RECIProCAL REFLECTION

KNOWLEDGE, FROM RESEARCH TO PRACTICE – AND BACK!

ANNA STAVDAL
Family Doctor
WONCA President
What does a WONCA President do?

Nov 3-4: WONCA Executive meeting, Brussels

Nov 5-15: Health Summit and Regional WONCA meetings, Guatemala

Nov 18-20: NAPCRG

Nov 21-26: WONCA Africa Conference, Abuja, Nigeria

Dec 5-10: WONCA Asia Pacific Conference, Bali, Indonesia

Dec 14-16: WHO EMRO Regional Committee Cairo, Egypt: Launch of The Family Medicine Diploma
“IN MEDICINE, WE GATHER MUCH KNOWLEDGE, BUT DO TOO LITTLE THINKING”

ARILD UTAKER, 1996
How can we strengthen the reciprocal relationship between researchers and practitioners – with the humility of our shared responsibility, and the integrity of our shared accountability
"The pandemic is an issue of global health security. There is no global health security without individual security. And what is individual security- it means strong primary care. Strong PC is an absolute prerequisite to defend us against this pandemic, and future pandemics, It is the first line of defense"
The context of Family Medicine is characterized by the core values of the discipline. Trust and the personal relationship between the patient and the doctor over time are prerequisites for comprehensive and tailor-made medical care through the life course.
AN OVERVIEW
OF OUR TIME TOGETHER

1. Concepts and Framework
3. Our Collaboration
4. Reflections in Buzz Groups
5. Way Forward
CONCEPTS AND FRAMEWORKS

USE OF EVIDENCE

• Science asks: Is it true?
• Individual tailoring: Is it useful?
• Information asks: Is it relevant?
CONCEPTS AND FRAMEWORKS

TYPES OF KNOWLEDGE

• Medical knowledge
• Knowledge about knowledge
• Knowledge about the culture and the system;
• Knowledge about yourself
THE RISK PROJECT
1995

“The essays using blood pressure as an example of how revealing risk of possible future disease may affect individuals, and how risk, as such, is being used for all it’s worth by the insurance companies and not least by the healthcare industry”

Elisabeth Swensen

Published 2000
PRIMUM NON NOCERE

HIPPOCRATE (470-410 B.C)

Preferably cure
Often relieve
Always comfort
But first of all: Do no harm
The Sick Ones

Ones

HEALTH +

HEALTH -

Individuals at Risk

The Healthy Ones

DOCTOR'S ASSESSMENT

MUPS

SELFASSESSED HEALTH

HEALTH +

HEALTH -

ILL

HEALTHY
# THE RISK EPIDEMIC IN MEDICAL RESEARCH

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Skolbekken J-A. Risikoepidemien – to tiår etter. Michael 2010; suppl 9
QUESTIONS ARISING,
- REGARDING PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE:

1. Do we need a population (mass) strategy – or is our basic strategy individual-oriented professional-based prevention?

2. What is high risk, and how to decide the intervention thresholds?

3. How to interpret absolute and relative risks?

4. Choice of treatment, and what are the treatment goals?

5. What are the implications of guidelines for health care as a whole?
"Ethical dilemmas arising from implementation of the European guidelines on cardiovascular disease prevention in clinical practice"

Linn Getz, Anna Luise Kirkengen, Irene Hetlevik, Solfrid Romundstad, Johann Sigurdsson

CONSEQUENCES FOR PHC/GPS

99 GPs per 100 000 adults

ONLY BP follow-up

Current situation:

87 GPs / 100 000 IN TOTAL

BMC Family Practice 2005: Modelling study based on the Norwegian HUNT 2 population study
Halfdan Petursson*1, Linn Getz2, Johann A Sigurdsson1 and Irene Hetlevik2
The recent USA “Cochrane Sustainable Health Care” study regarding “overuse and de-implementation” calculated that each Primary Care Doctor would have to use 26.7 hours of each 24-hour day to provide the health care services recommended by the guidelines. If the care were offered in the context of a Team Practice, that could be reduced to [‘merely’] 9.3 hours per day.

WHAT ARE THE RISKS RELATED TO THE RISK EPIDEMIC?

- Imposing fear and worry a risk in its own right
- Too much focus on risk and not resources, transforming healthy people wrongly into patients
- Exposing patients to treatment with potential side effects and questionable benefit
- Boosting workload, straining the budgets
- Taking resources from the sick to the well
"DOES HEALTH CARE DO HARM?"

Published 2009

http://www.ntnu.no/ism/allmennmedisin
POSITION PAPER ON OVERDIAGNOSIS AND ACTION TO BE TAKEN

BY WONCA EUROPE

THE WORLD ORGANIZATION OF FAMILY DOCTORS IN THE EUROPEAN REGION

Modern medicine has brought impressive benefits to humankind. A side-effect of its many successes is however an unfounded, cultural belief that more medicine is necessarily better, irrespective of context. Consequently, problems related to “too much medicine”, overdiagnosis and overtreatment are on the rise. Ever more methods of surveillance, investigation and treatment become available, and health anxiety has become widespread. Unwarranted medical activity leads to unnecessary waste of resources, more inequalities in healthcare and, at worst, direct harm to patients and healthy citizens.

In order to avert the further escalation of overdiagnosis there is a need to reassess and disseminate new evidence on timely and appropriate diagnostic processes along with the communication skills needed to inform patients and their families about the relevant significance of their diagnoses.

Many primary care physicians (GP/CFP) work in the clinical setting which represents the majority of healthcare in the European Community. It is in this setting that serious efforts should be made to prevent overdiagnosis. The WONCA EUROPE followed this lead by releasing a position paper to be used as a guide to the appropriate and timely use of diagnostic technologies. The guidelines discussed in this paper are in line with the advice of the Royal College of General Practitioners (RCGP) in the UK.

With an increasing recognition of the potential for overdiagnosis, our objective is to promote and develop appropriate, timely and cost-effective diagnostic strategies in primary care. It is not only necessary to prevent overdiagnosis but also to ensure that it is conducted with the minimum of harm to the patient. The primary care professionals have the key role to prevent overdiagnosis and to reassure the patient that the treatment they receive is the most appropriate one.

The papers should be used as a guide by all primary care professionals who are working in the field of medicine. The guidelines are designed to be used as a reference for all primary care professionals who work in the field of medicine. The guidelines are designed to be used as a reference for all primary care professionals who work in the field of medicine.
68th session of the WHO Regional Committee for Europe
Rome, Italy, 17–20 September 2018

Health ministers and high-level representatives of the 53 Member States of the WHO European Region as well as partner organizations and civil society are taking part in the 68th session of the WHO Regional Committee for Europe in Rome, Italy, on 17–20 September 2018.

When the indicators on which we base treatments or tests are reduced to an insecurity that we ourselves have created, we commit an act of violence against our own integrity.

PROF. STEINAR HUNSKÅR
RESEARCHER AND DEAN
BERGEN, NORWAY, MEDICAL FACULTY
OUR COLLABORATION
CIRCULAR MUTUALITY

Interpretation: How can we translate from numbers to quality?

Reflection:

- Theoretical and Experimental
- Individual and collective
- Before. Under. After
POST PUBLISH DEBRIEF

- What is confirmed?
- Which ideas to be reevaluated?
- Next alternative theoretical assumptions
"Is provided by those who believe in the truth, but at the same time choose to prove what is ‘not proven, and then combine the two."

DR GEIR SVERRE BRAUT
FORMER ASSISTANT DIRECTOR
NORWEGIAN HEALTH SUPERVISOR BOARD
MY AIM:

To promote reflection in order to strengthen the reciprocal relationship between researchers and practitioners – with the humility of our shared responsibility, and the integrity of our shared accountability.
BUZZING REFLECTION

- What contributions did we as Family Doctors and you as Researchers make to creating this Risk Epidemic?
- What didn’t we do, or didn’t do early enough?
- What are we, in fact, doing now to address this growing imbalance?
- What more or different ought we to do?
- How can we increase the degree of reflection and awareness among our colleagues about the responsibility our professions have for creating this problem, and for fixing it?
WHAT SORT OF KNOWLEDGE IS EMPHASIZED?

- Effect of action, primarily of medication
- Risk factors
- Importance of early diagnosis
LACK OF KNOWLEDGE AND COMPETENCIES

- Identify, interpret and pass on knowledge about "non-disease":
  - Diversity and variation
  - New phenomenons, change, adaptation
  - Normal process
  - Survival and resources
  - Living with uncertainty
Core Values and Principles of General Practice/Family Medicine

WHO considers primary health care to be a cornerstone of sustainable health care systems. The General Practice/Family Doctor (GFP/M) is a key provider of primary health care.

GFP/M may be practiced in different contexts according to the characteristics of each health system, country, or community. However, the foundation of GFP/M is based on the core values listed below. They are the essential elements of good quality of GFP/M, and should provide a frame of reference for our professional identity.

PERSON-CENTERED CARE

GFP/M provides personalized, person-centered, and respectful care, based on the best evidence available.

EQUITY OF CARE

GFP/M ensures equitable care that is worthy of respect, aims to reduce health disparities, and is based on the best evidence available.

CONTINUITY OF CARE

The continuity of care is a central organizing principle.

SCIENCE ORIENTED CARE

GFP/M provides evidence-based care that is founded on the best available evidence, respecting patients’ values and preferences.

COOPERATION IN CARE

GFP/M values collaboration, partnerships, and the integration of care.

PROFESSIONALISM IN CARE

GFP/M offers professional care in collaboration with other healthcare providers.

COMMUNITY ORIENTED CARE

GFP/M provides community-oriented care focused on research and quality development.
"For 200 years, medical advances have been mainly technical and impersonal which has reduced attention to the human side of medicine. This systematic review reveals that despite numerous technical advances, continuity of care is an important feature of medical practice, and potentially a matter of life and death"

PEREIRA GRAY DJ, SIDAWAY-LEE K, WHITE E, ET AL
Length of RGP-patient relationship is significantly associated with lower use of OOH services, fewer acute hospital admissions, and lower mortality. The presence of a dose-response relationship between continuity and these outcomes indicates that the associations are causal.

Hogne Sandvik, Øystein Hetlevik, Jesper Blinkenberg, Steinar Hunskaar
MEMBER ORGANIZATIONS WORLDWIDE

AFRICA
15 Member Organizations

ASIA PACIFIC
24 Member Organizations

EAST MEDITERRANEAN
8 Member Organizations

IBEROAMERICA
17 Member Organizations

NORTH AMERICA
7 Member Organizations

EUROPE
50 Member Organizations

SOUTH ASIA
50 Member Organizations

13 Member Organizations

8 Member Organizations

13 Member Organizations

7 Member Organizations

15 Member Organizations
10 WONCA WORKING PARTIES

• Education
• Environment
• Ethical Issues
• eHealth
• Indigenous & Minority Groups Health Issues
• Mental Health
• Quality & Safety
• Research
• Rural Practice
• International Classification (WICC)
• Women & Family Medicine

17 SPECIAL INTEREST GROUPS

• Adolescent & Young Adult Care
• Ageing and Health
• Cancer & Palliative care
• Complexities in Health
• Emergency Medicine
• Emerging Practice Models for Family Medicine
• Family Violence
• Genetics
• Health Equity
• Indigenous & Minority Groups Health Issues
• LGBTQ Health
• Migrant Care, Int Health & Travel Medicine
• Non-Communicable Diseases
• Point of Care Testing
• Policy Advocacy
• Quaternary Prevention & Overmedicalization
• Workers' Health
HISTORICAL REFLECTION

THE MORAL RESPONSIBILITY OF SCIENTISTS
illustrated by the case of rocket scientist Wernher von Braun

Don't say that he's hypocritical.
Say rather that he's apolitical.

"Once the rockets are up, who cares where they come down? That's not my department," says Wernher von Braun.

Tom Lehrer, 1965
PRINCIPLES AND PROBLEMS IN MOST GUIDELINES

• Intervention should aim at people with highest risk, since they will gain the most.

• Risk should be assessed as total risk, and include knowledge of life habits (smoking, diet, physical activity), family history, and modifiable risk factors like blood pressure and cholesterol levels.

• Risk is best assessed with the help of risk algorithms, like Framingham, SCORE, Procam and other. They give the 10 year risk.

BUT These risk tools shows us the history. In countries with falling incidence of CVD, they will over-estimate the risk.

AND Total risk is dominated by age and gender, and will give priority to elderly men with “normal” levels of BP and cholesterol.
Total: 76% of individuals ≥ 20 years have an unfavourable heart disease risk profile.
Core Values and Principles of General Practice/Family Medicine

WINCA considers primary health care to be a cornerstone of sustainable health care systems. The General Practice/Family Doctor (GP/FP) is a key provider of primary health care.

GP/FP may be practiced in different contexts according to the characteristics of each health system, country or community. However, the foundation of GP/FP is based on the core values listed below. They are the essential elements of good quality of GP/FP, and should provide a frame of reference for our professional identity.

PERSON-CENTERED CARE
GP/FPs practice person-centered medicine, applying compassionate, ethical, and informed care.

CONTINUITY OF CARE
GP/FPs ensure continuity of doctor-patient relationships as a central organizing principle.

COOPERATION IN CARE
GP/FPs collaborate with other health professionals and organizations with whom they share care.

PROFESSIONALISM IN CARE
GP/FPs demonstrate high ethical standards and personal integrity in the conduct of medical practice.

EQUITY OF CARE
GP/FPs emphasize health care equity as an ethical imperative, ensuring access and providing care that is free of discriminatory practices.

SCIENCE ORIENTED CARE
GP/FPs provide evidence-based health care for best available evidence, respecting patients’ wishes and preferences.

COMMUNITY ORIENTED CARE
GP/FPs promote a community-based approach to care, engaging with the community to improve population health.

WINCA has defined General Practice/Family Medicine as both a clinical specialty and a discipline in its own right, with its own curriculum and research base.
Overdiagnosis has an immense impact; it decreases the quality of healthcare, puts patients at risk of harm, over-stretches health systems, is costly and undermines population health.

Overdiagnosis is a public health matter: it does harm to healthy individuals and steel resources from those who are in the greatest needs of medical care.
“WHERE ANGELS FEAR TO TREAD, FOOLS RUSH IN”  
BATESON AND BATESON  

Foto: Regin Hjertholm