Toward More Rational Health Screening

John P. Geyman, MD

Despite the strong surge of interest during the past ten to 15 years in health screening as a vital part of "good medicine," the value of these efforts remains hotly debated and lacks a scientific base. There is by now abundant literature reporting a wide range of opinion as to the proper role of health screening. Enthusiasts point out the high frequency of early diagnosis of treatable problems in screened patients, while cynics point to the frequently poor cost-benefits of health screening and its lack of impact on mortality and morbidity. In an excellent article exploring the impact of preventive medicine, Felcher reminds us that the spectrum of testing should vary with age, sex, genetic, personal, and cultural factors. He challenges us to "identify the criteria by which selection of the scope of testing can be made on an individual rather than mass basis."[1]

There is good evidence that we have oversold the public on the value of health screening. Public expectations are high concerning the effectiveness of complete physicals and batteries of screening tests. Labor and management have frequently negotiated broad screening procedures into their benefit packages. "Health maintenance" has become accepted in many quarters as an unassailable advance in modern medicine, and the federal government is now according this area high priority. Health planners are devising alternative ways of reorganizing the health care delivery system around health maintenance as a central concept.

We are now approaching (or are past) the moment of truth where we must recognize that we cannot afford all that we might like to have in health care. The cost of health care has spiralled out of bounds, and it is unlikely that an increased proportion of our GNP can or should be devoted to health care. In a careful review of present health policy options, Newhouse et al recently warned that "policy makers must recognize that even a substantial delivery of more health services is not likely to produce any clearly measurable change in any dimensions of health, whether length of life or physical well-being."[2] In the context of current directions of health care during the 1970's, we can reasonably expect a marked increase in demand for health services within more limited resources, and we can anticipate the need for a more careful assessment of current practice and future priorities. In relation to health screening, Sackett has warned that unless we rapidly expand our randomized clinical trials of screening and other diagnostic procedures to ascertain and document their validity, we will waste our available resources on worthless procedures at the expense of valid clinical efforts.[3]

Family practice has a major responsibility in addressing and helping to resolve this dilemma. The study undertaken by Frame and Carlson now being reported as a four-part series in The Journal is welcomed as a start in more critically assessing the place of health screening in primary care. Some will argue with their criteria or their conclusions with respect to specific screening procedures, but this dialogue must seek an objective and more critical approach requiring continued intensive research efforts in this important area. The need is clear to better define valid screening methods for selected patients at high risk which can be applied with minimal cost and the lowest frequency consistent with reasonable cost-benefit and improved outcome for the individual patient.

References

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