

A Call for Preventive Medicine Attention for Indonesian Physicians

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“The aim of medicine is to prevent disease and prolong life, the ideal of medicine is to eliminate the need of a physician” (William J. Mayo, 1861 – 1939)

The year of 2020 teaches us to prevent is always better than to cure. It is an old phrase that is being used for decades, but it is never been implemented cordially by our society nowadays. Covid-19 is a good lesson that reminds us to carefully prevent the spread of coronavirus which is now a pandemic worldwide.¹ People now wash their hands more often and clean, wear a mask everywhere – everytime, do physical distancing, do healthy lifestyle such as physical activity, healthy diet, and consume multivitamins.¹ They obey the cough and sneeze etiquette. Prevention awareness is never been such popular like today.

It is known that preventive medicine has not yet been a popular specialty since the practice and role of clinician in this area is still lacking compared to other speciality which accentuate curative. Patients also made prevention sounds unpopular in the society. Health care providers put only small attention for prevention. It is more financially beneficial if health care facilities pay attention more to curative than prevention. Even public health care (in Indonesia called “Puskesmas”) also shift the attention to give curative or treatment rather than strengthen the prevention programs. It is our responsibility to sound the philosophy of preventive medicine in the society and clinicians.²

Prevention is identical with community and

family physician. It is the core competency for community, family, and primary care physician to promote healthy lifestyle (lifestyle medicine) and prevention for several important diseases.³ These important diseases are health problems which give great burden in community, such as communicable diseases (dengue fever, diarrhea, malaria, typhoid fever, upper respiratory tract infection, pneumonia, tuberculosis, COVID-19, and HIV/AIDS) and non-communicable diseases (diabetes, hypertension, obesity, coronary heart disease, dyslipidemia, and cancer). All these diseases can be prevented or at least detected early so the cure can be more easy and cost-effective. Prevention for specific disease require knowledge about the way to prevent the disease and how to detect it earlier. The science of prevention is urgently needed in the curriculum of medical doctors (undergraduate and clerkship program).⁴

Looking into the consideration in depth about of how preventive medicine is very important to be taught in medical students, family and primary care physician residents, we also need to give more attention in internal medicine competency. An internist should also play role in prevention and early detection for diseases which are in internal medicine scope or competency.^{4,5} General internal medicine or generalist or internist are physicians which are consulted first for medical

check up results, consultation for specific disease, person or patient who have family history of strongly familial diseases, or screening results in health care facilities. The aforementioned high burden and their complications such as stroke, acute coronary syndrome, chronic kidney disease, liver cirrhosis, sepsis, acute respiratory distress syndrome are in the scope competency of internal medicine physicians. So, it will be more comprehensive if an internal medicine specialist also promote healthy lifestyle, prevention and detection of disease earlier; when a person should do screening test, in examples blood glucose or lipid profiles test, or colonoscopy for high risk patients, or routinely do HIV and sexual transmitted diseases testing for high risk behaviors.⁶

One of the studies published in this issue written by Hartono RK et al.⁷ confirmed the need for prevention for several non-communicable diseases. Hartono's study concluded that maintaining good physical function will prevent non-communicable diseases such as diabetes, coronary heart disease, and stroke. Maintenance of good physical function can be done by routine physical activity. They analyzed a big cohort data from Indonesian Family Life Survey (IFLS) from 2007 to 2014 for calculating the risk for diabetes, heart disease, and stroke from Indonesian patients based on their physical function.

About 6,863 respondents participated in this retrospective cohort study using IFLS data which represented 83% of Indonesian population. Hartono and colleagues did univariate, bivariate, and multivariate analysis of the data set, and at the end they calculated adjusted risk ratio (ARR) and population attributable risk (PAR) to find the effect of elimination of these risk factors to prevent diabetes, heart disease, stroke, and cancer. Good physical function in the younger age will prevent diabetes, heart disease, and stroke but not cancer in later age based on this study.⁷

Hartono's study is an excellent example of evidence-based prevention of a several diseases in the internal medicine competency scope. It combines science of preventive medicine, national-based community data, epidemiology and biostatistics, and internal medicine at the same time. In the future, we need more studies

from Indonesian data to provide evidences to a specific action which may contribute to prevent diseases in our population.

Patients and high risk persons need to be well-informed about prevention of many non-communicable disease by maintaining good physical function and physical activity. Further, knowledge of how many, how long, what type (5W + 1H) of specific preventive action such as 'physical activity' must be explained clearly. It needs recommendation based on society guidelines. Again, the science of preventive medicine is now more needed than ever.⁸

For internal medicine specialist, the role for prevention is very broad. Besides we still have a role in primary prevention, we can take our part in both secondary and (of course) tertiary prevention.^{6,9} Primary prevention can be defined as an action not allow a disease to occur, for examples vaccination (for internal medicine specialist more specific as adult vaccination), smoking cessation, physical activity (exercise) and healthy diet. Health promotion and prevention is the core of primary prevention. Secondary prevention aims to detect the disease as early as possible, in at risk population, such as mammography for breast cancer, swab test for Covid-19, colonoscopy for colon cancer in high risk patients. Last, tertiary prevention propose to hamper the progress of clinical disease and prevent more severe complications of the disease, for examples cardiac rehabilitation, or medications for prevent chronic kidney disease in patients with diabetes or hypertension. It is overlapping the curative or treatment strategies as it is states "to cure is to prevent".⁶

In 2020, in which each underlying conditions require effective treatment and each disease should be prevented. We are now facing the era of preventive medicine. As an internal medicine specialist, we need to put in mind a philosophy of prevention in every of our action towards patient's care and services. This year teaches us to work comprehensively as a team from preventive medicine to curative and rehabilitative medicine.

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