

## Quaternary Prevention Education

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The first question to ask is whether the quaternary prevention education should take place per se, ie, conceptual or through the day to day practice. Probably more important than the concept is to show and discuss the day to day and narratives that is real. How important is a concept that says there are cases that the health system should protect the patient from itself? If the concept is taught in an angry manner might be of no sense. For example, in an internship or residency in family medicine during the week there were real cases of breast cancer treated, cochlear implants in deaf patients, serum discordant couples living with HIV thanks to anti-retroviral and the lecture of this same week is about quaternary prevention. It may not make sense to students, although the concept is clearly very attractive for carrying an insight (1).

To solve this dilemma first is essential to illustrate real cases, preferably brought by a student. It is not a peaceful way because it seems easier to talk about quaternary prevention in conceptual terms or in "populational terms" or in "epidemiologic language". We know that false positives produced in the health system is difficult to see because it dictates the rule "err on the side", and many patients deliberately choose it even where risks and benefits are presented. False negatives are more visible and easy to demonstrate on a daily basis with real cases and in most cases this is what is emphasized in the universities and residencies.

This makes us think about the second dilemma, very current: terrorism should be beaten with terrorism? The students probably would say no, especially when you try to deny a large part of what they learn or will learn. Although curiosity is a natural learning environment the skeptical mind is not on most people and has to be cultivated gradually. Often tutors interested in quaternary prevention has grown skepticism over the years and they understand the risks and benefits of medical practice in a comprehensive manner. In education relations, an emphatic or aggressive attitude of without context often drives away students.

The third major dilemma of Quaternary Prevention education is the issue of health system in which primary health care students are inserted. That is, the more primary care professionals behaves like "gatekeeper of heaven" (an allusion to a phrase spoken by Luis Pisco), that is, the more patients understand the family doctor as the person who holds the key to paradise, which is understood as the world of specialists, the more difficult becomes the quaternary prevention education. Although these environments where the health system has a larger culture of specialization has probably more practical examples of quaternary prevention, also the skeptical mind is less widespread. That is, there are good services with good quaternary prevention without teaching but hardly the quaternary prevention education is appropriate in an environment unsuitable for the practice of it, or else, the task becomes more difficult. In these cases it is even more important to use the abundance of practical examples.

Some techniques are more useful than the concept as:

- shoulder to shoulder: to show how bringing the concept to real cases ("See, this patient has gone to seven specialists, has a diagnosis of fibromyalgia, endometriosis and depression, among others, but she says she has felt even worse with a maximum dose of antidepressant and hysterectomy; we have to decrease the amount of intervention because the patient is taking many drugs, has a great expectation with respect to them but the problem started when separated after a betrayal, and she could not even rearrange your love life ; maybe we suggest to continue just with us, the psychologist and the acupuncturist ")
- people-centered teaching (2): check the student's experience, beliefs, expectations, degree of skepticism. For some students with low degree of skepticism, no practical demonstration and repeatedly stressed that "the health system is dangerous and can kill" might abrupt; for others the vector might be excessively skeptical that the practice can lead to an unbalanced production and an unnecessary surplus of false negatives (failing to refer a patient when necessary).
- recording of consultation (3): is a technique that is not just for the teaching of quaternary prevention, however, can help to understand not only the concept but its application, ie, how the disease is treated and how to negotiate interventions ethically acceptable. In this case both the selection of the recorded consultation to be discussed and the discussion itself should be directed to quaternary prevention.

Finally, the role of students selection who will study medicine is a key issue and widely disseminated. With 17 or 18 years old young people has a direction and universities must devote to select people with a minimum degree of questioning. Otherwise the task of the tutor or teacher may be inglorious, and culminating in terrorism versus terrorism. That is in addition to devote to practice, quaternary prevention experts are also experts in skepticism and should be on committees that select new doctors.

#### References:

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2. Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient Centered Medicine: Transforming the Clinical Method*. 2nd. Abingdon, Radcliffe Medical Press, 2003.
3. I Borrell Carrio F. *Clinical Interview. Manual of practical strategies*. Spanish Society of Family and Community Medicine of Barcelona.

#### Questions:

1. Pitfalls in quaternary prevention education: terrorism fight terrorism?
2. How to link theory and practice?
3. How to develop skepticism in an aseptic environment?