



Consent before testing men for prostate cancer – a challenge?

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Advocacy for and against the screening of men for prostate cancer has engendered a wide ranging, and at times acrimonious, debate in both the medical and lay press. Currently there is no widespread medical support for a public policy that recommends the screening of men for this disease. This is because there is as yet no clear scientific evidence that such screening actually reduces the mortality from prostate cancer.¹

On the other hand, there is considerable encouragement by many urologists and patient advocacy groups for the testing of individual men using serum PSA. Most urological recommendations are accompanied by the caveat that men should only be tested after first being advised of the benefits and risks of such action.^{2,3} This caveat is usually absent in the nonmedical advocacy for testing such as the current national campaign 'Be a man'.

The reality at the coalface of general practice is that the testing of men using serum PSA is occurring frequently: either by patient request, or by the patient's doctor with or without the patient's knowledge. So what about the benefits and risks of such testing? Do they really represent important issues, should they always be discussed, and if so how is this to be accomplished? Herein lies the core of the debate.

Taking first the benefits and risks of testing. Men's expectations about the benefits are usually quite clear. A negative test result will mean they do not have cancer, while a positive finding will identify a cancer early enough to permit treatment that is both necessary and curative. Their understanding of the risks is almost entirely absent – it is after all 'just a blood test, isn't it?'

The reality is regrettably quite different. A negative PSA result is not reassuring of the absence of cancer, while not all men with

an abnormal PSA actually have cancer. And of those that do have cancer, not all will gain any longevity from active treatment. In some, the cancer is of such a low grade that it has an indolent course,^{4,5} while in others it is so aggressive that treatment is not usually effective. The risks of testing are more complex to define than the benefits! A negative prostate biopsy in the face of a raised PSA requires regular ongoing testing with considerable recurring anxiety. The treatment of prostate cancer by surgery or radiation therapy carries a significant risk of impotence and a lesser but not insignificant risk of urinary incontinence.⁶

These are risks that some men, when informed of them, are quite comfortable to take even without the guarantee that treatment is always necessary or curative. Others are less optimistic about the balance between the benefits and the risks. Either way it is arguably our ethical obligation to advise men about the benefits and risks before allowing or encouraging them along what may turn out to be an unexpected voyage of discovery. We have a similar medicolegal obligation. Failure to advise about the benefits of testing could result in a patient's later recrimination about a lost opportunity for the cure of his prostate cancer. Lack of information about the risks could result in litigation, for example for impotence following unsuccessful or unnecessary treatment.

Yet given men's expectations, the uninformed man is unlikely to seek or even welcome advice about the benefits or risks of testing. And here, of course, lies the obvious challenge – how is the busy general practitioner to first engage with, and then communicate, this complex information to a man in the context of, for example, the request: 'and by the way, can I have that blood test for prostate cancer, Doc?'

In this issue of *AFP*, Steginga et al

document the results of a workshop based program of education to enable GPs to better manage discussions regarding testing for prostate cancer. While the outcome of the program is based on a relatively small number of participants, it is nevertheless a positive step toward offering advice and informational support to GPs.

There remains a fundamental problem with this, and most other similar offers of help. Urologists believe that the need for GPs to 'have this conversation' about PSA testing occurs so commonly that they all could not help but want this support!

The best means by which to rapidly and effectively deliver the caveat – the benefits and risks of testing – remain elusive. What may be necessary is the provision of some highly arresting information that makes the target man 'draw breath' and think 'do I need more information about this test or not'. In the meantime the suggestion by urological organisations that testing only occurs after the caveat has been fully delivered has a hollow ring or even a hint of political correctness about it.

References

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