

EUROPREV POLICY STATEMENT

At the Wonca Europe Malaga conference in 2010, the assembly meeting of the European Network for Prevention and Health Promotion in General Practice / Family Medicine (EUROPREV) was held. As reported in Wonca News in December 2010, the EUROPREV "Policy Statement on Prevention and Health Promotion in Primary Care" was approved and endorsed by the Wonca Europe Council and has now been forwarded to Wonca World Council for approval. It was considered very important to disseminate this document and thus it is reproduced in full.

<http://www.euoprev.org/documents/FINAL%20POLICY%20STATEMENT.pdf>

EUROPREV Policy Statement on Prevention and Health Promotion in Primary Care

Over the past thirty years general practice/family medicine (GP/FM) has become the cornerstone of most national healthcare systems in Europe. New research and evidence and other advances are inspiring major changes in health care systems all over the globe and in GP/FM.

Medical organisations representing GP/FM both nationally and internationally strongly believe that health promotion and disease prevention should represent an essential part of primary care.

From this standpoint, EUROPREV makes the following observations:

- a) Recommendations on preventive care may come from multiple sources, sometimes contradicting each other.
- b) Although the evidence on effectiveness and efficiency of some preventive interventions is not always well assessed, they are still promoted.
- c) The 'media' and other interest groups stimulate consumerism amongst patients in the field of preventive activities, resulting in a variety of interventions that are not evidence-based or needed, but might be expensive, and have no impact on the health of the population.
- d) A patient undertaking preventive activities can require simultaneous treatments, increasing the risk of interactions and adverse effects.
- e) The agenda of diseases doctors are encouraged to prevent may be influenced by commercial interests, resulting in low priority given to prevention of certain areas of ill-health such as psychosocial problems.
- f) Strong and selective preventive interventions may result in undue worry for the individual if not perceived as relevant or realistic, and may also distract attention from other healthcare issues of importance to the patient.

Bearing these observations in mind, EUROPREV strongly endorses the following statements:

1. Disease prevention and health promotion should form an important part of the daily practice of European general practitioners/family physicians.
2. High-quality primary care emphasises evidence-based health promotion and disease prevention. All preventive activities in GP/FM must be based on evidence and consider all possible iatrogenic and/or psychological risks.
3. Most chronic non-communicable diseases have common avoidable risk factors (smoking, unhealthy diet, physical inactivity, risky alcohol consumption). General practitioners/family physicians have a particularly important role in:
 - a. counselling and promoting healthy lifestyles;
 - b. identifying possible health risks in their patients;
 - c. offering interventions to decrease health risks;
 - d. evaluating outcomes.
4. When implementing preventive activities in clinical practice, issues such as cost effectiveness, resource prioritization and other logistical factors should be considered at local, national and international levels.

5. Ethical and legal concerns must be resolved before any preventive activity in GP/FM is undertaken. The benefits and any possible harm should be clearly explained to adult patients and the parents of child patients, maintaining respect for the patient's autonomy and informed choice.
6. Adult patients and the parents of child patients must be involved as a partner in the planning of preventive activities and also in decision making as regards the measures needed. Their decisions, concerns and preferences must be respected. Unless public health is threatened, patients or their parents should be free to decline the preventive activities offered with no repercussions regarding any other health care provided.
7. A high level of vigilance is required when medications are used to prevent illness in healthy individuals. Such measures should be evidence-based, focused on individuals at high risk, and accompanied by rigorous documentation for long-term results and side effects.
8. While appreciating the benefits of preventive activities, general practitioners/family physicians should be fully aware of the possible harm that these may entail (i.e. unnecessary preventive activities, medicalisation and overestimation of individual or societal expectations). Relevant medical education of general practitioners/family physicians should only be carried out by independent parties with no conflict of interest and by the national and regional public health services.
9. General practitioners/family physicians should consider equity and accessibility issues in preventive tasks, ensuring these reach those who need them most.