

## Gary Schwitzer: Is this test really necessary?

By GARY SCHWITZER

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Some doctors joke that the last well person in this country is simply someone who hasn't been fully tested. But it is no joke that there are good things and bad things that can happen when populations of healthy people get many health screening tests.

This newspaper's "How to be a screen queen" feature on Feb. 19 almost exclusively conveyed only the good things. Only a few words buried deep in the story mentioned anything about some tests being unnecessary. But the story's conclusion, just a paragraph later, almost scolded readers to "Check, check and ... check."

Much of the advice given in this feature is not supported by evidence and is not supported by the recommendations of the U.S. Preventive Services Task Force -- even though the story lists the task force as a source. The task force is described on a federal agency website as "the leading independent panel of private-sector experts in prevention and primary care. Its recommendations are considered the 'gold standard' for clinical preventive services."

I counted 15 recommendations listed in the story that are not supported by the task force.

I'm sure the paper didn't mean to do harm by publishing this story; it clearly meant to help people. But bad things can happen when screening recommendations are made for populations for whom there is not clear-cut evidence of benefit. False positive results lead to more testing, more expense, and more anxiety. The additional testing may carry its own potential harms. The more you look, the more you may find some forms of "pseudo-disease" -- early hints of possible problems without clear evidence about whether they will go on to create real trouble or not. Many of these people will go on to be inappropriately labeled with "disease" and treated.

The Star Tribune is not alone in journalistic advocacy of screening tests.

This month the CBS "Early Show" had a weeklong series that, according to its website, sought "people eating unhealthy foods, or who were overweight, or who had other potentially problematic signs, and offered to check out their heart disease risk." The show then did CT scans on its targets and told them -- and millions of viewers -- that they should be worried about their "calcium scores." There was only a brief word -- easy to miss -- that these tests are not for the healthy without symptoms. In fact, CBS gave out a hospital phone number for anyone to call to get a CT scan.

Also this month, CNN reported on a test being developed to detect signs of early Alzheimer's disease. "It will be used as an early screening tool starting around the ages of 45 to 50," CNN reported. Meanwhile, there was no discussion of the sensitivity or specificity

of the test. How many false positives might there be when millions of people in that age range would be screened? And what impact would that have on their lives?

Clearly, many people will benefit from screening tests. Clearly, many at-risk people who need to be screened don't get screened in a nation with 47 million uninsured. But just as clearly, there's a risk of overtesting and overtreatment of the worried well, the cyberchondriacs among us, those who have been scared into thinking they need a test when they really may not. And with a historically high 16 percent of the nation's gross domestic product now being spent on health care, this is not an insignificant issue.

Journalists should help explain these issues to confused consumers. They should neither promote nor discourage screening tests. They should inform -- fully and with balance about possible benefits and harms of mass screening. Otherwise they themselves may cause harm.

Gary Schwitzer is an associate professor at the University of Minnesota's School of Journalism & Mass Communication and director of its health journalism M.A. program.

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