

PERSONALISED MEDICINE
from the perspective of general practice

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Growing expectations for better primary health care

„The support for a renewal of PHC stems from the growing realization among health policymakers that it

- can provide a stronger sense of direction and**
- unity in the current context of fragmentation of health systems, and**
- an alternative to the assorted quick fixes currently touted as cures for the health sector’s ills,**
- growing realization that conventional health-care delivery is not only less effective than it could be, but**
- suffers from a set of ubiquitous shortcomings and contradictions...”**

World Health report, 2008

The European Union of General Practitioners / Family physicians (UEMO)

- **Organisation of the most representative national, non-governmental, independent organisations representing general practitioners / family physicians in countries of Europe.**
- **Founded in 1967 by national organisations,**
- **grew to encompass organisations from all the current member states of the European Union, as well as from countries of the European Free Trade Association and other European countries.**



European Definition of Family Medicine:
Core Competencies and Characteristics
 (Wonca 2002/2011)

GPs for quality of care

- **Collect and stress around evidences as to:**
- **GP/FM is equivalent as research-oriented health science** (*e.g. Starfield team's results*),
- **Lobbying inside educational sector not to accredit any medical school wt. scientifically evaluated and approved independent chair and training programme for GP/FM,**
- **Continuing presence and, in cases, campagne in media/press,**
- **Seeking support in patient organisations and partner stakeholders.**

Modern medicine - EBM

- EBM method of medical decision-making, piles scientific information,
- based on clinical trials/observations using methods of
 - epidemiology,
 - molecular biology,
 - genetics.

EBM is still frequently challenged to lack

- application and use of listening,
- empathy and compassion,
- reassurance and consolation,
- understanding of patients' hopes, fears and anxieties",

Personalised Medicine

(GP's understanding)

Approach of medical practice, when the patient

- **individual**
- **clinical,**
- **genetic,**
- **genomic,**
- **environmental features - should determine the intervention of choice to prevent and/or treat.**

However, PM should be based on reliable scientific evidence, as well.

This statement seems conflicting to those who consider EBM and PM different strategies in patient care.

(Not) harming pts

- **Medicine devoted to help and not to harm,**
- **search for the most effective treatment at least worsening effect,**
- **‘Primum nil nocere’ - *17th century on-*,**
- **medical intervention may cause harm even**
- **applied with the purpose to benefit:**
- **so, features of therapeutic interventions:
benefit vs. adverse effect.**
- **Recent political statements on patient safety.**

Is PM a real trend?

- Hearsay or reality that the era of evidence-based medicine (EBM) is over, and
- the future direction is personalised medicine,
- which upgrade of EBM!!!

Believers of PM suggest to confront EBM even in „firm” clinical fields like

- thromboembolism,
- PET-scan imaging,
- coronary intervention – revascularization.

„Over-medicine”

Representing GPs in Europe draws attention of health stakeholders to the importance of reasonable, evidence-based interventions in health.

Family Doctors, as first contact of citizens with health systems are in a privileged position to prevent overscreening and overmedication with clear results of well being for the European population.

Quaternary Prevention

GPs ready to take actions to

- **identify patient at risk of overmedicalisation,**
- **protect them from new medical invasion, and**
- **suggest them interventions, which are**
- **ethically acceptable.**

General Practice/Family Medicine delivers only:

- **scientifically acceptable,**
- **personally necessary,**
- **ethically justified medical care**
- **adjusted to the needs and values of pts to**
- **achieve maximum quality with**
- **minimum quantity of intervention.**

Contribution to development of PM from GPs

Expect clear views about the most

- uptodate, valid, highestly evaluated evidences from clinical scientists,
- Most accepted biomarkers to the potential pt-response from basic scientists,

GPs can make synthesis and complete by data about the pts as to:

- Special environment,
- Newly recognized genetic data,
- Multimorbidity,
- Unstoppable treatment by, maybe interactive/interreactive, pharma therapy
- Finally can help close the gap bw basic and clinical science.



THANK YOU