

# About prevention in Family Practice & Primary Care

4th International Conference On Primary Health Care/Family Health  
3rd National Exhibition On Family Health Practices  
3rd National Contest On Family Health Experiences

*Aug. 5th to Aug. 8th, 2008*

*Ulysses Guimarães Convention Centre*

*Brasília/DF, Brazil*

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*Family doctors & researchers*

*Members of the Wonca international Classification Committee*

*Centre académique de médecine générale, UCL, Brussels, Belgium*

*Brazilian Society of Family and Community Medicine, Florianopolis, Brazil*





Marc JAMOULLE  
Médecine Générale

LET US DISCUSS JUST A  
LITTLE BIT THE CONCEPT OF  
CLINICAL PREVENTION IN  
FAMILY PRACTICE

# Definitions

Wonca International Classification  
Committee by product :

## Wonca Dictionary of General/Family Practice

Bentzen, N. (Ed) Wonca Dictionary of General/Family Practice.  
Copenhagen: Maanedsskrift for Praktisk Laegegering, 2003



WICC Paris 2001

# PREVENTION

**Action to avoid  
occurrence or  
development of a  
health problem and/or  
its complications.**

# Health Problem

Any concern in relation to the health of a patient as determined by the patient and/or the health care provider

# Three actors

Patient and his/her knowledge

Doctor and his/her sciences

Time

**And their interactions**



# The language of the patient lifeworld

- Suffering
- Death
- Disability
- Despair
- Problems
- Complaints
- Conditions
- Symptoms
- Fears

Let us have a look at the symptoms suit case which highlights the complexity of the patient complaint

RETOUR  
errance  
SYMPTOME  
passage  
CHOMAGE  
CHARTIER  
errance  
TITUDE  
ailleurs  
CHOMAGE  
CHARTIER

The doctor



# Complexity of GP's duties

General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognize they will also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilizing the knowledge and trust engendered by repeated contacts.

*The European Definition of General Practice / Family Medicine. Wonca Europe, 2005*

pragmatic

symbolic

Clinical  
medicine  
Biology

Psychodynamics

Family medicine  
complexity

Public health  
Epidemiology

Anthropology

Individual

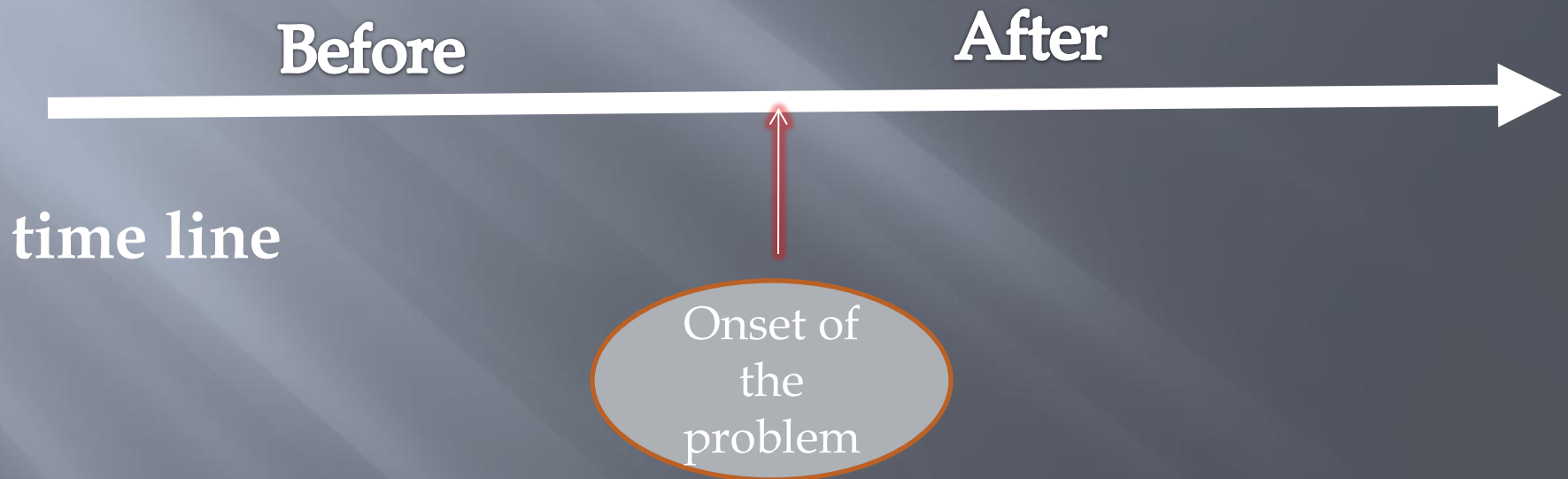
Collectivity

# LET US EXAMINE THE TIME LINE IN CLINICAL PREVENTION

A determined Process  
About a vulnerable Problem  
In due time

# A process about a problem along the time line in usual planning in secondary care

Chronological approach



Ex : “secondary” prevention of relapse by Aspirin after acute coronary heart disease

# Mixing patient's and doctor's views in primary care



**Doctor's views**



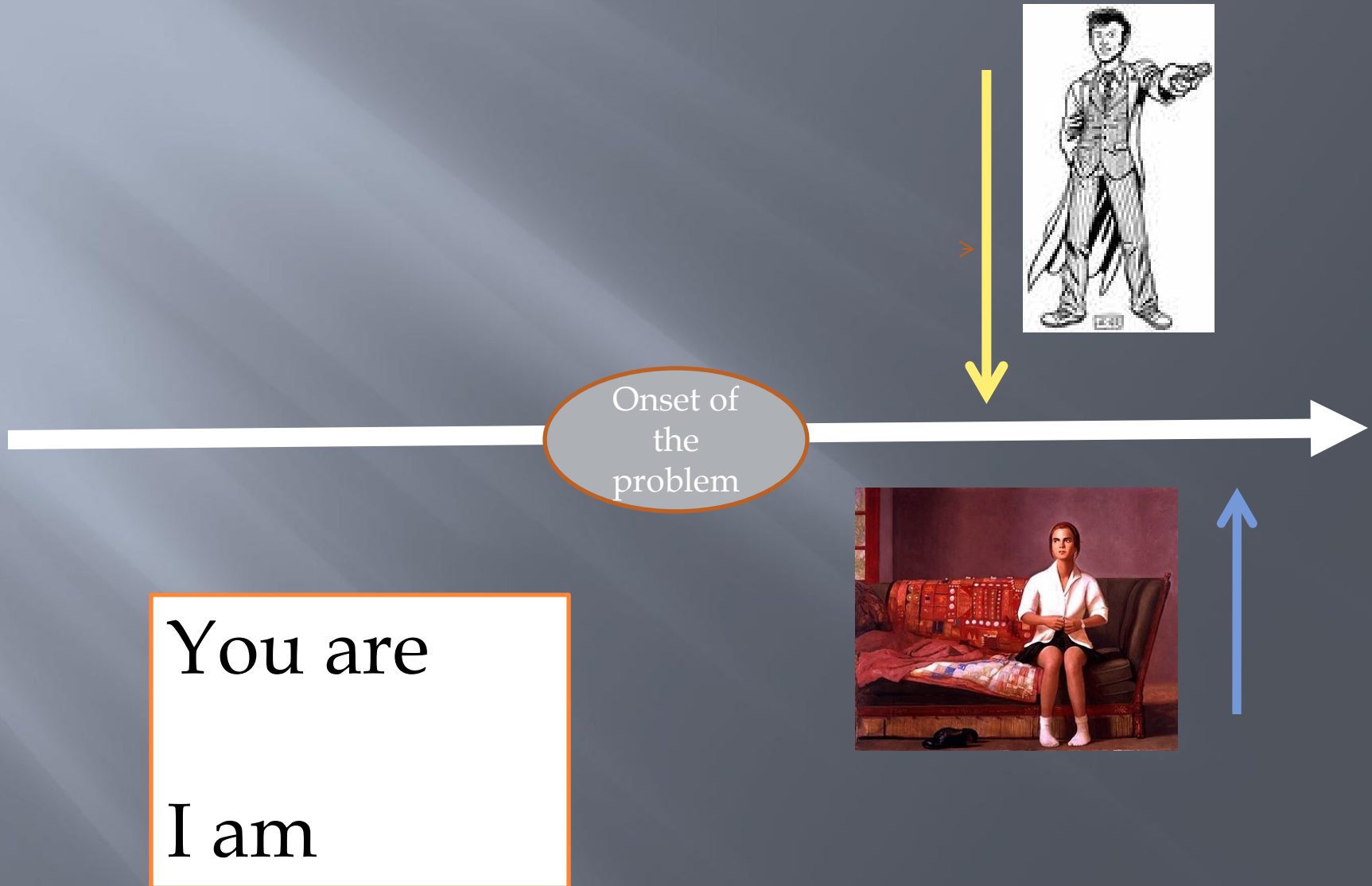
Could be very different from

**Patient's views**

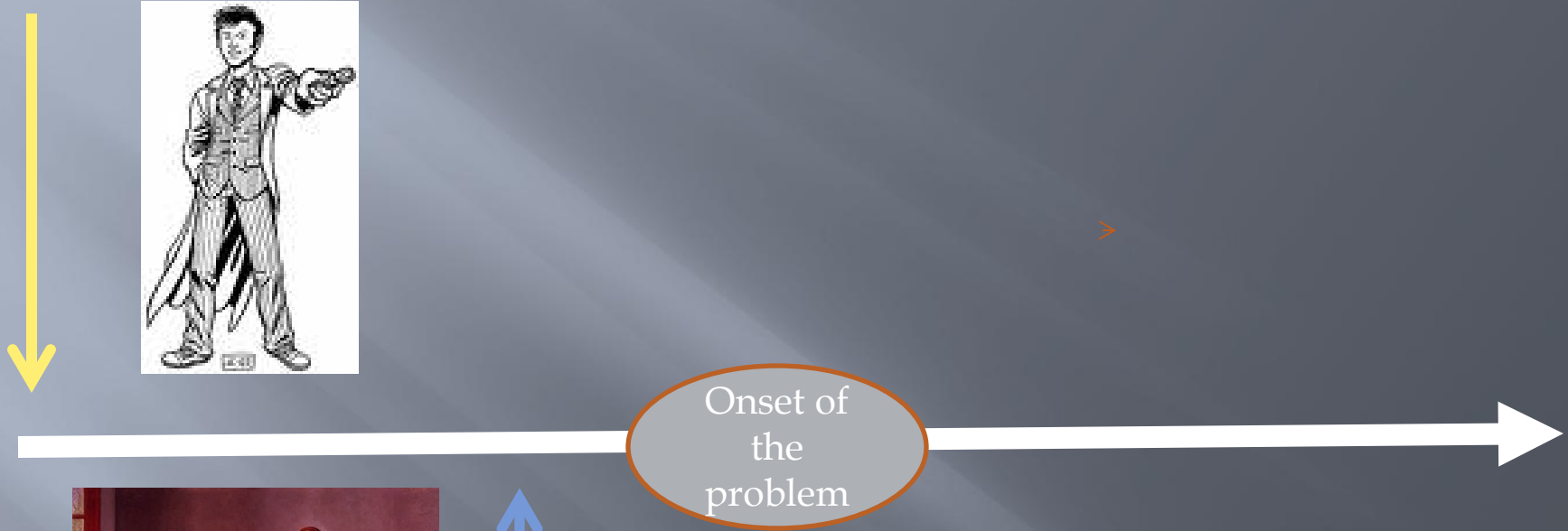




# Mixing patient's and doctor's views in primary care

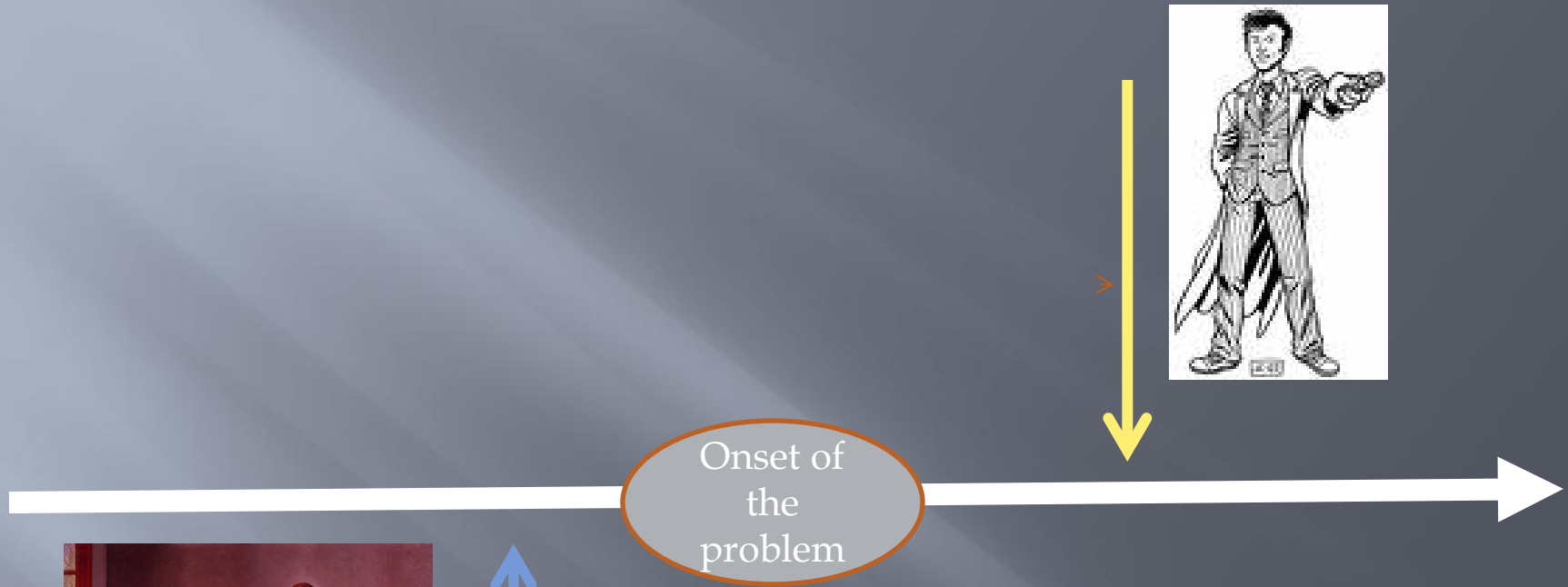


# Mixing patient's and doctor's views in primary care



You are not  
I'm not

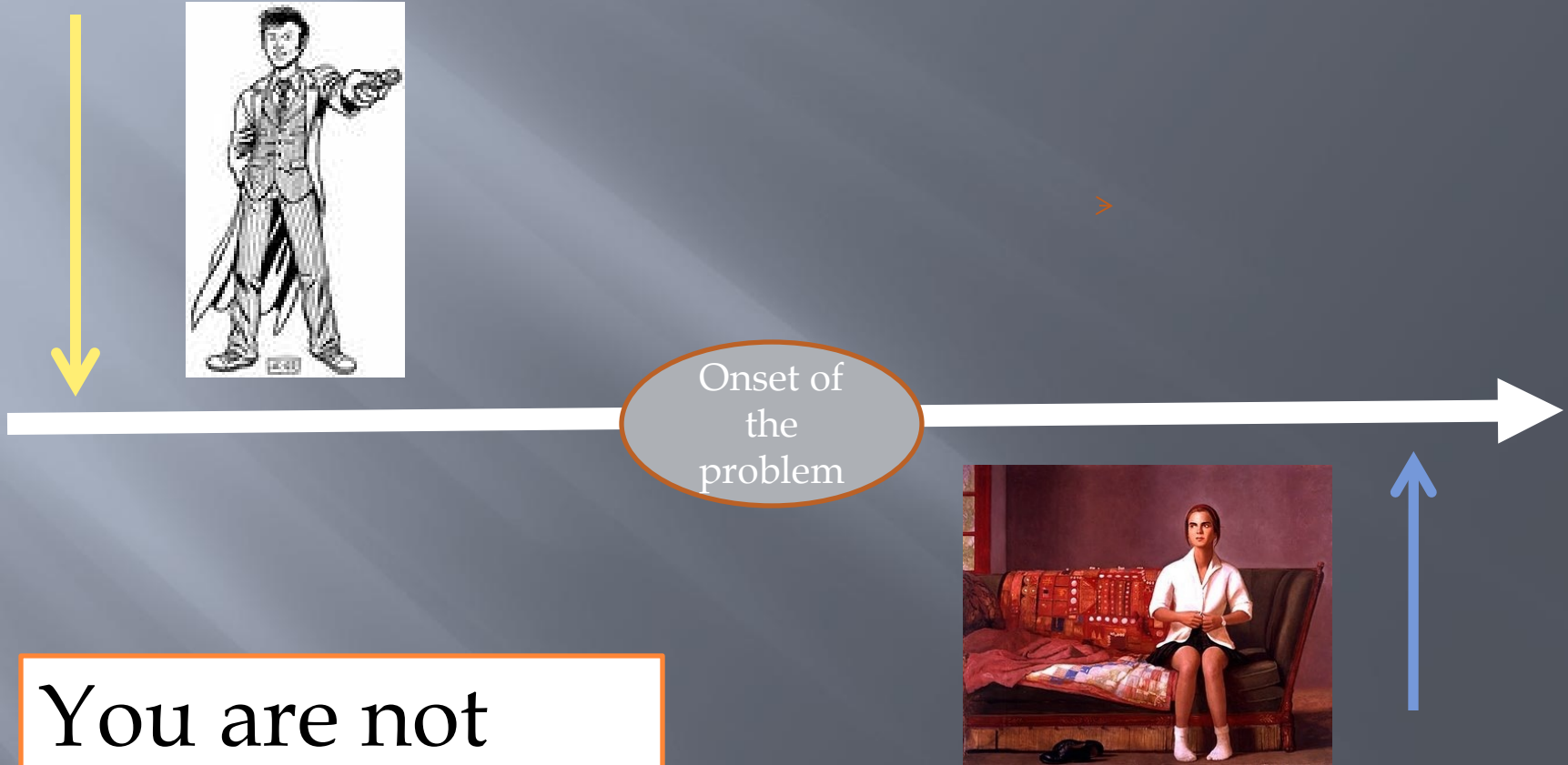
# Mixing patient's and doctor's views in primary care



You are

I'm not

# Mixing patient's and doctor's views in primary care



You are not

I am

# LET US SEE THOSE CONCEPTS IN A DIFFERENT WAY

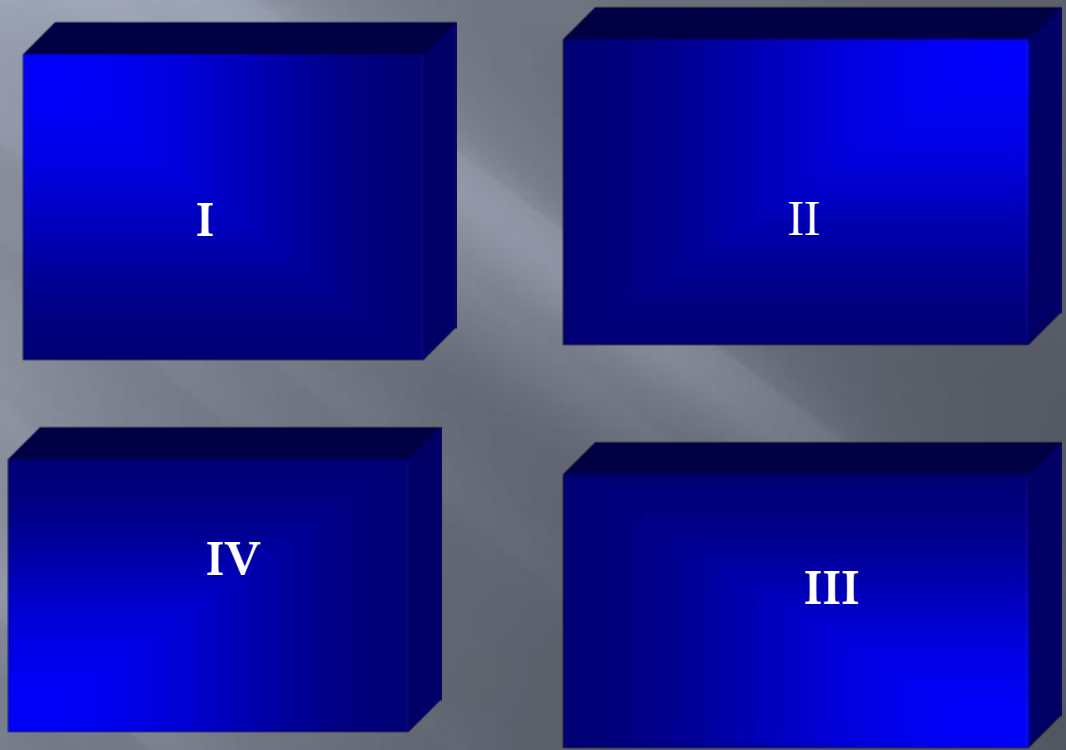
Crossing doctor and patient's views  
along the time line

Between disease and illness

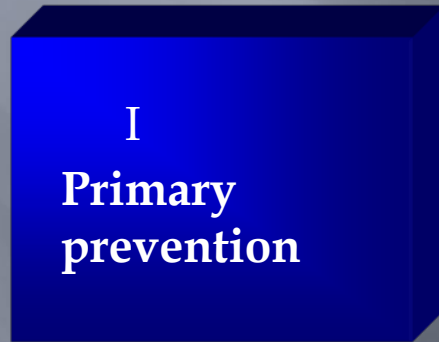
Between science and conscience

$\alpha$





Crossing patient and doctor thoughts open four interpretation fields



Patient feel  
him/herself well  
Doctor can find  
nothing wrong

III

Ex: Immunization  
or prevention of  
falls





I

II

**Secondary prevention**

III

Patient feel him/herself well

Doctor look for disease. The doctor bets on the disease.

Ex: screening

Cervix/ Breast/ Scoliosis



I

II

**Tertiary prevention**

III

Patient feel him/herself sick

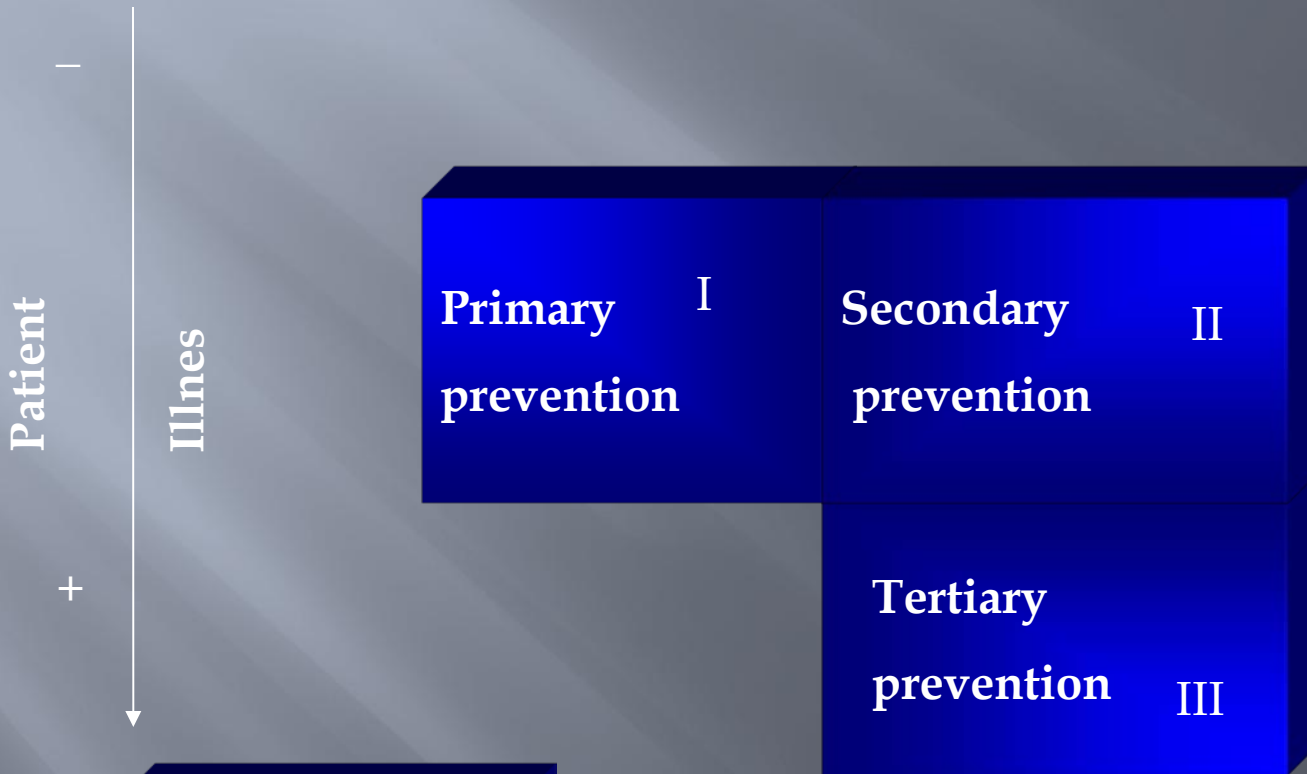
Doctor agrees and looks for complications

Ex: retinopathy prevention in diabetic patients

Aspirin in post infarctus



We got three



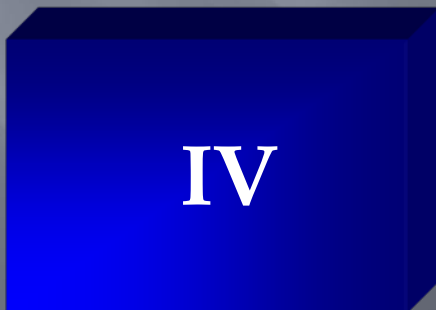
What about the remaining one ?

Patient feel sick  
 Doctor can find nothing wrong



The anxiety of the patient meets this one of the doctor

*You have nothing - It's in your head - Hypochondria - Hysteria - Munchausen - Non disease disease - Medically unexplained symptoms - Worried well - Somatoform disorder - Somatization - Somatic fixation - Abnormal illness behaviour - Non disease syndrome Functional somatic syndromes... ..*



It's the field of chronic fatigue syndrome but also of not yet diagnosed Multiple Sclerosis

# LET US HAVE A LOOK BACK AT THE DEFINITIONS

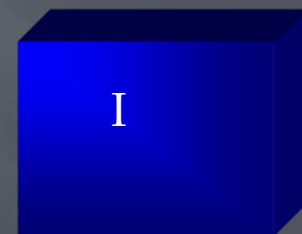
As published in the

**Wonca Dictionary of General/Family  
Practice**

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 its spreading or its long-term effects (e.g. screening, case finding and early diagnosis)



# 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





– Doctor

– Disease

The field four is a hole where patients fall due to miscommunication, misunderstanding, anxiogenic health education, unstudied screening campaign, bad public health program, personal fear of the patient, health belief, anxiety of the provider, defensive medicine, uncontrolled technology or specialist based care, unstudied complementary medicine.....

Patient

Illness

Primary I  
prevention

Secondary II  
prevention

Tertiary III  
prevention

IV

Ex : Unfit health  
prevention  
campaign

– Doctor

Disease

The field four is a hole where patients fall due to miscommunication, misunderstanding, anxiogenic health education, unstudied screening campaign, bad public health program, personal fear of the patient, health belief, anxiety of the provider, defensive medicine, uncontrolled technology or specialist based care, unstudied complementary medicine.....

Patient

Illnes

Primary I  
prevention

Secondary II  
prevention

Tertiary III  
prevention

IV

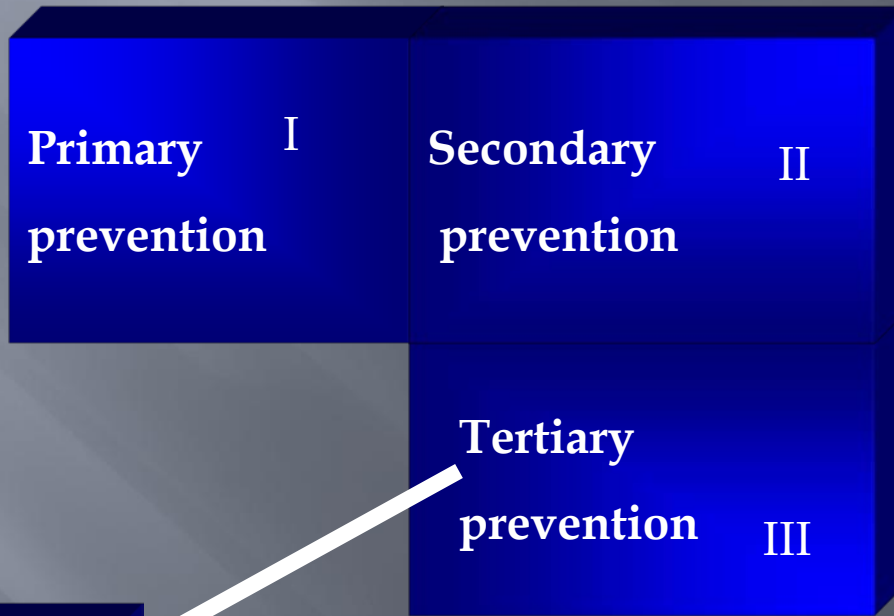
Ex : non targeted  
breast campaign

The field four is a hole where patients fall due to miscommunication, misunderstanding, anxiogenic health education, unstudied screening campaign, bad public health program, personal fear of the patient, health belief, anxiety of the provider, defensive medicine, uncontrolled technology or specialist based care, unstudied complementary medicine.....

– Doctor  
– Disease

Patient

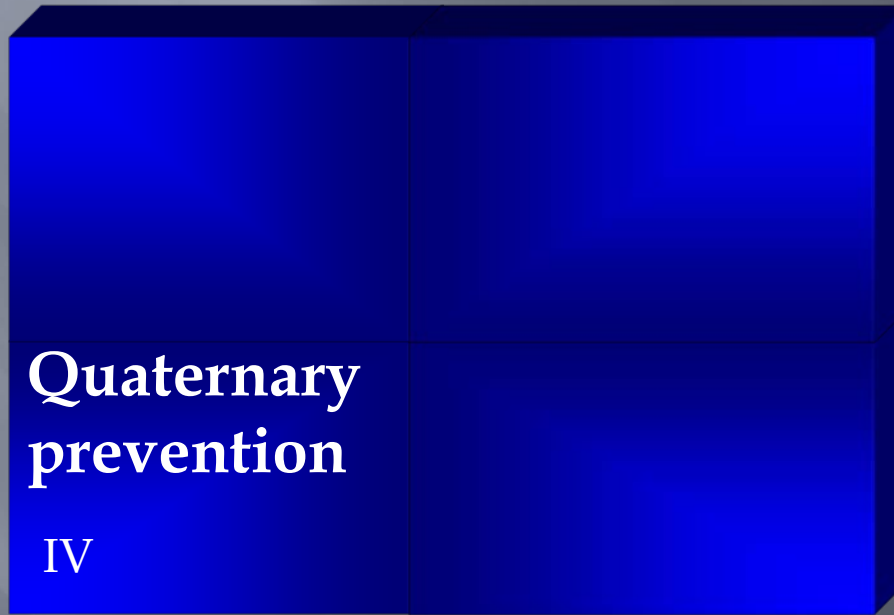
Illness



+

IV

Ex : 3 mm  
angioma in the  
liver



Listen to the patient  
Control medicine

**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**



**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 its spreading or its long-term effects (e.g. screening, case finding and early diagnosis)



**IV  
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

Doctor

+

Disease

Tobacco  
counselling

**I**

**II**

Breast  
screening

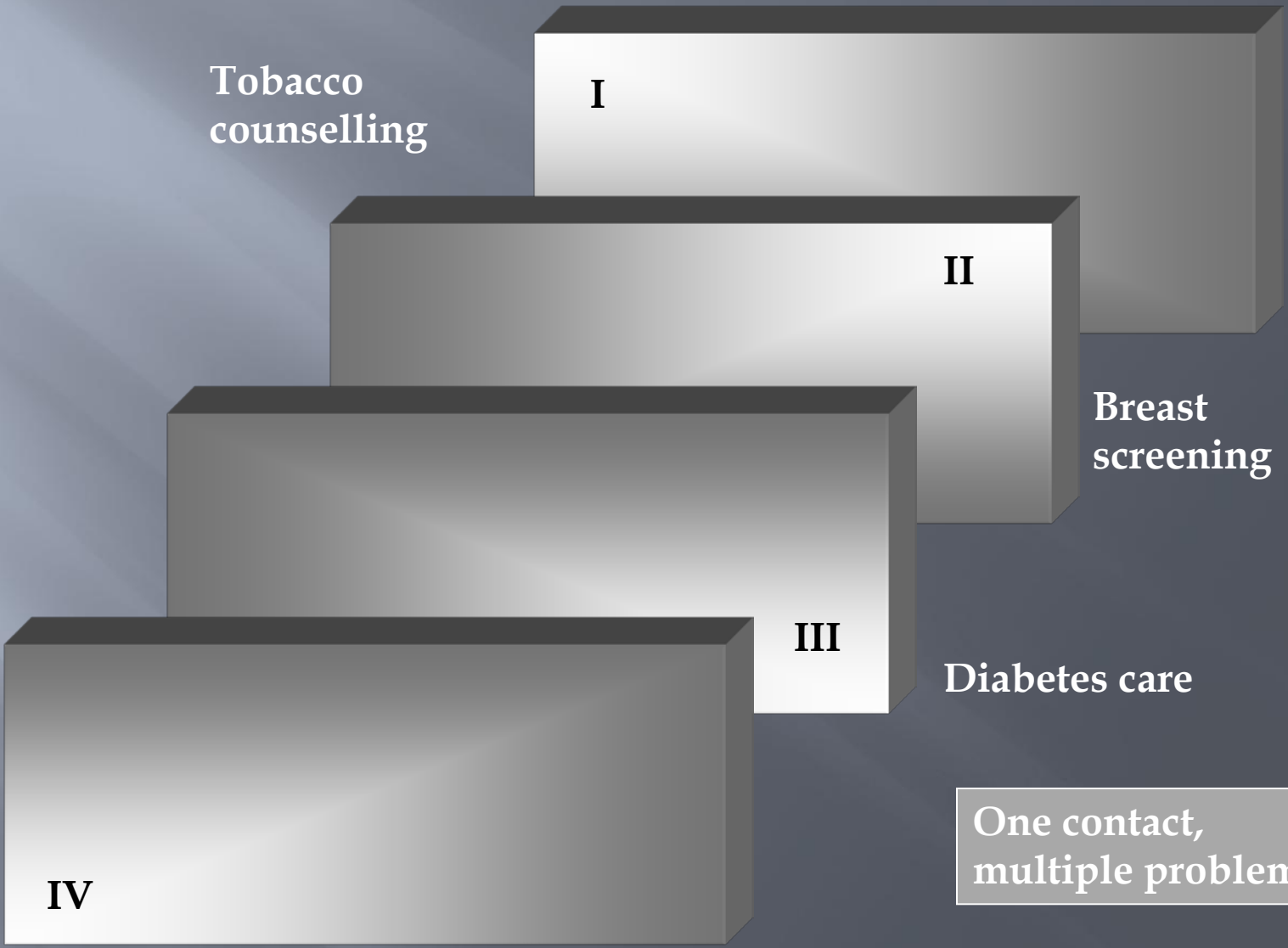
**III**

Diabetes care

**IV**

One contact,  
multiple problems

Ask a scanner for her headache



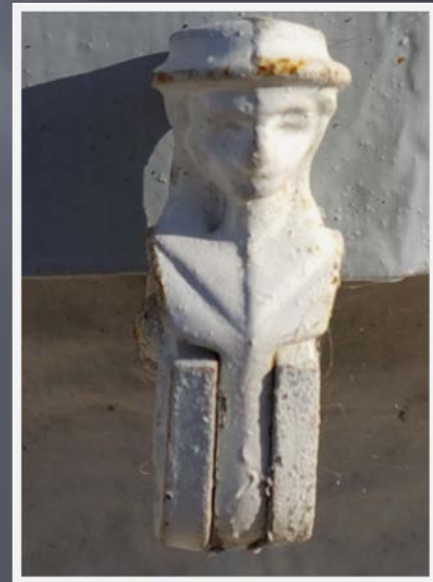
# Quaternary prevention shapes numerous concepts

- ▣ auto control of preventative and curative program
- ▣ careful analysis of miscommunication
- ▣ understanding of patient's anxiety and belief
- ▣ defensive medicine
- ▣ accepting to decide in uncertainty
- ▣ humility in the diagnostic process and patient relationships
- ▣ ethically balanced attitudes



It is only in the small contexts of millions of physician-patient relationships that are open, safe, and mutually determined that the public had any chance of controlling and protecting itself from its own Promethean propensities.

*G. Gayle Stephens, MD. Reflections of a post flexnerian physician. in KL White (Ed) The Task of Medicine, Kaiser, 1988*



Well, you know now that medicine  
can be dangerous for your health

You are at risk to be sick  
And at risk to be cured

First, do not harm

Hippocrates

Gilles of Binche, Belgium, 1936

Thank you



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# Sources

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