

The intersection space of words: the doctor-patient relationship

O espaço de entrecruzamento das palavras: a relação médico-paciente

El espacio de la intersección de las palabras: la relación médico-paciente

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Books and magazines only offer general ideas, sketches (more or less successful) of general currents in the world's life, but they cannot give the immediate, direct, vivid impression of the lives of Peter, Paul, and John, of single, real individuals, and unless one understands them one cannot understand what is being universalized and generalized. (p.165)

Antonio Gramsci¹

The Brazilian Journal of Family and Community Medicine (RBMFC) in this special issue, Volume 10, Number 35, addresses the subject of Quaternary Prevention (P4), which became part of the Bireme descriptors (DeCS) on 06/04/2015, thanks to the initiative of RBMFC.^{2,3} Thus, new words begin to take shape and strength as a counter-hegemonic discourse within the medicine through the 'moral and intellectual'⁴ leadership of researchers and practical doctors. The cover illustration entitled 'Words of Prevention' refers to the importance of certain terms in prevention, as well as to the various topics discussed in this issue. It is through language and the use of words that practice of family medicine is underpinned, based on the doctor-patient relationship. As this constitutes one of the cores of the specialty, words can be a potentiator of quaternary prevention activities. The words can often be iatrogenic when labelling or turning potential risk factors into 'diseases', and thus generating doubts and fears in patients by producing pseudo-diseases. But it is also through words that patients can be reassured, resulting in positive therapeutic effects. So, word as one of the pillars of communication needs to be properly worked to facilitate understanding between health professionals and patients during the exchange of information. It is from the doctor-patient relationship, as an everyday intersection space of words, that quaternary prevention is built.

This special issue is a collective construction led brilliantly by guest editor, Dr. Marc Jamouille, the P4's concept creator. The enthusiasm and dynamism of Dr. Jamouille to strengthen an international network of researchers and family physicians concerned about the excesses of medicine was critical to the realization of this edition. If from the epidemiological and clinical trials dimension emerged the scientific evidence about the harmful effects of overdiagnosis and overtreatment, it was from family doctors' practice dimension that emerged the concept of P4. Hoffman and Wilkes state that '*P4 offers a new paradigm, by insisting that medical harm is far from a trivial, or secondary, concern*'. Quaternary prevention is the practical, concrete and possible answer for facing daily a hidden iatrogenic epidemic resulting from the biomedical interventionism and the domination of information. In this sense, this

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edition addresses some of the issues related to medical practice when discussing the phenomena resulting from the excesses of medicine, labelled by the English prefix 'over'.

The original articles' section introduces the P4 theme through the field of semantics with the papers of Jamouille et al. '*The words of prevention, part I: changing the model*' and '*The words of prevention, part II: ten terms in the realm of quaternary prevention*'. The first article revisits the concepts and definitions of primary, secondary, tertiary, and quaternary preventions, stressing the need for a paradigm shift from a time-linear to a co-constructivist perspective, based on the relationship with the other. The second article points out the need to include in scientific databases important terms to the field of medicine, such as overdiagnosis and overtreatment, incidentalomas, overscreening, deprescription, overmedicalization, among others. Some of these terms deserved further analysis: Gómez Santana et al. address the judicious use of deprescription as a measure of quaternary prevention; Pizzanelli defines and tackles important issues related to overscreening; and Mariño provides a review on the subject of incidentalomas and its implications in medical practice, whereas Cardoso, discusses and contextualises the issue of medicalization (and overmedicalization) and the challenges of the P4 practice, since in a way, all these neologisms are based on the excess of doctors' practice and 'jurisdiction' extrapolations.

One of the most sensitive fields of medicalization is mental health. Thus, Lobo and Bernstein discuss the particularities and challenges in approaching patients in psychological distress. The authors highlight the potential for harm of both psychotherapy and medication and offer some alternatives to consider, such as strengthening the doctor-patient relationship and use of deprescription. As an example of the potential of medicalization in mental health, Jean-Claude St-Onge critically analyses the attention deficit hyperactivity disorder (ADHD), warning about the risks and potential consequences of overdiagnosis and overtreatment. Also in the field of medicalization, Tesser et al. address the issue of obstetric violence in Brazil and the scandalous rates of caesarean sections, and propose P4 action alternatives, both in Primary Health Care (PHC) level and in the institutional level.

In the epistemological, philosophical and ethical dimensions of P4, this special issue invites us to reflect and to think about alternatives both in the practice of medicine and in academic activities. Thus, Widmer provides the philosophical basis of P4 as input to critical thinking on medical knowledge (Epistemology) and health actions (Ethics). Running along this theme, Mangin and Heath emphasize the importance of quaternary prevention for patients with multiple and complex clinical conditions, in which models or protocols based on a single-disease approach, tend to be ineffective and potentially do harm. Moreover, Wagner et al. point to conflicts of interest in the construction of the scientific evidence and the manipulation of research data to favour drug industry and the hospital medical complex corporate interests. In the same line, Yver discusses the influence of biotechnology and drug-industrial complex in the area of clinical pathology to establish cut-off points of positive immunohistochemical test HER-2 and the use of Herceptin (trastuzumab) for treating breast cancer. Making a counterpoint to the scientific literature in medicine, De Jonghe brings an experience report of applying quaternary prevention as a guide to the editorial board of an Evidence-Based Medicine (EBM) journal, highlighting the ethical responsibility and challenges in the production of knowledge in healthcare.

In educational and academic practice of medicine, Tran and Vo discuss the impact of the introduction of the P4 concepts to students of the fifth year of Medicine course at Pham Ngoc Thach University, Hochiminh city, Vietnam. The authors point out the potential of a positive behavioural change in the practice of students through the assimilation of P4 concepts. In a perspective of strengthening quaternary prevention as medical and academic subject, Gomes et al. propose a theoretical and practical guide for implementing the P4 concepts in the medical education, both in undergraduate and in specialty training programmes in family medicine. Finally, Norman and Tesser present a proposal for the operationalization of P4 in the doctor-patient relationship, based on Calgary-Cambridge's enhanced consultation model. The article aims to create a conceptual and instrumental base to facilitate the inclusion of P4 in the family doctors consultation, which once internalized could help reduce the excesses of medicine.

Gramsci's intellectual organic nature, exemplified in this editorial's epigraph, has a strong parallel to the practice of family medicine since family doctors were always suspicious about generalizations and universalization in biomedicine. The advent of EBM has put prominence on population studies, which somehow amplified the abstract thinking, making patients anonymous. One example are the Pezeshki and Pezeshki comments on the 'Unnecessary Overtreatment Index' as a useful tool in family practice clinical decision-making. This new context now requires practitioners specific knowledge that can strengthen a dialogic medical practice that takes into account the 'objective' and 'subjective' poles in the clinical encounter.⁵ The first concerns the construction of biomedical knowledge and the materiality of the body, the second to the particularity of individuals in their biopsychosocial dimension. The quaternary prevention has the relationship with

the patient as parameter for medical interventions, both in its subjective and objective aspects, therefore demystifying the medical knowledge by positioning it as an instrument to be subservient to the human dimension.

Finally, this issue highlights the RBMFC's improvement process, which increasingly defines itself as a scientific journal concerned with family medicine and PHC issues that internationally dialogues with their peers in the search for ethical alternatives to research and practice in medicine. This edition also reveals the independent character of the journal that seeks to contribute to the knowledge of PHC professionals and readers interested in the theme of health and in the abuses of drug-biomedical industries. The RBMFC, therefore, remains truly committed to family doctors, health professionals, and academics involved in building a strong PHC and quality public health system, as exemplified in this special issue on quaternary prevention.

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