Letter to the Editor re: “Medicine and its Preventive Excesses”

Carta ao Editor re: “Medicina e os seus Excessos Preventivos”

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Promoting health and preventing disease are common endeavours of all physicians. Juan Gérvas reminds us again that prevention should only be implemented if there is high quality evidence that the benefits of prevention surpass its harms. He also reminds us of the ethical and epidemiological differences between the curative and preventive contract, and these differences are worth emphasising.

In curative medicine, harm and benefit coexist in the same patient. Consider treatment with nonsteroidal anti-inflammatory drug (NSAIDs) for rheumatoid arthritis. The patient who has an NSAID-induced GI-bleeding is the same that experienced a reduction in arthritis symptoms. Contrast this with lung cancer screening. The individual whose life is saved by earlier detection of her lung cancer is not the same individual who requires a bronchoscopy to exclude cancer after a false-positive screening test. So, a preventive intervention may have a favourable benefit harm balance at the population level, but the individual patient we offered prevention can suffer net harm. This is a first argument to support the idea that preventive interventions need high quality evidence that they are safe.

In clinical practice it is easy to forget the differences between the curative and preventive contract, especially now when the lines between and the other are blurred (e.g. the treatment of hypertension, osteoporosis, cervical intraepithelial neoplasia). We should thank Juan Gérvas for this opportunity to pause and think about our everyday practice.

REFERENCES