

Kaiser Permanente Institutes of Preventive Medicine

Looking Back, and Forward

I am pleased and honored to be Guest Editor of this special issue of *The Permanente Journal*. In my 36th year of association with Kaiser Permanente (KP), no one is more surprised than I that I have spent the majority of that time in Preventive Medicine, far from Infectious Diseases, where I started. While physicians readily give lip service to Preventive Medicine, it is often considered a dull, somewhat ineffectual field dealing with immunization schedules, cautionary statements, and a handful of unchanging public health problems. These certainly do not attract physicians like the drama of acute care medicine and surgery. Further, the most basic causes of many public health problems are truly complex, difficult to understand, and often inadequately studied when they involve behavioral issues—as they frequently do.

New Ideas

Fortunately, the general lack of attention to Preventive Medicine provides an opportunity to develop and test new ideas in this field, especially in a large organization like KP. This issue of *The Permanente Journal* deals with just such new ideas. If we are serious about preventing disease, we ought to think carefully about *why* people become ill. What is illness? How does illness relate to disease? These are not easy questions, and our teachers and mentors didn't prepare us for them in medical school and residency. In candid moments, many of us admit to being unprepared for much of what walks into the office during our first several years of practice.

A Pathway Through this Issue "A General Theory of Love"

A logical pathway through this special issue on Preventive Medicine starts with the book review of *A General Theory of Love* (page 113). It is the lack of love, and our various responses to this lack, that produces much illness and a significant portion of the common chronic diseases. In the Fall issue, the book review of *Growing Up Fast* illustrated the effects of lack of love in the context of teenage pregnancy and its biomedical, psychological, and social complications.¹ In this issue, Gregorio Saccone, MD's review of *Dry* (page 112) gives

us insight into the underpinnings of alcoholism—useful knowledge if one is serious about understanding its prevention. *Crossing the BLVD* (page 108) looks into the lives of immigrants—physicians and patients—What do we know of vastly different cultures, torture, exotic diseases? The popularity of Dr Chopra's books (page 110) illustrates the widespread desire of patients for a humanistic understanding of themselves.

Relation of ACE to Job Performance

We touched on the theme of the emotional underpinnings of illness and disease in a prior issue with an overview article about the Adverse Childhood Experiences (ACE) Study.² The ACE Study showed in a 17,000-patient KP cohort of middle-aged adults the relation of eight categories of adverse childhood experience to some of the most common public health problems in the country: depression and suicidality; obesity and its consequences of Type 2 diabetes and hyperlipidemia; smoking and COPD; alcoholism; intravenous drug use and its association with chronic hepatitis; etc. The current issue's article from the CDC by Robert F Anda, MD, MS, and Vladimir I Fleisher, MD, PhD; et al (page 30) on the relation of adverse childhood experiences to job performance and occupational health extends this work and is a good illustration of the complexity of some of the problems faced in Primary Care and Occupational Medicine, especially when the origins of preventable problems are hidden by time, shame, secrecy, and social taboo.

Infant Feeding as Primary Prevention

In our collaboration with the CDC, the question arose repeatedly of where and when to intervene for preventing either adverse experiences in childhood or their later consequences. While treating middle-aged adults is necessary and important for learning, it is clear on a population basis that primary prevention is our only realistic option. However, primary prevention, aside from immunization, is notably difficult; in many instances, one would have to begin during infancy, if not pregnancy. Charles W Slaughter, MPH, RD, (page 23) does that in his unusual article on infant feeding. "Hungry for Love" looks at primary prevention through different eyes.



Vincent J Felitti, MD
Guest Editor

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DVD Adolescent Screening

From Hawaii, pediatrician David M N Paperny, MD, describes a approach to preventive screening in that difficult population: adolescents (page 74). If you are in Hawaii, visit him and see first-hand what his program looks like. He has put to use, on interactive DVD, ideas for engaging teens meaningfully that the rest of us would never have imagined. He has a “best practice” that has been overlooked. Mary Shannon’s Soul of the Healer article (page 72) is about what happens when common problems like childhood sexual abuse are *not* sought out for recognition. This theme is further expanded by Dr Ritterman’s sensitive appraisal of the psychosocial determinants of health (page 58).

Transplantation as Preventive Medicine

Traditional biomedicine clearly has a role in Preventive Medicine; after all, that is where Preventive Medicine started. The article by Gillian M Beattie, BSc and Alberto Hayek, MD, on the stem cell cure of Type 1 diabetes (page 11) is exemplary; additional complications of diabetes are totally prevented by this remarkable approach. Surprisingly, some existing complications like diabetic neuropathy are actually reversible with transplantation. Their article comes from one of the few stem cell laboratories in the country. They show that solving what appears to be a pure biomedical problem is not only biologically difficult but is politically difficult as well.

Hemochromatosis Update

“Hemochromatosis Update” (page 39) summarizes what we have learned in the KP San Diego Department of Preventive Medicine by taking a purely biomedical approach to this highly prevalent mutation but less common disease. The article contains an interesting twist showing the need for what George Engel termed a biopsychosocial approach, even with a hard-core genetic disease. We found significant numbers of depressed, obese, diabetic patients with “arthritis” from fibromyalgia showing up desperately hoping they had hemochromatosis so they finally could be understood and treated! Why had they not been recognized and treated? Why were they fat? Why depressed? Why were they in a state of chronic muscle tension? Why had we failed them?

Vision Testing for Dementia Diagnosis

Peter N Rosen, MD’s interesting article (page 15) about using simple although unconventional forms of vision testing for the very early diagnosis of dementia offers new opportunities for secondary pre-

vention, particularly when it comes at the time pharmacotherapy is beginning to show some promise in treating dementia. Yet to be discovered are the emotional threats resulting from such early diagnosis and how we will deal with them.

Role of Preventive Medicine

Eric Blau, MD, FACP, internist and now head of Preventive Medicine in KP San Diego, closes the trail with his ideas (page 63) about the role Preventive Medicine should have in KP and how it might be laid out organizationally. You may remember him from his fine photojournalistic article, “In the Shadow of Obesity,”³ an unconventional foray into Preventive Medicine. It turns out that the arts can have a meaningful role in medical practice because they help circumvent the resistance we all have to discussing personally threatening subjects.

The Importance of Asking “Why?”

Looking back, Preventive Medicine has been an unexpectedly interesting and even sometimes exciting discipline. As an unintended but long-term participant in the field, I must share several observations. First is the importance of a biopsychosocial approach; few things are less acceptable than telling someone to stop doing something when one doesn’t understand why they are doing it; at some level, all behaviors are functional. Without such understanding, one risks mouthing banalities like the platitude for resolving the use of street drugs: “Just say *No.*” The real question in Preventive Medicine and public health is *Why* is this individual an addict? *Why* is that one obese? *Why* did this patient pursue a lifestyle that led to suicide, coronary artery disease, or COPD? In the ACE Study, one of the most important observations was that many intractable *public health problems* are also *personal solutions* to problems well hidden, once again, by time, secrecy, shame, and social taboo.

Biopsychosocial Screening Approach

Those familiar with the Adverse Childhood Experiences (ACE) Study will have an understanding of the need to screen routinely for adverse childhood experiences in *all* patients; to have an awareness of the relevance of adverse childhood experiences to intractable conditions and “problem patients”; and to have a sense of appropriate approaches to treatment that need to be devised for each case. Analysis of a 125,000-patient cohort where such comprehensive biopsychosocial screening routinely was used showed a 35% reduction

in doctor office visits (DOVs) during the following year (HNC Corporation. Health Appraisal Study Final Report, unpublished data, 1996). By contrast, in 1977, a purely biomedical approach in the same Department of Preventive Medicine produced an 11% net reduction in DOVs.^a The implications for medical practice of this comprehensive, preventive, biopsychosocial approach are profound; it provides a new and improved platform of information upon which to base primary care medicine.

Kaiser Permanente Institutes of Preventive Medicine

Looking forward, Preventive Medicine offers the real possibility of being the future of Kaiser Permanente. Imagine a nationwide system of KP Institutes of Preventive Medicine providing a uniform, nationwide mechanism of member entry into the KP Program—routinely providing, at member entry, an in-depth base of standardized medical information for patient care, medical research, and administrative planning and open to the public to provide a powerful marketing tool.

A Doctor Whom a Patient Trusts

And yet, these are only techniques. Sir James Spence, an English pediatrician, understood this years ago, when he wrote, “The real work of a doctor is not an affair of health centres, or public clinics, or operating theatres, or laboratories, or hospital beds. These techniques have their place in medicine. The essential unit of medical practice is the occasion when, in the intimacy of the consulting room or sick room, a person who is ill, or

believes himself to be ill, seeks the advice of a doctor whom he trusts. This is the consultation, and all else in the practice of medicine derives from it.”⁴

The unconventional view of Preventive Medicine as population-based, comprehensive biopsychosocial screening of all individuals, coupled with matching risk abatement programs, has been tested and developed in KP; this screening has been done affordably and with measured benefit. If this vision of Preventive Medicine were routinely used as the entry point for all ongoing medical care, the resulting new platform of starting information would enable Primary Care practitioners to fulfill Sir James Spence’s proposition. ❖

- a Personal communication, in 1977, with Joel Kovner, DrPH, about an analysis by the Department of Medical Economics of 700 patients going through Health Appraisal, measuring the effect of that experience on Doctor Office Visits in the year subsequent compared with the year before.

References

1. Moldawsky RJ. Growing Up Fast, by Joanne Lipper. *Perm J* 2003 Fall;7(4):77-8.
2. Felitti, VJ. The relation between adverse childhood experiences and adult health: turning gold into lead. *Perm J* 2002 Winter;6(1):44-7.
3. Blau, EM. In the shadow of obesity. *Perm J* 2000 Summer;4(3):47-55.
4. Spence, James. The need for understanding the individual as a part of the training and functions of doctors and nurses. [Speech delivered at a conference on mental health held in March 1949]. In: *The purpose and practice of medicine: selections from the writings of Sir James Spence*. London: Oxford University Press; 1960, p 273-4.

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The Person Responsible

You now are looking at the person most responsible for your health and well-being.

— Found on the men’s room mirror at Johns Hopkins Hospital