

### ***Introduction: Justification and Importance***

*“Medicine increasingly focuses on the problems that result from an excess of medical care, in particular overscreening and overdiagnosis. In a new framework or paradigm, based on patient doctor relationships, quaternary prevention (P4) describes the protection of patients from diagnostic tests, interventions and treatments that offer no benefit for overall morbidity or mortality for the individual, and may cause physical or psychological harm. It includes the protection of patients from misled well-meaning doctors and from a system in which the commercial interests of pharmaceutical and diagnostic companies, and governments working in a marketised model of health care, that can distort care, medicalize normal life and waste resources”. Jamoulle M, Mangin D (not published).*

### **Definitions**

The original definition of Quaternary Prevention was formulated in 1986

*Action taken to identify patient at risk of overmedicalization, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable.<sup>1</sup>*

WONCA International Dictionary of General/Family Practice, accepted the term in 1999.<sup>2</sup>

The concept of quaternary prevention is grounded in the ethical principles of medicine, an epistemological understanding of a paradigm crisis or struggle that is challenging the predominant biological paradigm in health, and the realization of a movement that includes citizens, patients, care providers and public health policies.

Quaternary prevention provides a complex but necessary approach oriented to provide person-focused care; promote equity in healthcare; prevent overdiagnosis, unnecessary interventions, and avoid harm: and so, in few words, to humanize medicine. All the efforts within this global movement combine ethical sustainability with critical thinking, to oppose the vision of health as a commodity.<sup>3</sup>

Understanding of the power of the socio-cultural determinants of health requires family and community medicine to re-think the approach to healthcare and to work in a huge network with all the relevant actors (persons/consumers, community stakeholders, providers, health managers, and politicians). Quaternary prevention applies primarily to the interpersonal level in

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<sup>1</sup> Jamoulle M. Information et Informatisation en médecine générale. En: Computer and Computerisation in General Practice. Les informa-g-iciens. Belgium: Presses Universitaires de Namur; 1986: 193–209

<sup>2</sup> Bentzen N, editor. Wonca International Dictionary of General/Family Practice: Wonca International Classification Committee; 1999.

<sup>3</sup> Jamoulle M. Quaternary prevention, an answer of family doctors to overmedicalization. International Journal of Health Policy and Management. 2015;4(2):61-64.

the patient-doctor encounter. Confronting overdiagnosis and overuse are complementary issues with a different focus.

In the context of this broad approach it is clear that the tasks of quaternary prevention go beyond preventive activity and its conceptual scope can underpin all aspects of everyday medical activity in the face of uncertainty.<sup>4</sup>

Overdiagnosis is understood to occur when an asymptomatic person is identified as having a disease, which would never harm them in their lifetime.

### ***International impact of the concept / expanding worldwide***

In the thirty years between 1986 and 2016, the concept of quaternary prevention concept has become familiar, to a greater or lesser extent, all over the world.<sup>5 6</sup>

#### Chronology

1999/ The definition was adopted by the WONCA International Classification Committee during its Durham meeting.<sup>2</sup>

2008/ Quaternary prevention was proposed as a core concept of the Brazilian National Health System (SBMFC).<sup>7</sup>

2009/ 15th WONCA Europe Conference in September 2009, Basel, special WONCA workshop. Documented in collective text published in seven languages.<sup>8</sup>

2009/ Swiss Journal Primary Care published a paper on quaternary prevention in six languages.

2011/ Quaternary prevention, Webinar Barcelona<sup>9</sup>

2012/ Medicalization and quaternary prevention Seminar. Buenos Aires. FAMFyG

2013/ SBMFC National conference in Belem. International quaternary prevention workshop

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<sup>4</sup> Heath I. Role of fear in overdiagnosis and overtreatment—an essay by Iona Heath. BMJ [Internet]. 2014 Oct 24 [cited 2016 Aug 5];349:g6123. Available from: <http://static.www.bmj.com/content/349/bmj.g6123>

<sup>5</sup> Starfield B, Hyde J, Gervas J, Heath I. The concept of prevention: a good idea gone astray? J Epidemiol Community Health 2008; 62:(7): 580-583.

<sup>6</sup> Bernstein J, Valle RL. Because of Science You Also Die. Int J Health Policy Manag [Internet]. 2015 May 20 [citado 26 set 2015];4(9):615–6. Disponible en: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556579/>

<sup>7</sup> Norman AH, Tesser CD. Prevenção quaternária na atenção primária à saúde: uma necessidade do Sistema Único de Saúde [Quaternary prevention in primary care: a necessity for the Brazilian Unified National Health System]. Cad Saúde Pública / Ministério Da Saúde, Fundação Oswaldo Cruz, Esc Nac Saúde Pública. 2009;25(9):2012–2020. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/19750388>

<sup>8</sup> Kuehle T, Sghedoni D, Visentin G, Gervas J, Jamouille M. Quaternary prevention: a task of the general practitioner. Prim Care [Internet]. 2010. Available from: [http://www.primary-care.ch/docs/primarycare/archiv/de/2010/2010-18/2010-18-368\\_ELPS\\_engl.pdf](http://www.primary-care.ch/docs/primarycare/archiv/de/2010/2010-18/2010-18-368_ELPS_engl.pdf).

<sup>9</sup> Seminario de Innovación en Atención Primaria, de Barcelona 2011, <http://www.equipoceca.org/organizacion-de-servicios/prevencion-cuaternaria-teoria-y-practica-en-la-consulta-la-ensenanza-y-la-politica-sanitaria-y-su-relacion-con-la-equidad-y-el-coste/>

2013/ WONCA World Conference in Prague in 2013, a P4 seminar was organized with speakers from New Zealand, China, Iran, the United Kingdom , Uruguay and Belgium<sup>10</sup>

2013/ Curitiba, Brazil. International Quaternary Prevention Seminar. Curitiba Manifesto.<sup>11</sup>

2014/ Quaternary prevention seminar in Lisbon WONCA conference

2014/ WONCA Rural Conference, Gramado, Brazil. Quaternary prevention workshop.

2015/ International cooperation for publication on Brazilian Family and Community Medicine Journal/ RBMFC. Quaternary prevention special issue  
<https://www.rbmfc.org.br/rbmfc/issue/view/44>

Communication on WONCA web available:  
<http://www.globalfamilydoctor.com/News/QuaternaryPreventionspecialissuepublished.aspx>

2015/ 4º CIMF Family and Community Medicine Conference; Montevideo, performed without industry financing, define the creation of a SIG on Quaternary prevention in CIMF. Quaternary prevention international seminar.<sup>12</sup>

Networks and activities are present in family and community societies all over the planet: Argentina, Belgium, Bolivia, Brazil, Canada, Chile, China, Costa Rica, Colombia, Cuba, Ecuador, England, France, Germany, India, Iran, Italy, Thailand, Peru, Portugal, Vietnam, Spain and Uruguay.

### ***Objectives of Special Interest Group (SIG) in Quaternary Prevention and Overmedicalization (Too much medicine)***

To create an international network to support ongoing activities and promote dissemination and skills to apply the concepts all over the world.

### ***Activities plans and resources***

Facilitate cooperation among societies and professionals in order to promote knowledge exchange and expertise.

Promote critical attitude and critical thinking about the profound conflicts of interest that undermine medical activities.

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<sup>10</sup> Jamouille M, Tsoi G, Heath I, Mangin D, Pezeshki M, Pizzanelli Báez M. Quaternary prevention, addressing the limits of medical practice. Wonca world conference Prague 2013 Retrieved from <http://www.ph3c.org/PH3C/docs/27/000322/0000469.pdf>

<sup>11</sup> Silva AL, Mangin D, Pizzanelli M, Jamouille M, Wagner HL, Silva DH et al. Manifesto de Curitiba: pela Prevenção Quaternária e por uma Medicina sem conflitos de interesse. Rev Bras Med Fam Comunidade. 2014;9(33):371-374. Disponível em [http://dx.doi.org/10.5712/rbmfc9\(32\)1006](http://dx.doi.org/10.5712/rbmfc9(32)1006)

<sup>12</sup> SUMEFAC/ Grupo de Trabajo en Prevención Cuaternaria. Propuesta de actividades Seminario Internacional Prevención Cuaternaria. Actividades Preparatorias al 4º Congreso Iberoamericano DE Medicina Familiar y Comunitaria, marzo 2015 [base de datos en Internet]\*. Uruguay: SUMEFAC – Pizzanelli M.; Julio 2015, [acceso 21 de julio de 2016]. Disponible en:  
<https://drive.google.com/file/d/0B2tjwHv1engDcXR1Vkpmb2pFbDA/view?usp=sharing>

Promote critical literature review networks

Promote quaternary prevention focus on research questions and projects

Give support to national societies to include quaternary prevention and overmedicalization in the undergraduate and graduate programs.

Promote understanding of over medicalisation and the need for quaternary prevention in the global mass media.

Promote cooperation between existing resources and organizations (Universities facilities, Pharmacovigilance, Cochrane reviews, Journals interest, qualitative research skills, population participation, mass media presence, Choosing Wisely, Preventing Overdiagnosis)

Organize WONCA activities oriented to disseminate the concept and share experiences.

Resources would come from WONCA members, grants, awards, web services and create a foundation.

August, 2016.

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