Drivers of overtesting

I strongly applaud the commentary by McGregor and Martin,[1] which highlights a long-standing but worsening problem in health care. As innovation and technology produce new forms of investigation and treatment, each has the potential to produce important benefit to patients. However, not all that is new is better, which means that many new interventions achieve nothing, or worse, cause aggregate harm. As the authors rightly note, we need to carefully evaluate both our established practices and any new innovations to assure that they can deliver meaningful, rather than just statistically significant or "false end point," improvements to outcomes.

I would like to point out one important contributor to the issue of overtesting that the authors fail to mention: economic interest. Any process that consumes resources creates beneficiaries along the supply chain. For testing, the beneficiaries are the producers of the equipment and the consumable supplies, and the companies that provide direct service to patients. In the case of treatment, the beneficiaries are the drug and device supply companies, their distributors, and pharmacies. Unfortunately, this business influence seems to be becoming both more widespread and more subtle, including contributions to universities, research organizations, and non-profit charities. Regrettably, these same entities are heavily involved in producing the guidelines that support what the authors term *creep* in preventive screening and diagnosis. Unless we can be sure that we can create evaluation processes that are free from influence by parties who are in economic conflict of interest, we will not be able to address the problems of overtesting and overtreatment, nor prevent them from undermining patient and system health.

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Competing interests
None declared

Reference

1. McGregor MJ, Martin D. Testing 1, 2, 3. Is overtesting undermining patient and system health? *Can Fam Physician* 2012;58:1191-3 (Eng), e615-7 (Fr).

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Response

Thank you for responding to our article[1] with your letter identifying vested economic interest as an important additional "driver" of overtesting, overdiagnosing, and overtreatment. There has been good documentation of this by a number of scholars[2,3] and we agree such interests are an important factor in the medicalization of healthy people. A policy approach that might begin to address this problem would be a complete ban on direct-to-consumer advertising of pharmaceuticals in both Canada and the United States. There is little evidence that such advertising improves health outcomes, and good evidence that it drives up medical activity—whether it is testing, (over) diagnosing, or prescribing.[4,5]

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Competing interests
None declared

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1. McGregor MJ, Martin D. Testing 1, 2, 3. Is overtesting undermining patient and system health? *Can Fam Physician* 2012;58:1191-3 (Eng), e615-7 (Fr).
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Accounting for the costs of tests

Thank you for your recent article on overtesting.[1] Society will eventually demand accounting from physicians for the costs generated by the tests they order. Saskatchewan physicians periodically get a printout of the costs they generate per patient and their rank scores in relation to their peers. I believe few physicians pay attention to these printouts. Unfortunately, patients often praise family doctors for the number of tests and referrals they do. If we are going to rely more on good history taking and examination skills, we must find a way that provides physicians the required time and be able to demonstrate the value of the time spent. Unfortunately, all the time in the world does not take the place of a prostate-specific antigen test, although a rectal examination might give some clues.

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Competing interests
None declared

Reference

1. McGregor MJ, Martin D. Testing 1, 2, 3. Is overtesting undermining patient and system health? *Can Fam Physician* 2012;58:1191-3 (Eng), e615-7 (Fr).