

Paradigm shift in Primary Care working fields

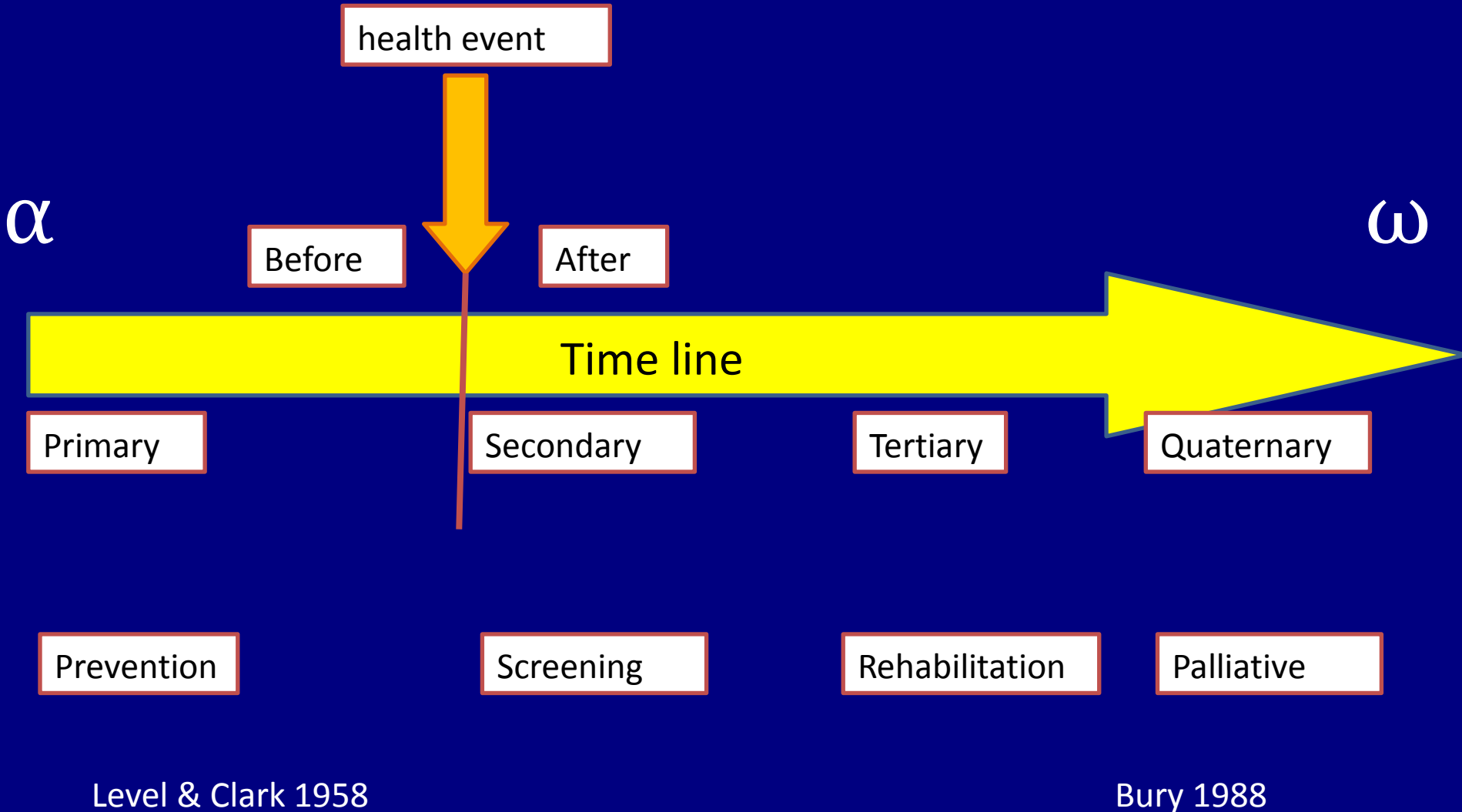
Marc Jamouille, md, mph

Family doctor, Belgium

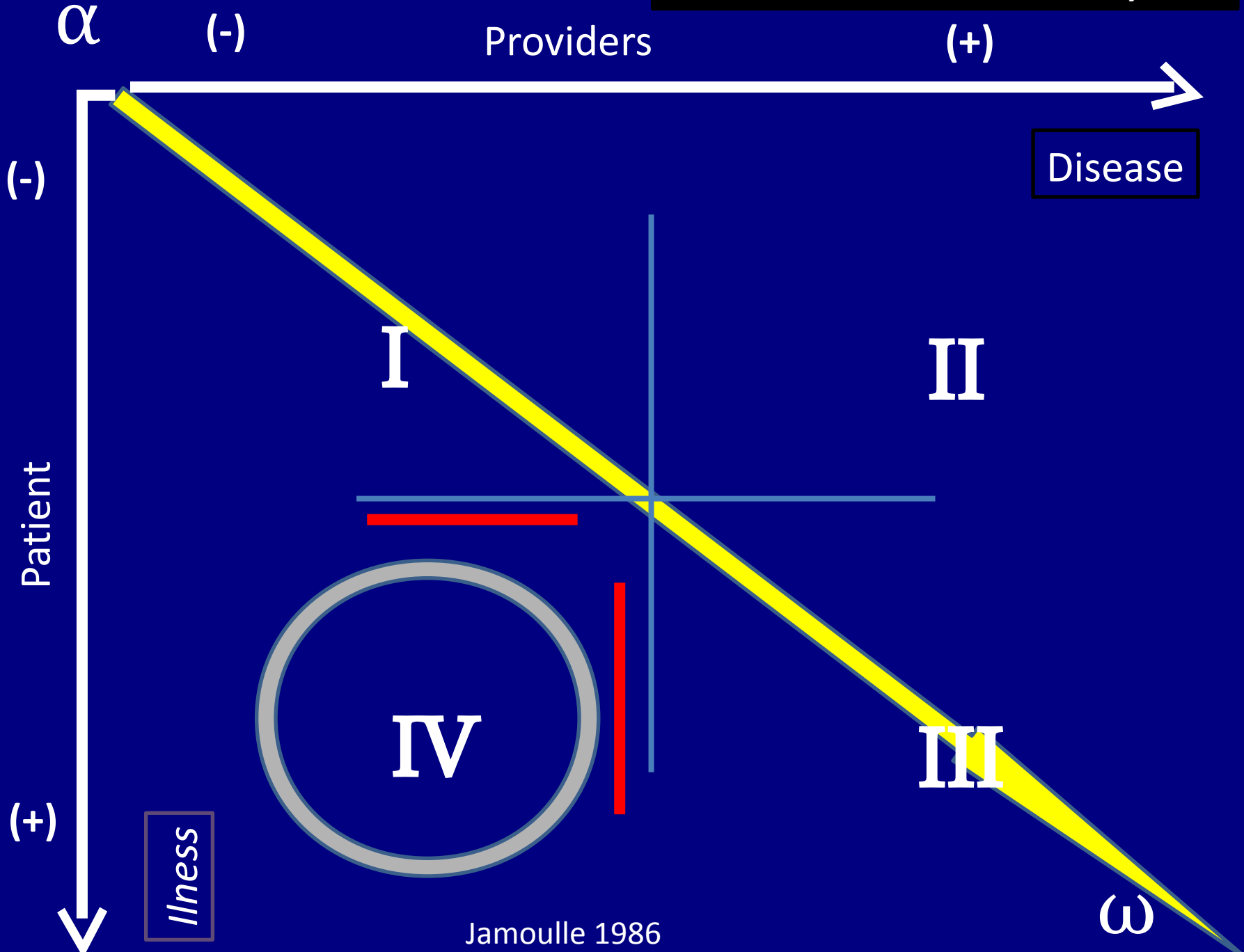
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SIAPP2011, Barcelona, Oct 2011

Chronological view of medical activity fields

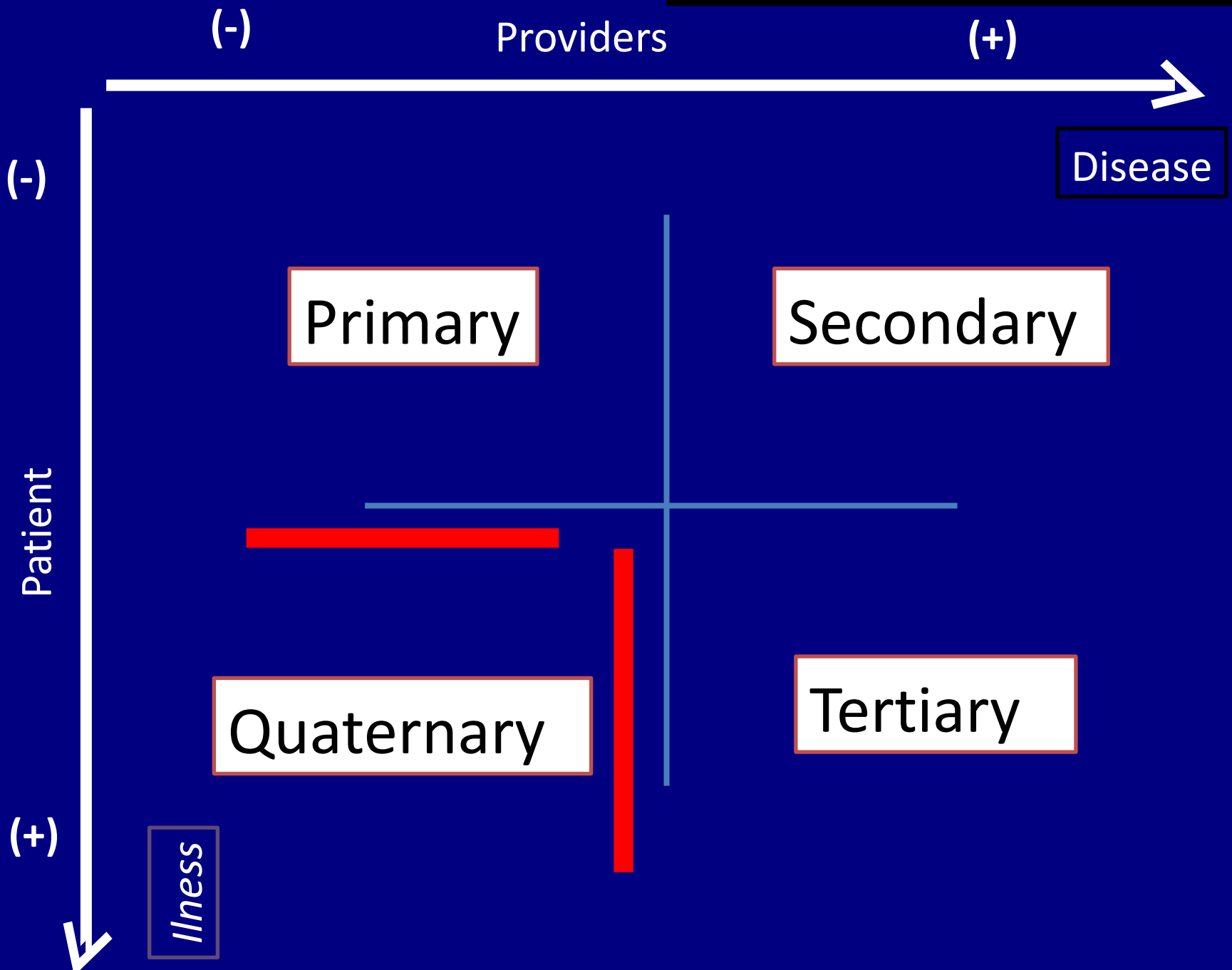


Relational view of medical activity fields

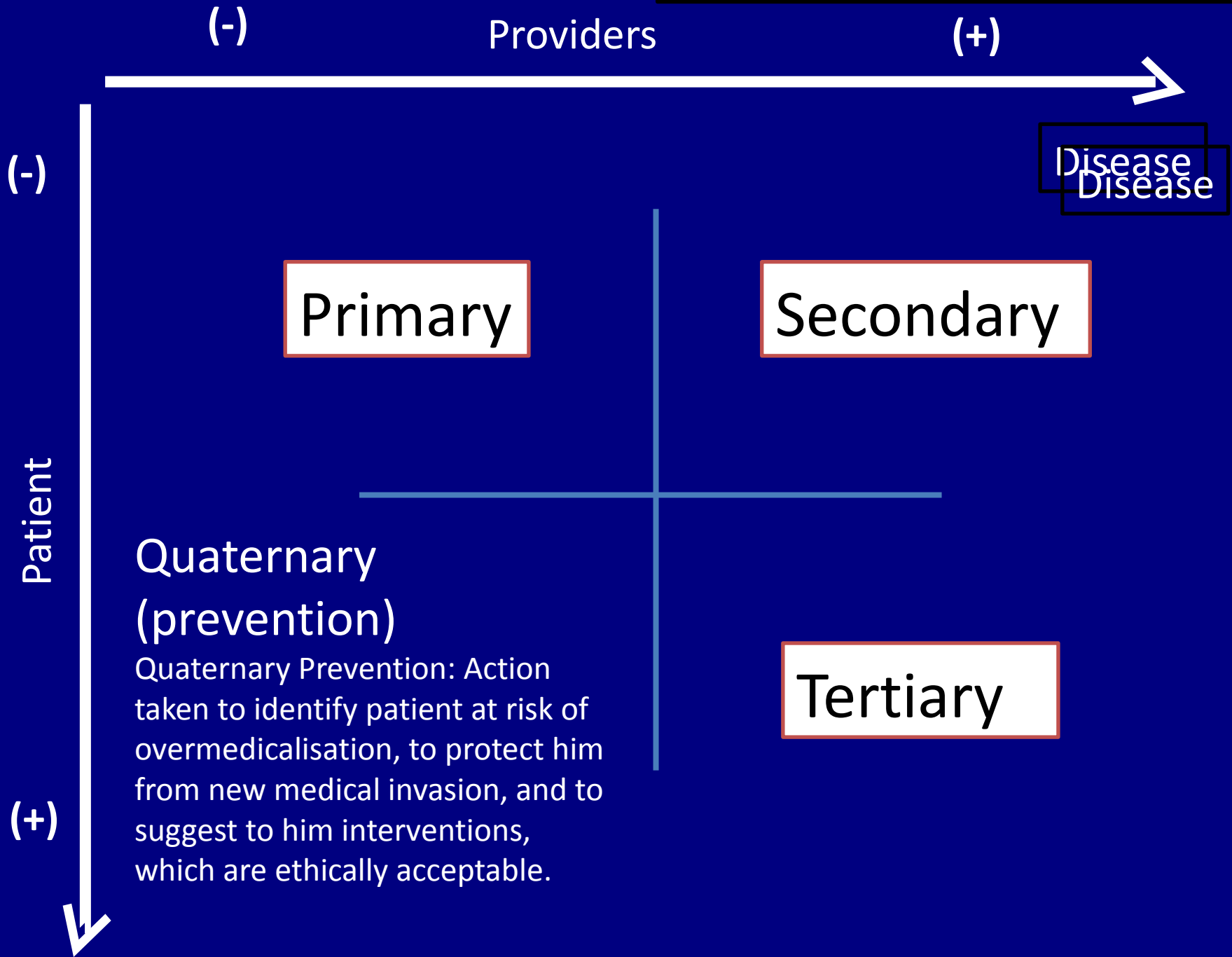


Jamouille 1986

Relational view of medical activity fields



Relational view of medical activity fields



Quaternary (prevention)

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.

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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. immunisation).

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

IV

Quaternary (prevention)

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 minimising the functional impairment consequent to the acute or chronic health problem (e.g. prevent complications of diabetes). Includes rehabilitation.



Home visit, Charleroi, Belgium, sept. 2006

Photography by Stephen L. Feldman ©

For discussion

Some insight in sociology and management world

Nettleton's paper and Stacey diagram

Does Similarities and differences help
to define the quaternary attitude ?

Medical knowledge

Certain

Uncertain

Consent

Agreed

A
Disease and (often) illness :
Diagnosed-treated,
cured or managed
(e.g cancer)

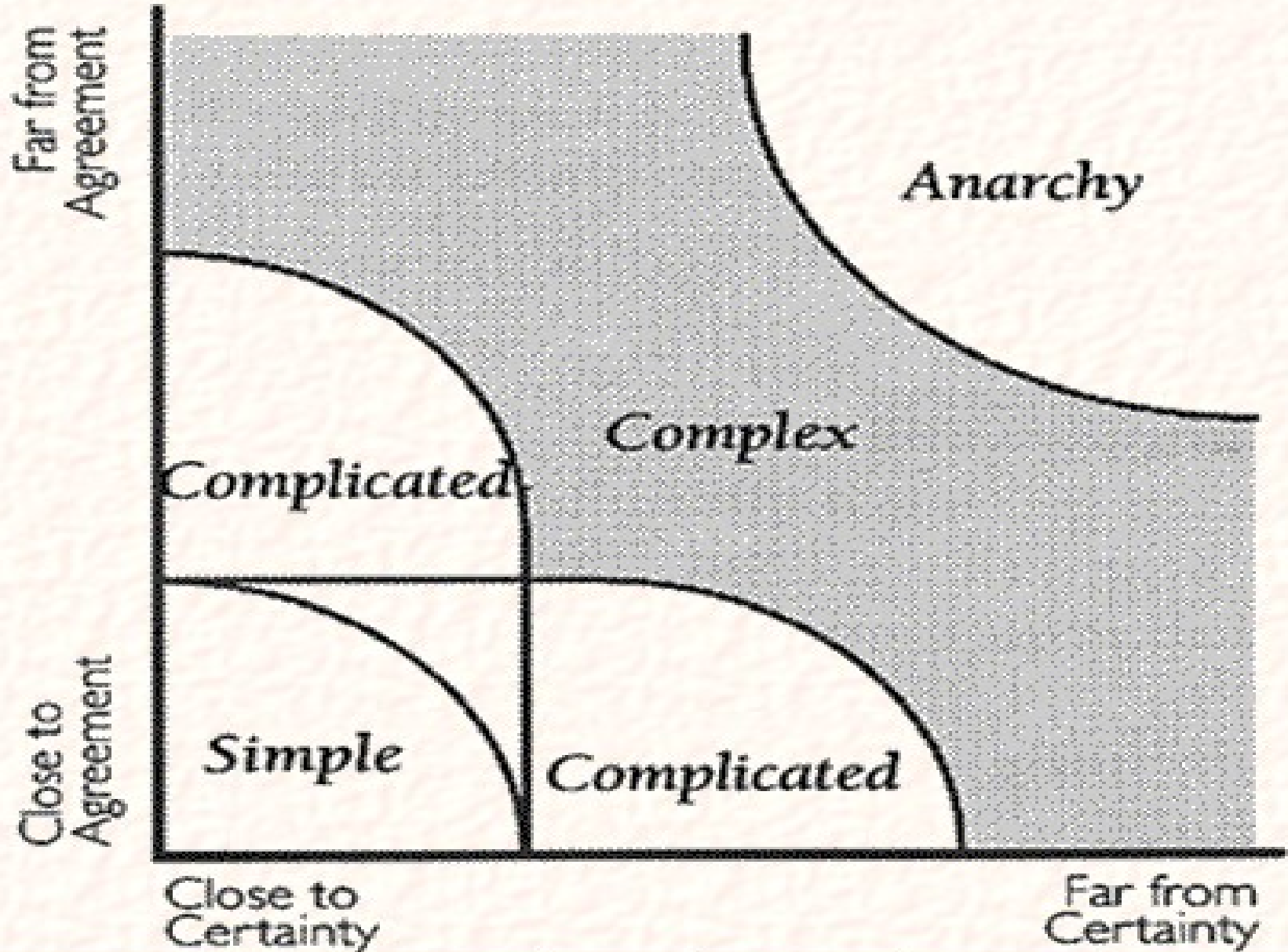
B
'at risk' of disease, may
or may not experience
illness – risk factor rooted
In probability treated,
managed or cured
(e.g obesity)

Contested

C
Healthy : no illness, no
disease : maybe
encouraged to subject
body to monitoring
And assesment

D
Illness and no disease –
no diagnosis, assesment but
limited treatment,
Management or cure

Nettleton S : Typology of 'disease' and 'Illness' in
relation to medical knowledge (Soc.Sc. & Med 2006)



This model looks quite similar but is really different from the P4 one.

It cross doctor certainty with patient agreement, not patient feelings

Personal feeling of the patient is not considered, only the contest
(vertical view of relationships)

It don't question the demand versus offer, only the agreement with the offer

It is provider centered and management centered analysis

This is more in line with the Stacey diagram and the managed care problem

Nevertheless it define a « chaos » field in the illness but no disease field (D)

The Healthy : no illness, no disease : are encouraged to subject
body to monitoring and assesment (medicalisation)

This kind of model applies also to animals