THE ROLE OF PHYSICIANS IN PREVENTION AND HEALTH PROMOTION (UPDATE 2001)

Physicians play an essential role in promoting health and preventing disease in Canada. This statement outlines the CMA's policy on the role of physicians in prevention and health promotion and provides recommendations for strengthening this role in the future.

Health care professionals, including physicians, play an essential role in promoting health and preventing disease among all Canadians. A significant proportion of death, illness and injury in Canada is preventable. These preventable health problems place a substantial burden of suffering on individuals, families and communities as well as a heavy burden on society because they draw on scarce health care resources.

The World Health Organization defines health promotion as "the process of enabling people to increase control over and improve their health." Health promotion activities might influence either a person's individual behaviour (e.g. smoking, sedentary lifestyle) or the broader social determinants of his or her health (e.g. income and education level, physical environment). Prevention has been defined by Health Canada as "activities and approaches which reduce the likelihood that a disease or disorder will affect an individual, interrupt or slow the progress of the disorder, or reduce disability.” Gould’s Medical Dictionary defines “preventive medicine” as “any activity that seeks to prevent disease, prolong life, and promote physical and mental health and efficiency.”

The CMA views prevention and health promotion as a responsibility to be shared among all health care providers, rather than the sole responsibility of any one group. The spectrum of health promotion and disease prevention programs contains the following five levels: (1) health enhancement, (2) risk avoidance, (3) risk reduction, (4) early identification and (5) complication reduction.

The role of physicians in this continuum of patient care is a strong one, with the potential for further enhancement.
Health-promotion and prevention activities
Physicians deliver a wide range of services within the spectrum of preventive patient care:

Health enhancement: As part of daily practice, physicians routinely offer counselling and information to encourage healthy lifestyles among all patients. These activities include appropriate age-related discussions with patients about nutrition, physical activity and adjustment to life stages. In providing these services, physicians take into account the emotional, social, spiritual and environmental conditions in which their patients conduct their lives.

Risk avoidance: Physicians ensure that people at low risk of disease or injury remain at low risk. In most jurisdictions, physicians provide childhood immunizations and, for adults at higher risk, influenza, hepatitis B or pneumococcal vaccines. Physicians routinely encourage breast-feeding, moderate exercise and the use of bicycle helmets, to name a few examples.

Risk reduction: Physicians target individuals or segments of the population at moderate or high risk of disease or injury in order to reduce their risk. They ask their patients about high-risk activities such as smoking, alcohol abuse or unsafe sex. Physicians have the education and tools to counsel these patients to change their behaviour in order to reduce their risk of disease. To reduce the risk of heart disease, physicians screen and treat patients for risk factors such as high blood pressure and elevated serum cholesterol levels.

Early identification: Physicians screen people to detect diseases at an asymptomatic stage, when intervention can improve the outcome. Access to detailed patient information allows physicians to identify those patients at high risk of illness or disease and to use case-finding techniques. Papanicolaou smears to detect cancer of the cervix and mammograms to detect breast cancer are two types of tests being used in early detection.

Complication reduction: Physicians can prescribe therapy to prevent complications in patients with diagnosed conditions or diseases. For example, the use of warfarin in the presence of atrial fibrillation reduces the incidence of stroke. Similarly, lipid-lowering agents prescribed for certain patients who have suffered a myocardial infarction reduce the incidence of subsequent coronary events. With the increase in public awareness and interest in preventive medicine, physicians often spend time with their patients discussing the pros and cons of tests such as mammographic screening of women and the prostate-specific antigen (PSA) screening test for men.

Medical organizations are also involved in prevention and health-promotion activities such as organizing public education campaigns, lobbying for legislation that promotes health, such as laws to control pollution and tobacco products, and disseminating clinical practice guidelines to enhance standards of preventive care.

Recommendations
1) Physicians should continue to incorporate all levels of health promotion and disease prevention into their practices, emphasizing activities for which there is sufficient scientific evidence to justify their practice (for example, an A or B recommendation by the Canadian Task Force on Preventive Health Care).

2) Education in prevention and health promotion (including how to deliver these services effectively in an office
setting) should be given high priority in undergraduate medical programs, in residency training and in continuing medical education.

3) Physicians should be encouraged to work with other health care professionals in the office setting and the community to enhance delivery of the entire spectrum of these services.

4) Remuneration systems should support a multidisciplinary approach to the delivery of these services when this approach is appropriate. Physician-payment models should facilitate the provision of these services by individual physicians.

5) Each patient should have access to, and be encouraged to select, a personal family physician who can provide continuous care, including preventive services and health-promotion counselling. Family physicians should continue to develop professional relationships with their patients that encourage the long-term promotion and maintenance of good health.

6) Clear, simple and current guidelines for prevention and health promotion services should be widely distributed to physicians. CMA values the work of the Canadian Task Force on Preventive Health Care in its regular review of preventive guidelines.

7) Simple, easy-to-understand patient guidelines for prevention and health promotion should be developed and made available to the public. Physicians should continue to develop, improve and promote patient-counselling programs and office-management systems that encourage effective delivery of preventive care and health promotion.

8) Governments should give high priority to public policies that take account of the broad range of determinants of health, and proposed legislation should be routinely reviewed for any impact on the health of individuals and the community. CMA, in collaboration with other health professions and governments, will continue to explore means to ensure that public policies are developed with due attention paid to their potential health consequences.