



Preventive health care

Policy document for the Norwegian College of General Practice (NCGP)

Preventive health care comprises decisions and measures in all sectors of society and involves many professional groups. General practitioners (GPs) play a major role in these efforts, both in setting the terms and putting them into practice.

The NCGP aims to prevent premature death and reduce health discrepancies in society. This document presents a vision for how GPs best can and should contribute to attaining these goals. The document also provides recommendations for national, regional and local authorities. The report “Fair Society, Healthy Lives” written by Michael Marmot and colleagues¹ has been one of the sources of inspiration for the fundamental ideas expressed in the document.

The NCGP wants to signify the importance of scientific and ethical dilemmas related to preventive health care.

The view of NCGP is that

- Societal initiatives and strategies geared towards the population should be given higher priority than primary preventive strategies that are disease-specific and individual
- GPs should take an active part in preventive health care and in professional development in this field, and should convey their knowledge to relevant working partners
- The general practitioner service must be designed and organised in a way that inspires doctors to discuss relevant preventive measures with their patients
- GPs must be capable of giving knowledge-based advice on what promotes health and prevents disease
- When assessing disease risk in general, it is important to consider all factors that affect the individual: biological constitution, personal life history, family history and lifestyle. Many complex and prevalent diseases have common roots and also tend to cluster in the same patients (co- and multi-morbidity). Such accumulation of illness can best be prevented by influencing underlying causal factors – for example social deprivation or destructive relationships
- Influencing life choices with a view to prevention constitutes a pedagogical and ethical challenge and requires caution. Assessments of what is most important for the health of each human being must be made with respect for the individual's unique life situation and values. GPs must develop an awareness of “golden moments” when the conditions for successful preventive counselling are particularly suitable.

Knowledge base

Poor living conditions and lack of social support are the factors that in total have the greatest negative effect on people's health throughout the life course. The higher a group is on the social ladder, the better the health, by statistical measures. This is one of the greatest

¹ <http://www.marmotreview.org/>

challenges facing our welfare state, and it also represents a huge challenge for preventive care in general practice.

Recent years' research in the field of medicine and associated disciplines has contributed to a far deeper understanding of the fundamental connections between conditions of daily life and health². The new knowledge confirms how important it is to consider the individual's health in a lifetime perspective and to take socio-cultural, relational and personal aspects into account. GPs are particularly well positioned to contribute to goal-oriented preventive efforts in relation to individuals. This implies that *knowledge-based family medicine* must cover a wide field: on the one hand, the profession's knowledge base must contain *general medical knowledge* with relevance for people in general. This includes "evidence-based medicine" (EBM), founded on intervention studies and epidemiological analyses. On the other hand, the importance of *individual knowledge of the person* over time in relation to a person's living conditions, life situation and subjective life-world must also be acknowledged.

Currently, GPs are subjected to high expectations from many sources who claim they should trace risks and intervene at an early stage to prevent possible future illness. Strict requirements must be set regarding the documentation for and the relevance of such pro-active preventive activities. Potential side-effects must always be anticipated and monitored. Open debate is a prerequisite for optimal professional development in this field. The scope of measures aimed at subjectively healthy people must also be assigned priority and adapted to other duties and tasks.

Recommended strategies

At the **national level**, preventive health care is carried out through political initiatives, requirements from authorities, national strategies, action plans and campaigns.

It is well documented that good relationships are crucial for the health of an individual. It is fundamental to contribute to a society where people in general are treated with respect and thereby also develop self respect. Sound policies with regard to schools, kindergartens, family and integration are therefore of fundamental importance. One of the most significant preventive measures is to ensure that every child grows up in a secure environment in the presence of responsible adults.

National strategies to reduce the consumption of tobacco, alcohol and other intoxicating substances are important. The same applies to initiatives that make it easier to be physically active and to other general preventive measures aimed at harmful obesity. Such strategies must be based on the acknowledgement that the foundation for habits that are adverse to health are often laid early in a person's life under the influence of conditions external to the individual in question.

The importance of the national child vaccination programme is emphasised, with the reservation that the benefits of the Human papilloma virus (HPV) vaccine are still being discussed.

Screening programmes for cancer are currently the object of international debate. The evidence base for each programme must be regularly assessed. Information to the public must be open and balanced with regard to both benefits and potential harmful effects. Documented

² Journal of the Norwegian Medical Association no. 7, 2011; 131: 683–7

effects and side-effects must be presented in absolute figures and with the same denominator so that numbers pertaining to benefits and harms can be easily compared.

At the **regional and local levels**, preventive health care is carried out in the form of interdisciplinary public health initiatives. Municipalities and county authorities are responsible for creating a health-promoting local environment, for making it easier to make healthy choices, for facilitating relevant group-oriented measures for promoting health and preventing illness, and for making information about these initiatives available.

GPs are responsible for familiarising themselves with local and regional health-promoting activities so they can give relevant and practical advice specifically tailored to the individual. Local committees of GPs and local liaison committees between the GPs and local, municipal authorities can be useful arenas for exchanging viewpoints and knowledge in this field.

GPs are encouraged to participate actively in local, public health work.

At the **individual level**, information, counselling and guidance must be adapted to the individual concerned and be anchored in that person's resources and vitality. Any preventive initiative must be considered in the light of the fact that good relationships with family, friends and colleagues, as well as meaningful work and appropriate integration into society, are essential for the health of the individual.

An important task of general practitioners is to support individuals in taking good care of themselves and those who are close to them, in limiting their consumption of tobacco, alcohol and other intoxicating substances, and in encouraging them to be physically active and eat healthy food.

Individuals who are already sick, and people who have – or can be expected to have – a significantly increased risk of future disease should have good access to their GP. The GP should be particularly attentive to people who have experienced or are experiencing adverse life events, including trauma, neglect and boundary violations such as violence or abuse. People who are in demanding situations as caregivers, those with drug or alcohol problems and their next of kind, and those with severe mental disorders and strain also have an increased risk of contracting other diseases. The same applies to individuals who are out of work or who for other reasons have lost or are in the process of losing control of their life situation or work. It is important to be attentive towards the children of seriously ill or poorly-functioning parents or siblings. Children (from the time of their conception) and pregnant women are particularly vulnerable groups.

Clinical guidelines for the prevention of specific diseases may constitute useful aids. It is important that GPs are familiar with these guidelines whilst recognising both their methodological strengths and weaknesses. Authoritative disease-specific guidelines are generally based on statistical average estimates with limited validity for any given individual. Recommended threshold values for risk intervention do not express medical facts but stem from consensus founded on research-based data and subjective value choices. The consensus processes are often influenced by professional circles with strong and committed opinion leaders. In addition, commercial interests have for a long time set the premises for the illnesses doctors are encouraged to prevent and for the means they are to use. Both the pharmaceutical industry and the environments of certain specialist branches focus heavily on biological measurements and the use of medication.

Risk detection and intervention do not always benefit health. If a measure is not regarded as relevant and realistic, the individual may experience concern and powerlessness as a result. A strong and selective focus on measurable risk factors may contribute to distracting the attention of both doctor and patient from more basic matters that are of greater significance for the life and health of the person in question.

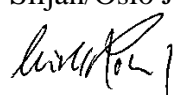
The sum total of the recommended interventions creates considerable practical problems and ethical dilemmas. One reason these arise is because the number of disorders that are covered by authoritative guidelines is increasing while the threshold values for intervention and the use of diagnoses are decreasing. If all the recommended initiatives are put into practice, large sections of the population may well change their status from being healthy to being “at risk”. We know that good self-assessed health is a significant prognosis factor in itself. The widespread diagnosis of risk conditions and everyday ailments as illnesses is not to be recommended.

The NCGP opposes communicative or educational aids that can be expected to offend or stigmatise vulnerable patients. Experiences in which fear is combined with powerlessness or shame can themselves harm the individual’s health.

Treating healthy people with drugs aimed at preventing illness needs particular awareness. The requirements for documenting the long-term effects and side-effects of medicines that are to be used by healthy people, should be even stricter than for curative drugs used by diseased people. The professional environment must pay more attention to the risks linked to preventive multi-drug regimens – particularly for elderly and old people.

GPs should be aware of WHO’s criteria for screening and should realise that “comprehensive” medical check-ups of healthy people seldom represent a rational and acceptable use of resources.

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The document has been compiled in collaboration with The General Practice Research Units in Trondheim and Oslo.