

To Screen or Not To Screen? - That Actually Is The Question!

Although one might assume that if there is a test or procedure which could identify a particular medical condition then it should be carried out, there are a number of underlying principles which should first be considered:

- It should address an important medical condition
- There should be treatment or action available
- The test must be acceptable to the general public
- The disease or condition must be well-understood
- There must be a balance between risk, benefit and cost

Most of us would have guessed that cost would be one of the considerations but it is not the cost of the test or procedure alone but rather a consideration of the balance between the cost *and* any risk involved for the patient *and* the potential benefit.

Some screening procedures are unpleasant and there is always the chance that the test will throw up a false positive result. This can cause unnecessary worry and distress to both the patient and their family.

Some follow-up investigations to check the results are more invasive and may carry an element of risk to the patient. Likewise, there is little point conducting mass screening for a condition if there is no treatment or action currently available, or its prognosis is not yet well-understood, making it difficult to determine what to do once identified.

All this being said, there *is* a strong argument for screening for certain medical conditions.

Not all screening is unpleasant or risky and there are a number of tests and procedures which are routinely carried out which lead to early diagnosis of a problem and successful treatment.

Screening occurs throughout an individual's life. Anti-natal tests can identify genetic abnormalities and blood tests on newborn babies can, for example, identify problems with the breaking down of amino acids in the body which, if not treated, can lead to brain damage.

Routine screening tests for women include, for example, those for cervical cancer. Women between the ages of 25 and 65 are offered regular screening for this and although one would think it would make sense to widen that age range, it has been shown that if 40% more women were screened it would lead to an increase in identification of cervical cancer in 1 or 2 cases only.

On the other hand, screening for bowel cancer involves a simple test and can be successfully cured in the long term in 80-90% of cases if caught early.

Prostate cancer is one of the conditions for which knowledge is limited and as Doctors do not yet understand how the disease develops or how to successfully treat it, at this time it is clear that routine screening would not reap great benefits but does have the potential to do substantial harm.

One of the most beneficial things individuals can do to give themselves the best chance of having a condition diagnosed and treated successfully is to look out for body changes over a period of time and then report them to their Doctor.

Men between the ages of 30 and 50, in particular, are notorious for ignoring symptoms that demand a trip to the surgery.

GPs will always check patients of either sex who have found unexpected lumps and bumps or who are experiencing unusual types of bleeding. Early diagnosis and treatment are often crucial.

Many patients rarely – or never – visit a GP. Practices identify such groups of people and offer a periodic health check to them. If you are one of this group – take up the offer!

Remember, self-awareness and preventative action are key factors to a healthy life.