



Holding a wolf by the ears

Preventive care and the family physician

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But, as it is, we have the wolf by the ear, and we can neither hold him, nor safely let him go.

Thomas Jefferson

Canada is known for many great medical “inventions”—insulin, the electron microscope, and the external pacemaker, to name only a few.¹ Some others are detailed in the Cover Story on **page 556**.² But one of Canada’s best medical inventions is not a thing, but a committee—the Canadian Task Force on the Periodic Health Examination, created in 1976 by the Conference of Deputy Ministers of Health of the 10 Canadian provinces and reborn as the Canadian Task Force on Preventive Health Care (CTFPHC) in 2012. After the establishment of the Canadian Task Force on the Periodic Health Examination, other countries such as the United States went on to establish their own committees.

One of the many words that have walked “arm in arm with righteousness”³ over the years is *prevention*. As long ago as 1972 David Sackett wrote in the pages of *Canadian Family Physician (CFP)*:

Multiphasic screening and periodic health examination programs are enormously attractive to physicians, other health professionals and the general public as they join forces to reduce the awesome toll of disability and untimely death resulting from chronic disease.⁴

After careful analysis of the existing evidence he concluded that while screening for certain conditions had some value, existing programs “have little hope of reducing risk or even maintaining health in the general population.”⁴

Three decades later, in the aftermath of the results of the Women’s Health Initiative study, Sackett argued that preventive medicine displayed all the elements of arrogance—that it was aggressively assertive in the pursuit of telling symptomless individuals what they must do to remain healthy; that it was presumptuous that its interventions would do more good than harm to those who followed them; and last, that it was overbearing, attacking anyone who questioned the value of its recommendations.⁵

While the prevention of disease is a worthwhile goal, there are limitations to its effectiveness that need to be acknowledged.^{6,7} Both physicians and the public overestimate the benefits and underestimate the risks of screening maneuvers and preventive care interventions.⁸

The physician office-based approach to primary disease prevention might arguably be the least effective one when it comes to promoting complex behaviour such as regular exercise and healthy eating. And with routine check-up visits comprising almost half of all medical visits in the United States⁹ and the amount of time spent by family physicians on the delivery of preventive care estimated at more than 7 hours per working day,¹⁰ might not this time be better spent attending to the more pressing acute health care needs of our patients?

In this issue of *CFP* we launch the first in a series of articles by the CTFPHC designed to help busy family physicians manage the many challenges of delivering office-based preventive health care. In the introductory commentary the task force members provide a concise history of the task force, its processes, and its methods for evaluating the evidence, and set the stage for the series (**page 504**).¹¹ As they point out, most task force recommendations are weak recommendations, meaning that increasingly family physicians must engage in shared, informed decision making as they help their patients understand the likelihood and nature of the benefits and harms of screening. The first article in the series, “Better Decision Making in Preventive Health Screening. Balancing Benefits and Harms”⁸ sets the scene (**page 521**).

The CTFPHC is one of many great Canadian medical inventions, helping Canada’s family physicians and other primary health care providers provide patient-centred preventive care with humility for more than 3 decades. We at *CFP* are pleased to bring readers this series. 🌿

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Cet article se trouve aussi en français à la **page 503**.