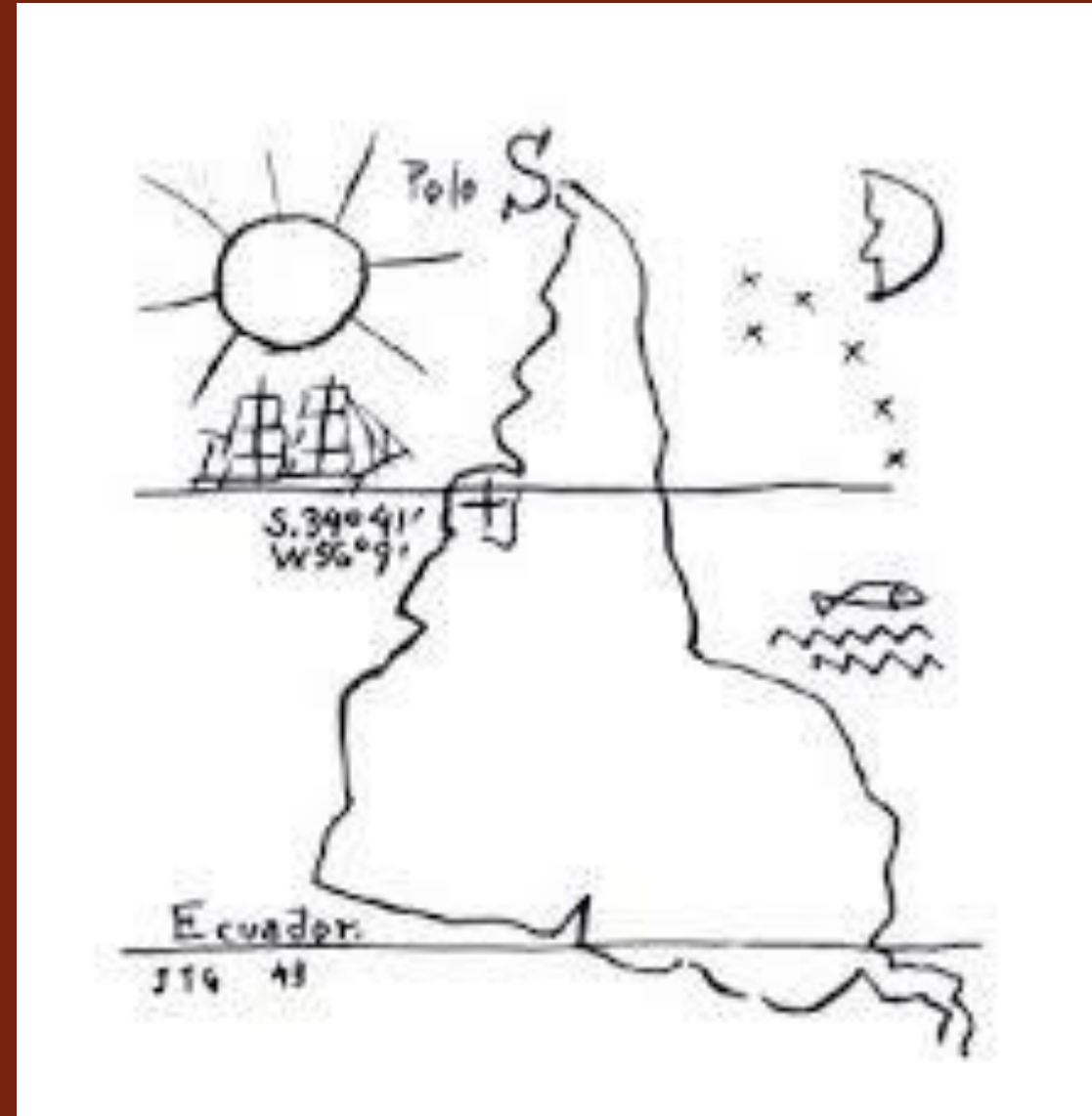
Justice is  
like  
snakes, it  
only bites  
barefoot.

When the world turns upside down...

We have to think like South Americans ...

We understood that the discussion is not scientific, is political and economical.

This situation requires political decision and positioning.



## ¿De donde venimos?

Frente a las enfermedades que genera la miseria, frente a la tristeza, la angustia y el infortunio social de los pueblos, los microbios, como causas de enfermedad, son unas pobres causas.



**In the face of diseases caused by misery, in the face of sadness, anguish and the social misfortune of peoples, microbes, as causes of disease, are poor causes.**

# Quaternary Prevention



- ✓ P4 is NOT a tool. It is not a technique. It is not an X... based medicine.
- ✓ It is a way of seeing the world, is to think about a new way of being doctors and how medicine has to be.
- ✓ That is why it has become a political movement.





It implies:

- ✓ Propose a new model of Medicine.
- ✓ Ethical values. Inclusion of the human and social dimension.  
Tolerate Uncertainty.
- ✓ Health is a right, not a market object.
- ✓ Health as a science is predominantly social.
- ✓ The practice of medicine is an art and, as such, subjective, local, audacious and fallible.
- ✓ Knowledge is a social good.
- ✓ Political conception of our activity.
- ✓ Relationships are relations of power.



# Detachment from cultural colonialism :

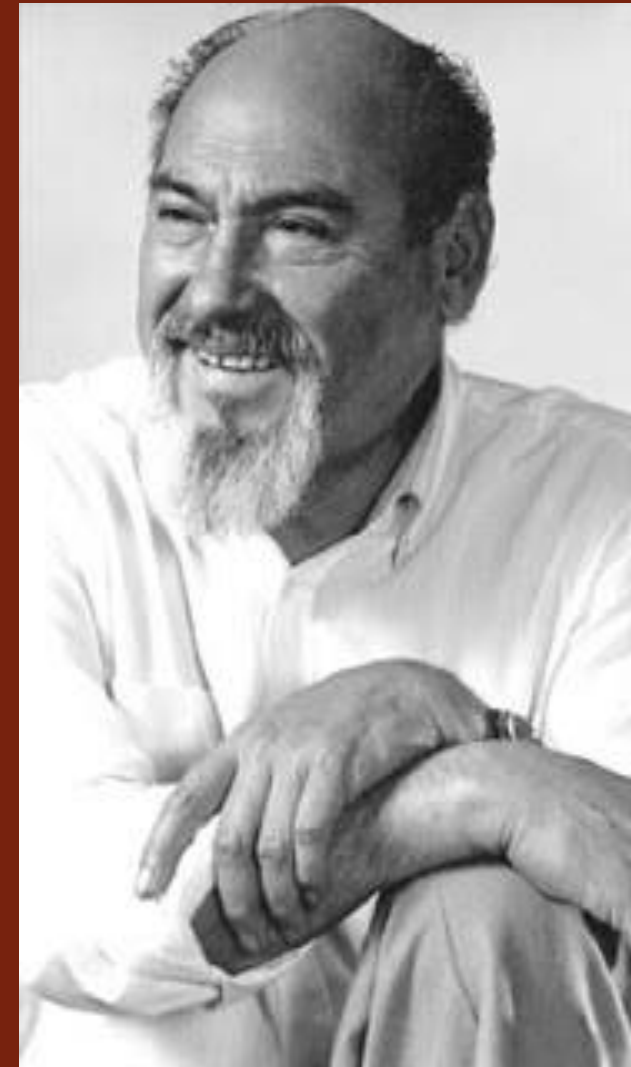
- ✓ Coloniality is the hidden logic of modernity.
- ✓ Modernity / coloniality includes:
  - Racism. Patriarchy.
  - Accumulation of wealth = production of poverty.
  - Capitalism: reduces costs by expropriating natural resources and exploitation of labor.
- ✓ Outside Europe we live on the edge.
- ✓ Knowledge (science) is an instrument of colonization.
- ✓ The detachment begins in the decolonization of knowledge.



*Importan dos maneras de concebir el mundo,  
Una, salvarse solo,  
arrojar ciegamente los demás de la balsa  
y la otra,  
un destino de salvarse con todos,  
comprometer la vida hasta el último naufrago,  
no dormir esta noche si hay un niño en la calle.*

*There are two ways of conceiving the world that are  
important,  
One, save yourself,  
Blindly throw the others out of the raft  
and the other,  
A destiny to be saved with all,  
Compromise life to the last castaway,  
Do not sleep tonight if there is a child on the street.*

Intro M Pizzanelli



Armando Tejada Gómez  
(1929-1992)

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# International implications of P4

Miguel Pizzanelli

Montevideo

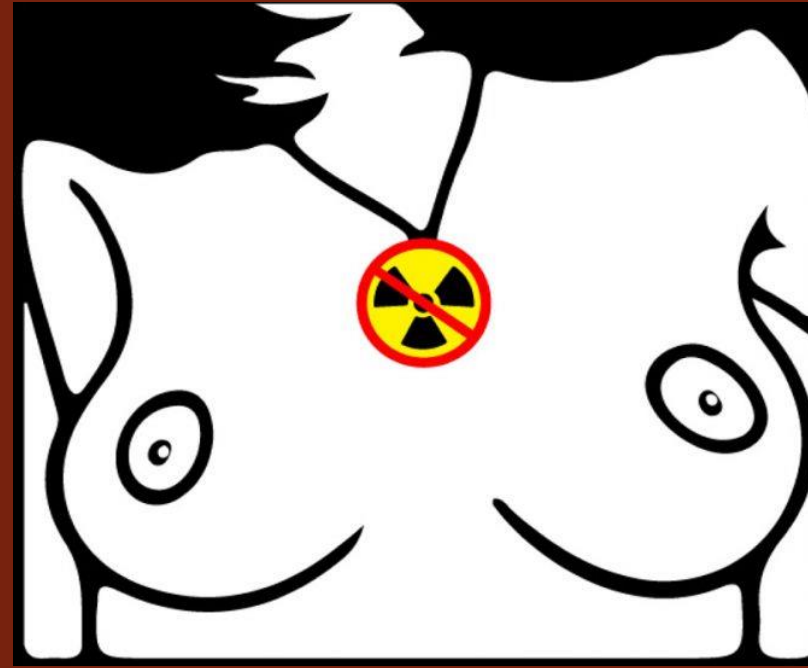


Ethical principles

Philosophy  
of  
Science

Socio  
Cultural  
Politics

Could be  
mass screenings  
take over  
personal autonomy?



<http://estancambiandolostiempos.blogspot.com.uy/2016/09/es-el-fin-de-una-lucha-mamografia.html>

Pizzanelli Báez EM. Principios Éticos y Prevención Cuaternaria: ¿es posible no proteger el ejercicio del principio de autonomía?

Rev Bras Med Fam Comunidade. 2014;9(31):169-73. Disponible en: [http://dx.doi.org/10.5712/rbmfc9\(31\)852](http://dx.doi.org/10.5712/rbmfc9(31)852)





WELCOME A LA FERIA  
El sábado, un momento  
de intercambio de experiencias.  
La feria se organiza de 9:30 a las  
12:00 horas, para que puedas  
intercambiar con los  
participantes de la feria.  
El sábado, te esperamos en el  
paseo de la feria.

Sala 211  
Room 211

WELCOME TO THE  
CONFERENCE  
April 1-2, 2012  
Hotel...  
WELCOME TO THE  
CONFERENCE





1986 a 2016 / 30 years

2008/ La Prevención Cuaternaria es propuesta como eje central en el Sistema Nacional de Salud en Brasil <sup>(3)</sup>.

2009/ WONCA Europe Conference, Bâle. Woorkshop.

2011/ Equipo Cesca Barcelona Webinar.

2012/ Buenos Aires Seminar “Medicalización y Prevención Cuaternaria”.

2013/ Workshop Brasil. National Conference.

2013/ Workshop Praga International WONCA Conference

2015/ Publicación International. Documentos en varios idiomas. Número especial en RBMFC: <https://www.rbmfc.org.br/rbmfc/issue/view/44>

2015/ International Seminar in 4º Congreso Iberoamericano de Medicina Familiar y Comunitaria. Regional Conference with no financial support of any industry.

Iberoamerican Working grupos and Networks: Argentine, Bolivia, Brasil, Chile, Costa Rica, Colombia, Cuba, Ecuador, Perú, Uruguay.

Other countries: Germany, Belgium, Canada, Denmark, China, Spain, France, United Kingdom, Luxembourg, India, Iran, Italy, Portugal, Switzerland, Tailand, Tunisia, Vietnam.





WONCA SIG Quaternary Prevention  
and Overmedicalization

<http://www.ph3c.org/P4>

P4 group in the Wonca Classification Committee

Blog: <https://prevencioncuaternaria.wordpress.com/>



Soc. Uruguaya de Medicina  
Familiar y Comunitaria



Capítulo de  
Medicalización y P4



Federación Argentina de Medicina General



Federación Argentina  
de Medicina Familiar y  
General



WONCA SIG Quaternary Prevention  
and Overmedicalization

# Curso Introductorio a la Práctica de la Prevención Cuaternaria (P4)

Dirigido a profesionales de la salud que tengan interés en conocer los  
conceptos de la P4 para aplicarlos en su práctica

El curso se realizará en el aula virtual de la FAMG  
Cerrará en clases presenciales en los Congresos de la FAMG y FAMFyG.

Equipo docente: Jorge Bernstein, Marc Jamouille (Bélgica), Ricardo La Valle,  
Mariana Mariño, Agustina Piñero, Miguel Pizzanelli (Uruguay)



Fecha: comenzará el 8 de agosto  
El curso será arancelado  
Pronto habrá mas información  
Puede escribirnos a [jorge.bernstein@outlook.com](mailto:jorge.bernstein@outlook.com)

# slides in reserve

- On important themes

## [-] Q Q-codes

### [-] QD doctor's issue

#### [-] **QD4 clinical prevention**

QD41 primary prevention

QD42 secondary prevention

QD43 tertiary prevention

#### [-] QD44 quaternary prevention

QD441 overmedicalisation

QD442 disease mongering

QD443 overinformation

QD444 overscreening

QD445 overdiagnosis

QD446 overtreatment

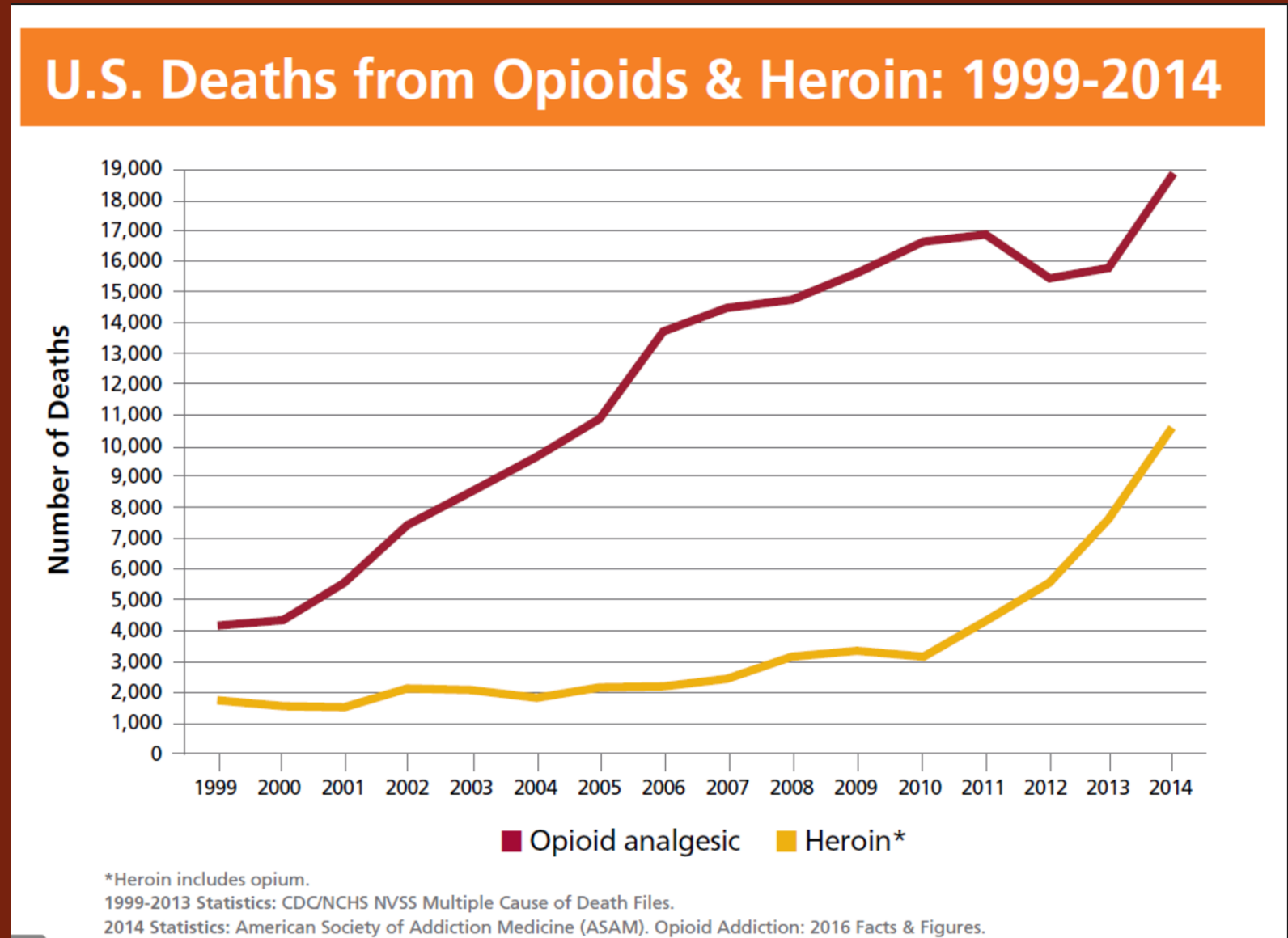


**“Good news.  
Your cholesterol has stayed the same,  
but the research findings have changed.”**



## Mis-information

In 2007, the manufacturer of OxyContin and three senior executives pleaded guilty to federal criminal charges that they misled regulators, doctors, and patients about the risk of addiction associated with the drug.





## overmedicalization

Medicalization is the process by which non-medical problems become defined and treated as medical problems, usually as illnesses or disorders.

Our estimate of the total direct health care costs in 2005 attributable to the twelve medicalized conditions was \$77.1 billion

### Medicalized conditions.

Medical condition

Anxiety disorders

Behavioral disorders

Body image

Erectile dysfunction

Infertility

Male pattern baldness

Menopause

Normal pregnancy  
and/or delivery

Normal sadness

Obesity

Sleep disorders

Substance related  
disorders

## overtreatment

The 'science side' of the debate over ADHD diagnosis has tended to respond to diagnostic-validity challenges by asserting that ADHD is, in fact, a bona fide mental disorder and by avoiding discussion of its problematics, including the potential social and cultural biases.

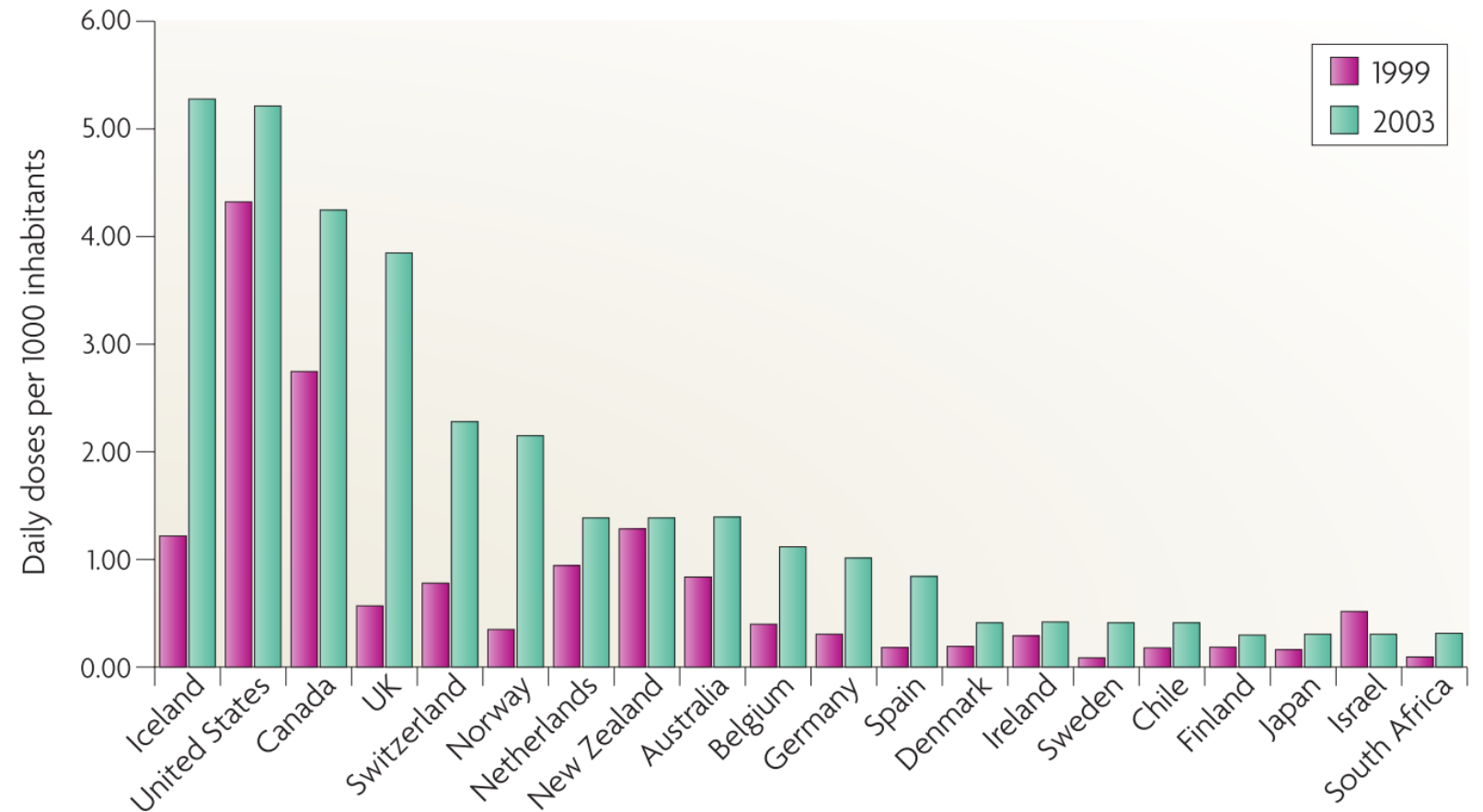


Figure 2 | **Worldwide consumption of methylphenidate.** In 2003, Iceland and the United States had the highest per capita consumption of methylphenidate in the world. Growth in consumption between 1999 and 2003 was highest in European countries. The only country in which methylphenidate consumption decreased during this period was Israel. Figure reproduced, with permission, from REF. 115 © (2005) International Narcotics Board.

## Osteoporosis, not a disease, a natural evolution

- Approximately 31 people would need to take bisphosphonates to prevent spinal fractures in one person, but this could be as many as 145 or as few as 20
- vitamin D alone is unlikely to prevent fractures, but that combined with calcium it reduces fracture risk.
- The review authors estimate that if 100 postmenopausal women exercise, 7 will have a fracture, compared to 11 in 100 who don't exercise.

<http://www.evidentlycochrane.net>

## Disease mongering

high cholesterol being promoted as a disease rather than a risk factor for cardiovascular diseases

Jovanovic, M. (2013). Creating the “dis-ease” of high cholesterol: a sociology of diagnosis reception analysis. *Social Science & Medicine*.



Creating in people the belief that they are ill in order to sell them a product, usually a high-priced pharmaceutical, has long been practiced, but is now so widespread that it might be called a standard operating procedure.

Vance, M. A. (2011). Disease mongering and the fear of pandemic influenza. *International Journal of Health Services : Planning, Administration, Evaluation*, 41(1), 95–115.