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“Justice in Health Care – Values in Conflict”

Round table. Quaternary Prevention(P4) or first do not harm.

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Contributions :

- Patrick Ouvrard, MD, General Practitioner, Société de formation thérapeutique du généraliste, France.
- Daniel Widmer, MD, General Practitioner, chargé de cours, Institut Universitaire de Médecine Générale, Lausanne, Switzerland.
- Ricardo La Valle, MD, Ph D, General Practitioner, Argentina. Member of the Quaternary Prevention Commission of the Argentinian Federation of Family and General Medicine and the WONCA Special interest group in Quaternary Prevention and Overmedicalisation (P4&O SIG).
- Miguel Pizzanelli, General Practitioner, Associate professor of Family Medicine, Department of Family and Community Medicine, UdelaR, Montevideo, Uruguay, Chair of the WONCA Special interest group in Quaternary Prevention and Overmedicalisation (P4&O SIG)

Quaternary prevention (P4), born from a reflection on the doctor-patient relationship, began as an answer of family doctors facing overmedicalization. It aims to protect the patient or population against the danger of medicine. Harmful effects can appear with preventive activities (example: prostate cancer screening by PSA) as well as by therapeutic interventions (example: disruptive medicine). P4 promoted by the World Organization of Family Doctors (WONCA) is practiced in different ways around the world through the activity of the WONCA Special Interest Group on Quaternary Prevention and Overmedicalisation (P4&O).

There are multiple initiatives and backgrounds of P4. All these multiple initiatives that lead to P4 have their origin in denouncing the inadequacies of the Hegemonic Medical Model and the excesses perpetrated in the pursuit of profit. There are many schools of thought that try to solve this situation, such as "Medicines Based on ..." These contributions are valuable but usually point to a single dimension of the problem so they do not change the situation too much. The P4, however, have understood the centrality of the political and economic dimensions and, that is why, P4 has become a movement.

P4 has understood that the root causes far exceed the limits of medicine, have understood that the problem includes ethical, political, economic and epistemological aspects of medicine. It is for this reason that the definition of P4 has shifted to the function of foundational idea since the movement that has been generated around this concept has surpassed this initial definition centered in a, yet complex, but still medical vision. P4 has understood that a new model of medicine and a new pact with society is necessary.

P4 is a counter-hegemonic movement with predominant development in peripheral countries. This movement includes many other perspectives developed in the central countries but is the only one that has an ideological position that discusses the current paradigm of medicine that legitimates the same causes that give rise to P4, proposing to think a new way of practice the medicine that includes Ethical values, other forms of knowledge and the return to human

medicine for humans with place for uncertainty, compassion, the encounter between people and non-commodified.

Justice in health care is a central aspect of this new way of conceiving the medicine that we propose. Remember what Rudolf Virchow said in the nineteenth century "*Physicians are the natural advocates of the poor and social problems fall largely under their jurisdiction. Medicine is a social science, and politics is nothing more than medicine in large scale*". We must reformulate our contract with society and for this we must be very clear that our loyalty must always be with the sick, the poor and those who are weak. For this new contract we must also take into account the magnitude of the power that has been given to us and to live up to such responsibility.

In the Rio manifesto (2016) we propose to "Avoid and denounce the naturalization of: hunger, exclusion, manipulation, inequality, violence, racism, exploitation, which harm health more than "diseases"". There is a better and fairer world, let's fight to get it!

More about P4 on www.ph3c.org/p4

References

- French ; Widmer D, Herzig L, Jamouille M. Prévention quaternaire : agir est-il toujours justifié en médecine de famille ? Rev Med Suisse 2014;(10):1052–6. <http://www.ncbi.nlm.nih.gov/pubmed/?term=24930150>
- English ; Jamouille M. Quaternary prevention, an answer of family doctors to overmedicalization. Int J Heal policy Manag. 2015 Feb;4(2):61–4. <http://www.ncbi.nlm.nih.gov/pubmed/25674569>
- Portuguese ; Silva AL da, Mangin D, Pizzanelli M, Jamouille M, Wagner HL, Silva DHS, et al. Manifesto de Curitiba: pela Prevenção Quaternária e por uma Medicina sem conflitos de interesse. Revista Brasileira de Medicina de Família e Comunidade. 2014. p. 371–4. <http://www.rbmfc.org.br/rbmfc/article/view/1006>
- Spanish : Nève J, Bernstein J, Terra MA. Prevención cuaternaria, una tarea explícita del médico generalista . Una entrevista con Marc Jamouille. Arch Med Fam y Gen. 2013;10(2):23–6. <http://archivos.famfyg.org/revista/index.php/amfyg/article/view/130/116>
- La Valle R. Prevención cuaternaria o medicina sin corbata. Archivos de Medicina Familiar y General 2015;12(2):5-6. (2015-07) - 2015, v.12, p.5-6. URL: <http://archivos.famfyg.org/revista/index.php/amfyg/article/viewFile/198/157>
- Menéndez E. El modelo médico y la salud de los trabajadores. Salud Colectiva. 2005;1(1):9-32.
- Bernstein J, La Valle R, Piñero A., Jacob G. et al. P4, presente y futuro. Manifiesto de Rio. Disponible en: <http://www.nogracias.eu/2016/12/26/la-salud-como-resistencia-un-manifiesto-por-la-prevencion-cuaternaria/>