

Fritz-Georg Fark

# Dentelles bruxelloises

Rapport de l'assemblée générale de l'UEMO à Bruxelles, les 12 et 13 juin 2009



Une session commune de toutes les organisations médicales européennes, initiée par l'UEMO, a permis de témoigner de la volonté de collaborer davantage. Il faut avant tout nous montrer unis, parler d'une seule voix et éviter ainsi des actions en double. Le PWG (Permanent Working Group of junior hospital doctors), a pris

l'initiative d'un premier pas dans cette direction en créant de véritables *dentelles de Bruxelles*: le site web [e-domusmedica.eu](http://e-domusmedica.eu). Il est destiné en premier lieu à l'échange mutuel en toute simplicité.

Outre la nouvelle de la démission du conseiller fédéral Pascal Couchepin, qui nous est parvenue pendant une des séances, un des points forts de la session s'est traduit par la capacité des médecins de famille à trouver un consensus sur le problème des voix, à savoir de passer de «qui paie, décide» vers «un pays, une voix». A l'opposé de ce qui s'est passé au Comité Permanent des Médecins Européens, nous avons pu trouver une solution de compromis dans une ambiance agréable.

Autre point de la dentelle: afin de contrer la surmédicalisation, le surdiagnostic et la surprévention, le document élaboré par le groupe chargé de la prévention, intitulé **Quaternary Prevention**, a été élevé au rang de message clé de l'assemblée de l'UEMO. Je ne peux m'empêcher de vous le livrer, car il est tout aussi pertinent



pour la Suisse (avec les salutations du docteur Knock). Vous le trouverez ci-dessous.

Je vous invite également à visiter le site web de l'UEMO ([www.uemo.org](http://www.uemo.org)), dans lequel vous trouverez des informations et des travaux qui nous intéressent particulièrement en tant que médecins de famille.

Correspondance:  
Dr Fritz-Georg Fark  
Grenzstrasse 5  
2558 Aegerten  
[f-g-fark@bluewin.ch](mailto:f-g-fark@bluewin.ch)

## Quaternary Prevention

Quaternary Prevention is defined in Wonca's Dictionary as «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» [2]. It can also be looked at as the «rehabilitation or restoration of functions in those patients suffering from serious disease complications to avoid severe incapacity» [3]. In the following paper we refer to the Wonca definition of Quaternary Prevention.

Medical profession as a whole is guided by the «primum non nocere» principle uncertainty being a key characteristic of our speciality of General Practice/Family Medicine (GP/FM) [1]. Given the burdens and pressures put on General Practitioners / Family Physicians (GP/FP) to accomplish their professional tasks, cases occur which should trigger profound introspection about the possible results of applying recommended techniques or measures (either pharmaceuticals or others), in order to promote health or quality of life, or simply to cure patients.

General Practice/Family Medicine aims to deliver medical care that is scientifically acceptable, personally necessary and ethically justified and adjusted to the needs and values of the patient to achieve maximum quality with minimum quantity of intervention [4-7]. The emphasis of quaternary prevention is to prevent iatrogenic harms

and to increase quality of life [7] and so it must be clearly differentiated from «primordial prevention» which consists of the use of techniques to reduce the emergence of life styles that are known to increase the risk of chronic degenerative diseases, mostly the non communicable diseases.

There are medical and population-based (epidemiological and economic) reasons for this kind of thinking [3-8]. Although GP/FP seek to exercise their professional skills in the light of the best scientific knowledge, using evidence based medicine, it is essential to fully understand the necessity of using judgment when applying the findings of randomised controlled trials to a single individual. The exercise of the required judgment on the part of both patients and doctors could be greatly helped by tools that quantify individual benefits and risks when making particular treatment decisions [9].

All GP/FM involves the management of uncertainty and the awareness that all interventions carry risk of harm as well as the possibility of benefits. [10]. These realities become even more ethically challenging when offering preventive care to those who are currently well and GP/FPs need to be aware that the techniques of «disease mongering» tend to create more harm than «health» [11].

Even though there can be pressure from the media for the immediate application of new techniques, doctors have a responsibility



to ensure effectiveness and safety of the treatments given to individual patients. GP/FPs have a responsibility to avoid «excess medical interventionism» with too many unnecessary or unjustified medical acts [12] by detecting individuals at risk of overmedicalisation overdiagnosing and overprevention and suggesting ethically acceptable alternatives» [10, 11].

In fact medicine can be understood by the public as the art of avoiding suffering and this unrealistic expectation may lead to excessive screening and/or treatment in the absence of well documented evidence, so generating a disease obsessed population, that should, instead, be empowered through well designed information campaigns at both the population and individual level. GP/FPs are in the right position to advise patients concerning health care and health systems and so to enable patients and healthy people to make autonomous health decisions in those fields where no immediate measures are indicated [13]. In fact, some pursue medicine as a business exploiting contemporary greed and fear: «the greed is for ever-greater longevity; the fear is that of dying. The irony and the tragedy is that the greed inflates the fear and poisons the present in the name of a better, or at least a longer, future» [14], as recent papers debate for a variety of fields including the most recent vaccination against HPV infection [15], prostate screening [16] or use of new anti-hypertension medicines [17].

In the light of the above UEMO:

- Firmly insists that GP/FP combat disease mongering, which in itself serves for nothing more than financial profits, while propagating fear and undermining the quality of life;
- Urges GP/FP to include quaternary prevention, at individual and practice level;
- Advises scientists/researchers to be aware of the possible disease mongering implications of their publications and urges European and national health authorities to address this very important problem, that consumes time and resources without proportionate health gain.
- Urges European and national health authorities to support GP/FP in their daily fight against disease mongering, overmedicalisation, overdiagnosing and overprevention.

## Références

- 1 <http://www.euract.org/pdf/European%20definition%202005.pdf>.
- 2 <http://www.ulb.ac.be/esp/mfsp/quat-en.html>, (accessed the 1st of May 2009)
- 3 Mensah GA, Dietz WH, Harris VB, Henson R, Labarthe DR, Vinicor F, et al. Prevention and control of coronary heart disease and stroke: nomenclature for prevention approaches in public health: a statement for public health practice from the Centers for disease control and Prevention. *Am J Prev Med.* 2005;29(5 Suppl 1):152-7.
- 4 Gervas J. Moderación en la actividad médica preventiva e curativa: cuatro ejemplos de necesidad de prevención cuaternaria en España. *Gac Sanit.* 2006;20(Supl 1):127-34.
- 5 Gervas J. Innovación tecnológica en medicina: una visión crítica. *Rev Port Clin Geral.* 2006;22(6):723-7.
- 6 Gervas J, Pérez Fernández M. Genética y prevención cuaternaria. el ejemplo de la hemocromatosis. *Aten Primaria.* 2003;32(3):158-62.
- 7 Almeida LM. Da prevenção primordial à prevenção quaternária. *Rev Port Saúde Publica.* 2005;23(1):91-6.
- 8 Moynihan R, Heath I, Henry D. Selling sickness: the pharmaceutical industry and disease mongering. *BMJ.* 2002;324(7342):886-90.
- 9 Evidence-based medicine targets the individual patient, part 1: how clinicians can use study results to determine optimal individual care. Dirk Bassler, Jason W Busse, Paul J Karanicolas and Gordon H Guyatt. *Evid. Based Med.* 2008;13:101-2
- 10 Jamouille, M. Quaternary prevention: prevention as you never heard before (definitions for the four prevention fields as quoted in the Wonca international dictionary for general/family practice): <http://www.ulb.ac.be/esp/mfsp/quat-en.html>.
- 11 Jamouille, M., et al. Working fields and prevention domains in general practice/family medicine (Draft version 0.6) <http://docpatient.net/mj/prev.html>.
- 12 Gervas J, Pérez Fernández M. Genética y prevención cuaternaria. el ejemplo de la hemocromatosis. *Aten Primaria.* 2003;32(3):158-62.
- 13 Gervas J. Innovación tecnológica en medicina: una visión crítica. *Rev Port Clin Geral.* 2006;22(6):723-7.
- 14 <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030146>
- 15 Kim JJ, Goldie SJ. Health and economic implications of HPV vaccination in the United States. *N Engl J Med.* 2008;359(8):821-32.
- 16 U.S Preventive Services Task Force. Screening for Prostate Cancer: U.S. Preventive Service Task Force Recommendation Statement. *Ann Intern Med.* 2000;149(3):185-91. <http://www.annals.org/cgi/content/full/149/3/185>
- 17 Yusuf S, Diener HC, Sacco RL, Cotton D, Ounpuu S, Lawton WA, et al. Telmisartan to prevent recurrent stroke and cardiovascular events. *N Engl J Med.* 2008;359(12):1225-37. <http://content.ejm.org/cgi/content/full/NEJMe0806806v>

## Beugt einem Negativimage der Ärzte bei Kindern vor!

Eine französische Studie zu den Strategien, um bei Kindern zwischen vier und zwölf Jahren das Negative Erlebnis Impfung zu mildern:

Boivin JM, Poupon-Lemarquis L, Iraqui W et al.

Multifactorial strategy of pain management is associated with less pain in scheduled vaccination of children. A study realized by family practitioners in 239 children aged 4-12 years old.

*Fam Pract.* 2008;25:423-9. Available from: <http://fampra.oxfordjournals.org/cgi/reprint/25/6/423>.

BR