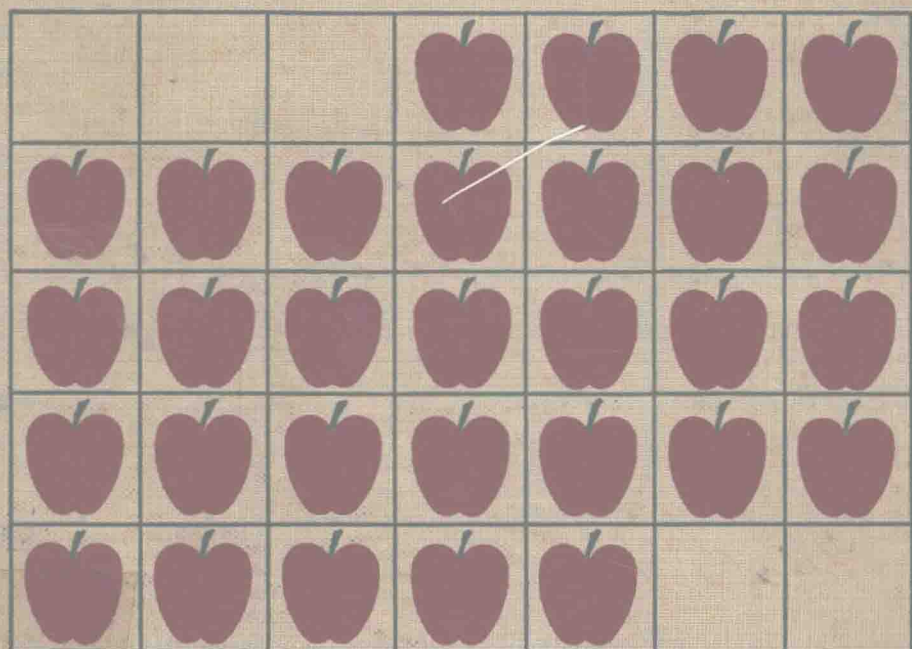


Preventive Health Care



Edited by

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**Preventive
Health
Care**

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Preface

This book is intended for health practitioners in primary health care clinics. It is a useful compilation of preventive health care information that identifies opportunities for implementation of preventive health care practices.

Preventive health care can be defined as activities that promote health and prevent disease. It is useful to categorize these activities according to the degree of participation by the lay public. The first category requires little or none; its implementation is generally the responsibility of governmental agencies. Examples are water sanitation for the control of water-borne diseases and fluoridation of community water supplies to prevent dental caries. This type of preventive health care is known to be cost-effective. The second category requires some participation of the public, who must be willing to accept preventive procedures when offered or to take the initiative to ask for them. Examples are immunization against poliomyelitis and prevention of unwanted pregnancies. These types of procedures can also be cost-effective, if aimed at the correct target population under the right circumstance. The last category requires a change in life style, such as discontinuation of cigarette smoking and weight reduction. The low level of effectiveness of these preventive procedures is well known; only with strong motivation can one change one's life style. In a primary health care clinic, we have the ideal setting for implementing preventive practices that require active participation of the public. We must place emphasis on all category II and on some category III types of preventive activities.

It is not surprising that the cost-effectiveness of a preventive procedure is inversely related to the degree of active participation by the general public. Many of us are too filled with inertia to seek preventive health care. For exam-

ple, despite the 100% effectiveness of immunization in preventing poliomyelitis, about 30% of our preschool children are still susceptible to this crippling disease. Their parents lack the initiative to bring these children to a health clinic for polio immunization. There is a general tendency for many of us to take health for granted and to forget that it is an essential ingredient of happiness. We do not appreciate health until we become seriously ill. This attitude is best described by the following proverb: "Health is a crown on a well man's head, but no one can see it but a sick man." Motivating the public to seek the necessary procedures is the key to a successful preventive health care practice.

In a primary health care clinic, we deal with persons who have taken the initiative to seek medical information and advice. They are eager for information relevant to their medical problems. They have to be receptive to advice on treatment of present illness and prevention of future recurrence. A teenage girl who requests a pregnancy test has to be receptive to information on birth control. A person under treatment for gonorrhea has to be interested in prevention of venereal diseases. It may even be possible to persuade someone whose father is dying of lung cancer to quit smoking.

Specialists in preventive medicine have identified three levels of disease prevention: primary, secondary, and tertiary (H. R. Leavell and E. G. Clark, *Preventive medicine for the doctor in his community*). Primary prevention attempts to prevent diseases by health promotion and specific protection. Health promotion employs procedures that are not directed at any specific disease but serve to promote general health (e.g., adequate nutrition). Specific protection employs procedures capable of preventing the occurrence of a specific disease (e.g., immunization against poliomyelitis). The aim of secondary prevention is to stop the progression of a disease through early diagnosis and prompt treatment, minimizing the duration of disability and probability of death from the disease (e.g., the early diagnosis and prompt surgical removal of an inflamed appendix). Tertiary prevention consists of rehabilitation after the damage has been inflicted and stabilized; its objective is to return the affected individual to a useful place in society and make maximum use of his remaining capacities (e.g., rehabilitation of a paraplegic).

This broad definition identifies all health care activities as preventive. A neurosurgeon removing a subdural clot, an orthopedic surgeon setting a compound fracture, an internist treating meningitis, a hematologist's attempt to determine the cause of severe anemia, and a physical therapist's effort to fit artificial limbs to an amputee are, by this definition, secondary or tertiary preventive health care activities. Obviously, health workers in primary health care clinics do not have the necessary training time or facility to provide these and many other types of secondary and tertiary preventive care. We should focus our attention at primary prevention; therefore, this book deals chiefly with informa-

tion relevant to this aim. Workers interested in secondary and tertiary prevention should consult standard texts in medicine and surgery.

It is my contention that workers in primary health care clinics have a major responsibility in transmitting preventive information appropriate to the circumstance. By emphasizing prevention, we not only improve the health of, but also reduce the cost of health care for, those persons who seek our advice on health problems.

R. S. Chang, M.D., D.Sc.

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PART I

Basic Principles
