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Let's think about Pensem en

No. 1

Disease management programs (e.g. heart disease, COPD, etc.) and the segmentation of patient care: a few key elements

Primum non nocere

We should consider that:

- They are unevenly distributed across the country, essentially affecting people living in major cities.
- They are oriented toward the disease and not the patients.
- They create vertical structures that have a detrimental effect on and weaken the continuity of primary care.
- They dilute responsibility for the health care of the patient, who becomes confused upon losing his point of reference.
- Many people have more than just one chronic disease: in how many of these "programmes" should they be enrolled?
- The patient does not have clear and understandable information about the riscs and benefits of being included in one of these "programmes".
- In many cases the patient is not asked either for his opinion or his consent before being included in a programme.

Keep in mind that:

- Fragmenting and diversifying care mechanisms is maleficent for patients, both for the management of multiple diseases and the risk of overmedication in their lives.
- Selecting patients on the basis of their clinical records data for enrollment in these "programmes" is an infringement of the health care professional's duty of confidentiality and a violation of the patient's right to privacy, if consent has not been previously requested.
- These "programmes" violate the principles of nonmaleficence and justice as there is sound evidence that health systems based on primary care achieve better health outcomes at a lower cost.
- The principle of justice is also violated because this model of healthcare only affects part of the country's citizens.

As urged by the World Health Assembly, the integration and implementation of vertical programs needs to be promoted within a comprehensive primary health care setting (The Sixty-second World Health Assembly– WHA 62.12 – May 2009).