RACGP
Royal Australian College of General Practitioners

Position statement: Too Much Medicine

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Position

The RACGP supports optimal medicine,[1] in which the benefits of tests and treatments are carefully weighed against their harms to prevent injury and wastage.

The RACGP is committed to:

- Advocating for clinical governance around disease definition and judicious use of clinical resources and therapeutic options
- Supporting GPs to practice evidence-based medicine through education, training, and the dissemination of clinical guidelines
- Recommending the need for regulatory controls to prevent commercial interests misusing disease definitions, promoting over-testing or over-treatment.

Background

More is not always better when it comes to medicine. Concern is rising within the medical community about the excessive and unnecessary use of tests, medicines, and procedures. There is potential for this problem – dubbed 'too much medicine' – to cause real harm to patients and to the healthcare system as a whole.

'Too much medicine' is a broad term, encompassing the concepts of over-diagnosis, over detection, over-treatment, over-utilisation, disease mongering, medicalisation, false positives, misdiagnosis, and diagnosis creep.[2] As such, the problem has many facets and no simple solutions. A coordinated response on the part of health practitioners, industry and government is required.

Problems caused by 'too much medicine'

Harms to the individual

Unnecessary tests and treatments can be painful and dangerous, carrying a risk of complication that can affect quality of life, or in extreme cases, trigger a life-threatening problem. Some issues can arise immediately, such as adverse drug reactions and unplanned hospitalisation. Others are more insidious, such as the increased cancer risk that occurs through exposure to radiation as a result of unnecessary medical imaging. The experiences of receiving abnormal (but harmless) test results, being labelled as having a disease, or undergoing an invasive procedures for a minor issue also have the potential to provoke anxiety and distress.

Unnecessary care is also expensive. Patients might pay out-of-pocket for interventions that are not covered under the Medicare Benefits Schedule (MBS). Unexpected, indirect costs can also be incurred through such as life insurance exclusions and loadings.

Harms to the community

Using too much medicine is wasteful in that it diverts valuable resources away from the people who really need care: people with serious, chronic or life-threatening conditions who stand to benefit from medical intervention. Excess demand for scant resources threatens the sustainability of the healthcare system, with implications for all Australians.

The inappropriate use of particular drugs also contributes to the global problem of antimicrobial resistance, which presents a serious threat to our defence against infections.

Significant causes

Commercial interests

Various profit-motivated concerns have a stake in identifying and treating mild, asymptomatic, and sometimes even non-existent concerns. While there are health practitioners and unregistered 'wellness' consultants in this category, there are also whole industries benefiting from the promotion of too much medicine, including pharmaceutical companies, medical technology companies and commercial screening/early detection clinics.

With significant resources at their disposal to invest in direct-to-consumer advertising and/or offer financial support to professional and consumer groups, industries in this domain can wield significant power.[3]

Technological advances

The advent of sensitive screening techniques is a double-edged sword. Although these technologies allow for early detection of serious and treatable conditions, they also uncover abnormalities that are benign and will never progress or cause life-threatening symptoms.

Tests developed through emerging medical technologies may also lack reliability. False positives or misdiagnosis can result in further testing and treatment with all the attendant risks.

Disease definition

Another cause lies in the widening of disease definitions, thresholds and risk categories. Creating new 'pre-disease' categories creates a situation where individuals who have only mild symptoms or are at low risk suddenly meet criteria for a clinical diagnosis, which in turn inflates the recorded incidence of a disease. At present there are no international standards for the membership of panels or committees that define disease, no fixed protocols for handling conflicts of interest (such as financial ties to a pharmaceutical company), and no agreed criteria for determining whether to review and change definitions.[4] Research shows that such panels almost always act to widen definitions, often with limited due diligence on the potential impacts of doing so.[5]

Cultural influences and consumer behaviour

Research demonstrates that many Australians do not have a good understanding of the problems caused by overdiagnosis.[6] Moreover, the ideas that 'more is better' and 'prevention is better than cure' are deeply ingrained in the minds of many patients. These concepts are useful insofar as they help people to take an active role in their own health care, but they might also increase pressure on GPs to order tests and deliver interventions which do not have any clinical benefit. This issue is compounded by patients researching their symptoms and potential treatments online, and the widespread availability of over-the-counter medicines and direct-to-consumer tests. Perverse incentives for diagnosis, such as welfare or insurance payments, might also be a contributing factor.

Clinician behaviour

Health practitioners, including GPs, might also contribute to the problem of too much medicine through the over-reliance on medical technologies in place of history-taking and physical examination, and the under-use of watchful waiting approaches. These behaviours have a range of complicated drivers of their own, including the clinical knowledge and experience of the clinician, practice billing protocols, and fear of patient litigation.[7]

Potential solutions

Clinician governance

Establishing clinical governance frameworks around disease definition is key in addressing the problem of overdiagnosis. Preventing individuals with a commercial or reputational conflict of interest from serving on working groups that oversee the development of disease definitions for health policy purposes is an obvious step that could be taken to this end. Use of a new checklist for panels considering changes to disease definitions[8] is also recommended.

Evidence-based medicine

Since its inception, the RACGP has been a strong proponent of evidence-based medicine and its potential for balancing the harms and benefits of tests and treatments. The RACGP publishes and regularly updates the *Guidelines for preventive activities in general practice* (Red book), a resource that provides recommendations for test ordering for screening, stratified by risk category, that are based on current, high-quality evidence.

Education and training, a key focus for the RACGP, helps embed the principles of less-is-more medicine at all stages of the GP career lifecycle.[7] This process begins with a grounding in the critical use of investigations and rational prescribing, core skills described in the RACGP's *Curriculum for Australian General Practice*.

Industry regulation

There is potential to tighten regulatory controls around pre-market approval and direct-to-consumer advertising of screening devices and services. An appropriately resourced, independent body to assess direct-to-consumer advertisements for therapeutic goods and services would reduce potential

for companies to make false or misleading claims. Strengthening the powers of national regulatory bodies to apply penalties for making product claims not supported by research evidence may also reduce the potential for harm.[9, 10]

Community education

Reliable information about the risks and benefits of tests and treatments can assist patients to make informed decisions about their own care.

The RACGP's commitment to community awareness of the burden of too much medicine is seen in its ongoing support of Choosing Wisely Australia, an initiative of NPS MedicineWise that aims to educate patients around the harms of unnecessary medical interventions. More information, including the RACGP's recommendations on tests, treatments and procedures clinicians and consumers should question, is available at www.choosingwisely.org.au.

GPs can take up this cause by explaining the pros and cons of different treatment approaches in conversation with patients, and using precise language around screening and diagnosis (eg, where appropriate, using the term 'lesion' in place of 'cancer' or 'raised blood pressure' instead of 'hypertension').[11] Such conversations could also include a discussion of the uncertainties inherent to the practice of medicine.

GP strategies

GPs can employ various approaches to monitor, and if necessary, reduce their use of particular interventions. Watchful waiting and delayed prescribing strategies provide structure for practising less-is-more medicine.

Reducing inappropriate polypharmacy, particularly in older patients, is an area where behavioural change on the part of GPs could significantly lessen the burden of too much medicine. This may involve a 'deprescribing' approach in which a patient's medications and history are reviewed alongside the therapeutic goals to determine whether to cease/taper particular drugs.[12]

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