

Preventing: up to what point?

Speakers: Anne-Marie BAIRD, President, Lung Cancer Europe | Switzerland; Audrey DERVELOY, President, Sanofi France | France; David GIBLAS, Deputy Director General, Malakoff Humanis | France; Dominique STOPPA-LYONNET, Professor of Genetic Medicine, Head of Medical Genetics Department, Institut Curie – Université Paris Cité | France

Led by: Fabien GUEZ, Cardiologist; Consultant, BFM Business Check Up Santé | France

France is behind other European countries in terms of health prevention

Across Europe, there are differences in the organisation of the healthcare systems, the involvement of populations in screening campaigns, the populations' level of awareness and education on healthy lifestyles and their impact on risks of developing diseases. France's healthcare system is a hybrid one with a public and a private sector: this contributes to reducing the patients' out-of-pocket expenditure. However, it is lagging behind in the development of prevention policies and there is limited participation in screening campaigns. It is important that people understand the importance of prevention and the use of "4P medicine": predictive, preventive, personal and participative.

Three levels of prevention

There are different levels of prevention that have to be implemented by all, and that aim at improving the long-term quality of life. The first level is to give all citizens the means to understand and adopt behaviours that contribute to a significant and sustainable quality of life. The second level consists in identifying risk factors of diseases, and increasing screening capacities. Finally, the third level aims at helping the patient with his/her treatment to improve its efficacy and prevent disease progression.

The need for personalised prevention

To reach the highest number of people and ensure efficient prevention measures, emphasis should be made on personalising prevention messages so that each sector should have its own prevention messages. In other words, for the citizen to feel involved and targeted by the message, he/she needs to be at the centre of the prevention chain and the message needs to be adapted to his/her level of education and awareness. For instance, informing a smoker about the risk of developing lung cancer, will not be as efficient as trying to help him/her understanding his/her addiction and proposing a healthier alternative to tobacco.

The use of data and innovation technologies are key in prevention

The French healthcare system relies on very rich medical databases which enable analyses of the past and therefore predictions of the future. However, these databases are not exploited well enough. Many regulations aim at ensuring the security of data and protecting patients from being surveilled by the healthcare system (e.g GDPR, informed consent of the patient, etc.).

These regulations protecting data should enable a full exploitation of health data and a decrease in the fear of the use of digital technologies. Among those technologies, some algorithms can handle large amounts of data and be used to improve efficiency of prevention programmes. Some algorithms enable the definition and detection of high-risk profiles within a population and the improvement of targeted screening programmes.

The pharmaceutical industry, as key prevention player, is often left aside

Nowadays, the pharmaceutical industry is considered primarily as a simple curative stakeholder although it also acts in the field of prevention. For example, vaccines and other medicines are key to reducing patient flows in hospitals. Repositioning the place of industry in prevention programmes should not be seen as a cost but rather a long-term investment. It is also essential to review the allocation of public expenditure on prevention so as to ensure that the expenditures are coordinated in order to maximise their impact.