

# Concept of PREVENTIA

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**T**HE IMMEDIACY of pain, the reality of hemorrhage, and the threat of fever, all carrying with them the apprehension about death, compel people to seek medical and hospital care.

However, it is psychologically difficult for apparently well persons to seek preventive medical care. They realize subconsciously that their apparent wellness may suddenly, perhaps catastrophically, be dissipated by the discovery of evidence of a serious, latent illness.

In keeping with this common practice of "putting off the evil day," most people procrastinate during periods of wellness and wait until disease becomes manifest before seeking medical advice. Unfortunately the result of this procrastination often results in long periods of work loss, reduced income, high medical and hospital bills, and, in too many instances, permanent disability or death.

Over the years physicians and public health workers have grappled, more or less ineffectively, with the problem of motivating people to seek preventive medical examinations while they are still well. Success has been meager except where compulsion has been a factor—in the military establishment, in certain industries, and under other similar circumstances.

Preventive services frequently are the topic of speeches at medical and public health meetings, but seldom are they given high priority in the planning of new or additional medical or hospital services and facilities.

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Few physicians gainsay the theoretical value of preventive examinations but, in the face of a demanding practice, they understandably concentrate their attention on the flood of sick and injured people seeking care.

In order to develop a reputation all-its-own in competition with its well-established rival—medical care—prevention must be given identity and meaning. This can be done by establishing "preventia" in many communities across the land.

These preventia will be staffed largely with paramedical personnel whose sole purpose will be to provide health screening examinations at periodic intervals to anyone who applies for them. Physicians will serve as supervisors of the testing program.

In a number of States the law requires that automobiles be inspected as often as every 6 months. These inspection programs help identify mechanical defects which, if not corrected, might cause a serious accident. If a program of early detection is valuable when applied to automobiles, is it not reasonable to believe that early detection programs applied to people will be economically rewarding to the public and to the communities that support them?

Some physicians undoubtedly will question the propriety of providing publicly subsidized health screening services to all people. These physicians tend to confuse health screening with medical care.

At the present time health screening is not widely practiced. Few physicians are involved full time in doing preventive health examinations. Hence, the provision of such services in

a local "preventium" will not adversely affect physicians' practices or threaten traditional physician-patient relationships.

The history of screening programs indicates that physicians benefit from them because more patients with latent diseases and still minor disabilities are referred to physicians. These patients are more susceptible to treatment, and they are more apt to stay on the job and to pay their own medical bills. The care of patients referred from a preventium to a physician will not be subsidized unless the patient is indigent and eligible for State aid.

With the establishment of preventia physicians may complain about their increased patient load. But it must be remembered that patients whose diseases are not detected early will eventually seek medical or hospital care when their diseases are further advanced and harder to treat. In the end fewer physician-hours will be needed to treat a greater number of early cases of illness identified in preventia.

By establishing preventia separate from but readily accessible to local hospitals, preventive services will be given an identity. The merits of prevention will be highlighted, and the importance of prevention as an integral part of the health and medical care system of the community will be more firmly established.

The techniques used in examining large numbers of apparently well people in a preventium have been greatly refined since multiple screening was first introduced almost two decades ago. The number and specificity of laboratory and other applicable screening tests have been sig-

nificantly increased. The use of a standardized health questionnaire has also passed beyond the experimental stage in its evolution.

Paramedical personnel will perform most of the tests in preventia. Their productivity will be augmented by the use of automated analysis equipment. However, physicians will be needed to conduct certain parts of the examination. They will be needed to do rectal and breast examinations and tonometry. They will also be needed to supervise the taking of smears for cytological tests and for determining who should be referred to their own physicians for diagnosis.

Establishment of preventia will stimulate researchers to improve screening techniques and to devise new ones. By locating preventia in buildings designed specifically for health examinations, physical layouts will facilitate the conduct of mass screening. Such examinations on the scale envisioned are impractical in most physicians' offices.

Through the cooperation of local health departments, needed followup services will be provided. The time has come to face up to the need for a vast expansion of preventive health facilities and services and to acknowledge that the present system of medical care dooms preventive medicine to a relatively insignificant role in providing total health care for all people.

Establishment of preventia in communities is a dramatic, logical, and effective way to elevate the status of prevention and to put preventive health services within the reach of most people.

## **Medical Mycological Society of the Americas**

The Medical Mycological Society of the Americas has been formed to attract medical mycologists into an organization that recognizes their needs and promotes their interests. The society will coordinate the exchange of information and materials among medical mycologists in the Americas, encourage fellowship, and establish and carry out cooperative studies among its members.

Information about the society is available from Dr. Donald L. Greer, chairman of the membership committee, Kansas City Field Station, Communicable Disease Center, 2002 West 39th Street, Kansas City, Kans. 66103.