Guest Editorial

The Periodic Health Examination: Expectations Gone Awry

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In this issue of *The Journal of Family Practice*, Romm[1] shows that a group of patients had expectations about periodic examinations, that physicians did not meet those expectations, and that neither patients nor physicians met expectations of the experts. This discordance of expectations all around is impressive and deserves comment, not only in the present instance but for its implications for future research.

Romm surveyed 279 adults seeking care in a university-based family medical center and found that 91 percent wanted periodic preventive examinations. All individual services presented on the questionnaire were desired by a majority of respondents, with most items desired by over 90 percent. In fact, few of these services were being provided by the family physicians, and many of the items considered of greatest importance by the Canadian Task Force on the periodic health examination[2] were performed least often. Romm discusses several limitations to the study, including site and sample representativeness, response bias, and deficiencies in the medical records. It is also possible that patients responded as they believed their physicians would have wanted them to respond, rather than as they truly believed. In any event, Romm's work is provocative and deserving of further investigation, as he suggests.

It is no secret that office-based prevention has been oppressed by failure. Practicing physicians find it difficult to select appropriate screening tests and preventive interventions. Frequently such decisions have been based upon fragmentary or nonexistent evidence. Moreover, even when a preventive measure can be confidently recommended, physicians may find their advice and tests unwanted by the patient and unpaid for by third-party payers. As a result, in the hands of even the most compulsive physicians, some indicated preventive procedures are actually accomplished in no more than 70 percent of patients.[3,4] Finally, even when successful, the best efforts in office-based prevention do not address the many other factors important in determining the health of our patients.[5]

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Part of the problem is identified in Romm's research: patient expectations, physician performance, and expert advice do not match. These findings raise several classes of research questions:

How do patients and the general population define prevention?

I frequently ask my patients visiting for a "complete physical" what comes to mind when someone mentions prevention. I have had a wide variety of answers, from "taking vitamin C when I get a cold," to "eating right and exercising," to "taking aspirin to prevent a hangover." Very rarely have I heard spontaneous comments about using seat belts, avoiding smoking, or controlling weight. I find that my patients and I often begin discussing prevention with entirely different concepts in mind. Research that leads to a better understanding of what patients define as "prevention" may help to explain why prevention in the office setting often meets with failure.

How do practitioners view prevention?

The inconsistent performance of physicians in carrying out even well-documented preventive measures suggests that physicians do not share the same expectations even among themselves. In discussions with primary care physicians of several specialties, one finds that personal philosophy, economic considerations, and patient demands all shape the provider's view of acceptable preventive practice. Added to new information about patient definitions, research on physicians' views of prevention will provide the conceptual framework in which the patient-physician negotiation takes place.

What are the public expectations of the medical profession with respect to prevention?

Romm suggests that the public expects a good deal more preventive medicine from the medical profession than they currently get, at least with respect to office-based interventions. But what about medical responsibility in other settings? Does the public expect the profession to deal with the larger social and political issues affecting health, or do they view these as lying in some other domain? If not in the medical domain, which? Government, individuals, voluntary organizations, no one? Very little research has evaluated society's overall assignment of responsibility with respect to health promotion and disease prevention.

These are but a few of the thoughts stimulated by Romm's article. Unless a solid foundation of congruent views and expectations has been laid, understanding, designing, and implementing particular preventive methods and interventions are unlikely to succeed. Several private foundations and federal agencies are beginning to solicit innovative proposals for research on disease prevention and health promotion. Family medicine should be in the forefront, developing this new applied science of prevention. We have both the physicians and the base of patients to define fully the optimal practice of prevention in primary care.

References

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