Too much medicine

Through the ages, medicine has helped increase human life expectancy, as have access to safe drinking water and improvements in sanitation, housing conditions, diet and levels of education. But today, at least in the wealthiest countries, more health care does not always mean better health (1).

Too many unjustified interventions. The Federation of French Hospitals has published the results of a survey on unnecessary medical tests and treatments, conducted in 2012 among 803 doctors (402 hospital-based doctors, 201 office-based specialists and 200 GPs) (2).

Overall, the doctors considered that only 72% of medical tests or treatments are justified. They felt that the main reason for unjustified tests and treatments is patient demand (85%), followed by the fear of legal action (58%), shortcomings in medical training (39%), lack of clinical practice guidelines (37%), the lack of regulation of medical practices (27%), and financial incentives (20%) (2).

According to another survey conducted in 2012 in France among a representative sample of the general population (1006 participants), 75% of respondents reported that when they consult a doctor it is mainly to get advice or a medical opinion, while 62% hope to obtain a prescription for drugs. 28% of respondents often thought afterwards that the consultation had been unnecessary (3).

Too many harmful interventions. The British Medical Journal launched the “Too much medicine” campaign in 2013, to draw attention to the threat to health posed by overdiagnosis and overtreatment and the waste of public resources they represent (1): “the movement to combat medical excess in wealthier nations embodies a much older desire to avoid doing harm when we try to help or heal” (1). Similar initiatives have been launched, for example by the Journal of the American Medical Association (JAMA), which regularly publishes articles in its “Less is more” series (4).

In summary. Too many unnecessary interventions and too many harmful interventions: it is becoming increasingly obvious that, faced with the vast array of diagnostic techniques and therapies available, health professionals need to know when not to use them, how to use them well, and when to “deprescribe” (5). It’s a worthwhile challenge, and one in which patients should be involved.

Translated from Rev Prescrire Septembre 2013; 33 (359): 693

Selected references from Prescrire’s literature search.
2- Fédération hospitalière de France “Les médecins face aux pratiques d’actes injustifiés” 2012: 10 pages.
5- Montastruc JL. “Prescrire, but also know how to deprescribe” Prescrire Int 2013; 22 (140): 192.