



## Because of Science You Also Die...

### Comment on “Quaternary Prevention, an Answer of Family Doctors to Over Medicalization”



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#### Abstract

The concept of quaternary prevention (P4) refers to the idea that medicine has acquired the ability to damage through the proper exercise. Family medicine or general practice has the duty of recovering the ethical values and the exercise of a profession with the doctor-patient relationship serving to people's humanity. In the fourth Congress of Family and Community Medicine, held in Montevideo (Uruguay) last March 18-21, 2015, it was established the Working Group P4 WONCA-CIMF with communication tools included as constitutive part of P4. It was also remarked that we should be wary of attempts to denature the P4, diminishing its ethic value and limiting it to a reason for cost control.

**Keywords:** Quaternary Prevention (P4), Evidence-Based Medicine, Ethics, Preventive Medicine, Family Physicians, Communication Tools

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Marc Jamouille proposes to us a challenging concept, quaternary prevention (P4).<sup>1-4</sup> This concept challenges the positivist ideal of modernity which argues that science and progress of society are constant and always for the better. This concept refers to the idea of positive iatrogenia of Michael Foucault to remind us that medicine has acquired the ability to damage by proper exercise and not only by skill or ignorance.<sup>5</sup> Get away from the conception of modern science allows us to separate ourselves from the idea that science is something that only deals with knowledge and is divorced from ethics and the influences of politics and economy.

The medicalization of life,<sup>6</sup> overdiagnosis<sup>7</sup> and even evidence-based medicine (EBM) have brought economic and political aspects to the everyday practice of medicine. These “excesses” of medicine itself cause damage and unnecessary deaths and the waste of the never abundant resources that countries allocate to health.

As Jamouille says, P4 has spread worldwide but especially in South America, Asia and, to a lesser extent, Europe and North America. This is no coincidence, it is on the fringes of the centrality of the hegemonic thinking of modernity (Europe and USA), where its failure is most noticeable and where the suffering consequences of poverty, exclusion, inequality are greater and all directly impact over the health, and where better spaces for creative solutions are generated.

Coinciding with Jamouille, we emphasize that EBM is one of the vehicles of strongest penetration of overdiagnosis. It is in that way because the soundness of clinical controlled trials randomized, quintessential EMB, is threatened by the scandalous relationship between pharmaceutical companies and the editors of scientific publications of more impact.<sup>8,9</sup> That influence is so big that a major publisher of the BMJ,

Richard Smith,<sup>10</sup> has said that “what is happening is that greater scientific invention, the randomized work is being degraded due to market.” The degree of infiltration and corruption is also so big that some Anglo-Saxons editors ask: “Who pays for the pizza?”<sup>11</sup> This leads to consider that “there is no free lunch” and think seriously that all doctors should renounce all funding from pharmaceutical companies.

Family physicians or general practitioners (GPs) have also emerged in response to the inadequacies of hegemonic medical model, described by Eduardo Menéndez,<sup>12</sup> which characterizes it as biologist, depersonalized, ahistorical, asocial, with fragmented assistance and mercantilist. The family medicine or general practice is called to retrieve the ethical values and the exercise of a profession that proposes a medical patient relationship serving to people's humanity and in defense of patients in their condition as mourners and weakness situation without abuse of the power that society gives us doctors.

The P4 is played at each visit and the family doctor or GP must be specially trained to deal with the complexity of this situation, with their social and psychological components. These aspects are essential for human communication to improve adherence to treatment, change of habits and, especially, continence expected by any person in an interview with his/her doctor who has to be able to recognize that he/she has in front of him/her a person with desires, fears, anxieties and he/she must be able to adapt his discourse to the needs of others.

At each visit the prevailing product of the social imaginary of the values and worldviews of each society is reflected. Doctors contribute to their formation so we must not abandon our capacity for reflection and dialogue with society about what we believe health means and contributing our particular

look.<sup>13</sup>

In the recent Conference on Prevention Quaternary within the Programme of the fourth Latin American Congress of Family and Community Medicine, held in Montevideo, Uruguay, where the Working Group P4 WONCA-CIMF was established, the communication tools were included as constitutive part of P4. It was also noted, that we should be wary of attempts to denature the P4, subtracting hierarchy of ethical and limit it to a foundation for cost control.

We have the obligation to think over the current way of being a doctor<sup>14</sup> because another human medicine possible. This is the great contribution of Jamouille. Thanks Marc.

#### Ethical issues

Not applicable.

#### Competing interests

Authors declare that they have no competing interests.

#### Authors' contributions

Both authors contributed equally to the development and revision of this paper.

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