

Re-thinking Medicine

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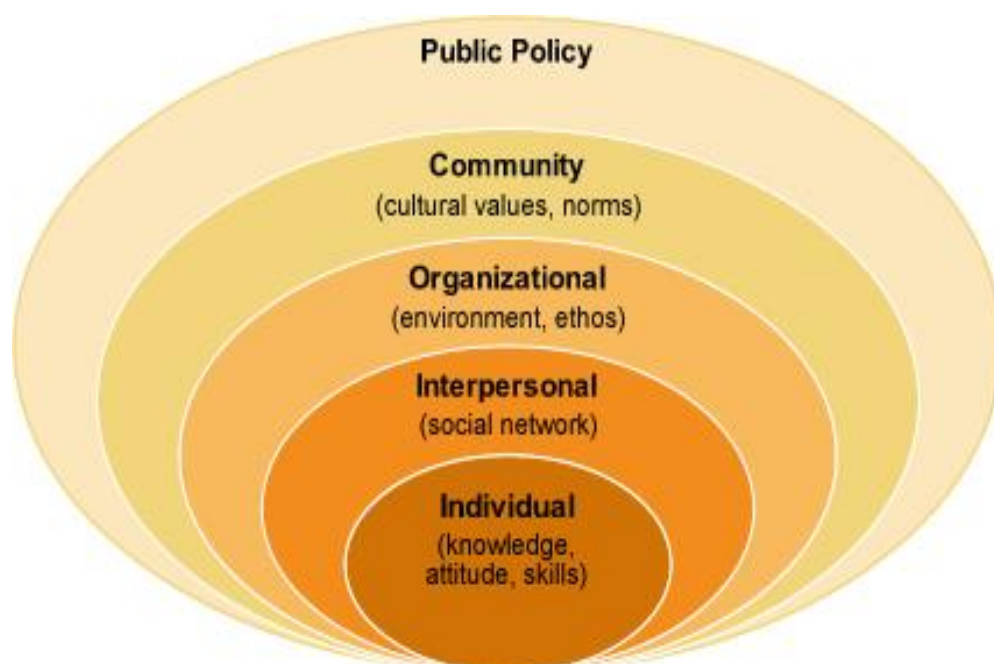
GP, Newham, East London

UCLP seminar 25th September 2018

The Medical Model



Social Model



QUOTES

'The medical establishment has become a major threat to health'
Ivan Illich, 1974

The need for a new medical model: A challenge for biomedicine'. Science 1977

'All medicine is in crisis, namely adherence to a medical model of disease no longer adequate for the scientific tasks and social responsibilities of medicine'

Patients, policy makers and doctors are re-thinking medicine

Manifestations of 'Re-Thinking Medicine' :

1. **Over-diagnosis and over-treatment**

Evidence to support focus on over-diagnosis and over-treatment:

- Early detection of thyroid cancer has had no impact on mortality
- 80% of people on cholesterol lowering drugs probably don't benefit from them
- 60% of men with a positive PSA test do not have cancer which will impact on morbidity or mortality

2. **Social determinants of health**

Evidence to support focus on social determinants of health:

- UK ban on smoking in public places

3. **Social prescribing**

Evidence to support:

- Few rigorous studies - only 1 RCT identified in recent review
- 28% (2-70%) reduction in demand for GP services
- 24% reduction in ER attendances
- Return on Investment unclear

4. **Person-centred care**

Evidence to support:

- A systematic review of 39 studies concluded that 43% found a statistically significant positive relationship between Shared Decision Making and patient outcomes
- Of these improved outcomes:
 - 54% were cognitive/affective
 - 37% were behavioural
 - 25% were health outcomes

5. **Healthy communities and health creation**

Evidence to support:

- Difficult to evaluate complex multi-faceted interventions
- Emphasis on case studies
 - Improving organ donation in South Wales

- Cooking courses for people with type 2 diabetes
- Early evaluation of Bromley by Bow Centre – development of theory of change

6. **Health systems and systems improvement**

Evidence to support:

- Identifying and managing people at risk of exacerbation of long term condition deterioration- ASSIST-CKD, 2018
- Medicines optimisation and managing poly-pharmacy- PINCER, 2016
- Improving safety for residents in care homes

7. **Changing the way people think about health and illness**

Evidence to support: Initiative start by GP Hugh Van't Hoff and teacher in Glos, Facts4Life:

- Controlled before and after study showed small but significant reduction in number of children who think they always need to see a doctor or take medication if feeling unwell
- ‘I’ve told my mum she has to buy sugar-free soft drinks for me’

What do we need to do?

1. Develop a common narrative

Re-thinking Medicine: a new dialogue:

- Re-defining the role of the doctor
- Recognising the limitations of the traditional medical model as well as its benefits
- Enabling the assets for health and well-being which lie outside health services
- Encouraging a more central role for people in making decisions about their health and care

2. Decide what needs to be done to spread and sustain idea

- Established Cochrane Collaboration to summarise what is known
- Set standards for good practice
- Build infrastructure to update guidelines
- Developed teaching resources
- Build knowledge base for implementation

3. Focus on professional education

- Medical Schools
- Specialty training
- Continuing Professional Development

4. Clarify what progress would look like

- Greater engagement of doctors in re-thinking medicine activities
e.g. shared decision making, avoiding risks of over-diagnosis, considering social determinants of health
- Leadership from professional bodies
e.g. CPD programmes, incorporation into professional training
- Policy reforms
e.g. changes in payment mechanisms