5. Preventive medicine and the environment

5.1 General recommendations on preventive medicine and environment

(CP 92/119 Def.)

Recommendations of the Standing Committee of Doctors on preventive medicine and environment

Preamble

Considering the declaration of the Standing Committee on preventive medicine of 23-24 November 1984;

Considering the necessity for any modern society to prevent health risks;

Considering the interest of European men and women and the action of public authorities in the field of prevention and health education and environment;

Considering Article 129 (Title X) of the Treaty of Maastricht, which particularly emphasizes the Community action directed towards the prevention of diseases;

The Standing Committee deems it necessary, on behalf of doctors from the twelve member countries of the European Community and after having studied the report presented at the General Assembly in Estoril on 13-14 November 1992, to develop and propose recommendations on behalf of the European medical profession, also taking into account the recent declarations by the World Medical Organisation.

The Standing Committee wishes to recall that the European medical profession together with the authorities and other bodies has developed high-quality preventive medicine, both at the level of the individual and of the community, which has led to:

- a significant decrease in ante- and perinatal mortality in European countries;
- a spectacular reduction in infectious diseases;
- increased changes of recovery or survival from certain diseases, especially from some forms of cancer;
- Increase in life expectancy;
- bettering of social conditions;
- improvement in the quality of the environment;

Through these recommendations, the Standing Committee wishes a stronger commitment of European doctors in prevention.

General recommendations

1) The Standing Committee recalls the traditional distinction between:
   - *Primary prevention* which aims at controlling the origin of diseases by vaccination programmes, reducing risk factors linked to human behaviour and the environment through health education, information and medical training which seek to modify life patterns of the population.
   - *Secondary prevention* (screening) which detects diseases and their early development, namely by monitoring target population at special risk by systematic screening programmes or through routine individual medical consultation, and which increases the chances of recovery.
   - *Tertiary prevention,* which aims at avoiding the negative effects of established diseases by preventing handicaps and chronic disabilities and by returning sick persons to active life.
2) The Standing Committee recalls that preventive medicine is a fundamental part of daily medical activity, of which is it only one aspect. It is practised by all doctors in their relations with their patients and it is not the monopoly of a single specialty or institution. Preventive medicine only becomes fully effective through coordination amongst all doctors, and primarily general practitioners.
3) The Standing Committee considers that primary prevention is in the first instance the responsibility of local authorities at all levels, namely in the protection of the environment, which is put at risk by industrialised societies, and the protection of the population against excessive consumption of alcohol, tobacco and drugs. Primary prevention is not the prerogative of doctors alone. It is to be considered as a global approach on behalf of all people working in the field of health, community workers, teachers, the media and all the other professions or associations that may act positively on the living and working conditions of the population in conjunction with the medical profession.
4) The Standing Committee believes that, at a time when optimal use has to be made of scarce health resources, it is important that health promotion be based not only on a responsible society, but also on individual and family responsibility. Health education campaigns alone will not change people's attitude towards smoking, alcohol, sexual behaviour, drug dependency, overeating, road accidents. Changes can only be brought about through increasing awareness of risks, improving living conditions and reinforcing the traditional role of the family in prevention. In this, the development of a network of grassroot organisations may provide the best means of conveying educational messages at local population level.
5) The Standing Committee recalls that prevention which reduces specific health costs in the short term may have the opposite effect in the long term. Prevention can prolong life with a consequential in the number of persons suffering from chronic diseases and highly dependent elderly people. This will result in increased demand for health care, especially in the last years of life. Nevertheless, prevention is justified on the grounds of improving quality of life and reducing premature death.

6) Health education, information through doctors and through media must always be based on reliable scientific data, being the result of epidemiological research to which all doctors can and must contribute. The Standing Committee advises, depending on the subject of health education, and approach essentially persuasive rather than legislative.
7) The Standing Committee notes that, in screening, the role of the family practitioner is not sufficiently taken into account. On the other hand screening is very costly, and to optimise expenditure, consideration has to be given to implementing a policy which targets risks groups and focuses on diseases which can be detected at an early stage and which can be treated effectively with a high degree of success.
   The Standing Committee calls upon governments to involve doctors ab initio in systematic screening campaigns, whether at national, regional or local level.
8) The Standing Committee considers that there is a direct relationship between environmental problems, which are an integral part of modern society, and the development of new pathologies. Therefore, doctors must be the first to detect the symptoms and to identify the injurious effects of the environment.

5.2 Specific recommendations on preventive medicine

(CP 93/128)

Specific recommendations on preventive medicine of the standing committee of doctors of the E.C. (CP)

Preamble

This document should be read in context with the CP's General Recommendations on Preventive medicine and Environment (CP 92/119), adopted in Estoril in November 1992. In that document, it is stressed that preventive work involves significant considerations of general, environmental and working conditions aspects. It should also be noted that cooperation between the medical and political spheres, as well as a balance between the general and the individual approach and between primary and secondary prevention, are essential.

1) Doctors in prevention

Doctors have a key role in preventing disease and promoting health and should receive specific training in these aspects at undergraduate level and continual medical education (C.M.E.) throughout their professional lives to enable them to take on these responsibilities.

Preventive medicine is an integral component of medical practice and must be promoted and resourced by the Public Health authorities.

The CP recommends that:

– considering that organisation and accreditation of CME is the responsibility of the medical profession, it should be adequately resourced out of public funds;
– public health medicine and occupational medicine should be recognized as specialities in all EC countries.

2) Lifestyle

The lifestyle of each citizen is enriched by access to education. Education in general and health education in particular are essential factors in raising the level of awareness of health risks.

A socially and psychologically satisfactory quality of life is the natural aspiration of each individual.

The CP recalls the preeminent role of doctors and other health professionals in the promotion of healthy lifestyles, through individual and collective prevention.

3) Cardio-vascular diseases

Cardio-vascular diseases are the principal cause of death in Europe. Hypertension, tobacco use, hypercholesterolemia, diabetes and lifestyle are known risk factors for these conditions.

The CP considers that individual counselling on primary prevention in connection with screening as a component of primary care can be an effective means of detecting abnormalities which influence the development of cardiovascular disease. Such programmes must be supported by public funding.

4) Cancer

Cancer is the second commonest cause of death in Europe. Many cancers are preventable or curable, if detected at an early stage.

European medical organisations should participate actively in the Europe against Cancer Programme and play a leading role in the initiatives organized through this Programme.

Considering that individual counselling on healthy lifestyle and nutrition can be an effective method for preventing certain types of cancer, the CP also recommends that resources for cancer screening programmes should be directed at diseases for which screening has been scientifically proven to be effective, using the criteria in the General Recommendations (CP 92/119-§7).

5) Infectious diseases

Immunisation is a safe and proven protection against an increasing range of infectious diseases. Medical