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Screening: tell the truth

Can patients be encouraged to participate in mass screening programmes in a way that respects their right to make an informed choice? Many healthcare professionals and health authorities seem to think not (1). But this view is challenged by a 2009 study of colorectal cancer screening, which has real but modest benefits (1,2).

A trial including nearly 1500 persons. This double-blind randomised trial was performed in Germany and included 1457 persons. Participants in the control group received the official brochure on colorectal cancer screening, that focused only on the expected benefits of screening, while those in the intervention group received more thorough information on the benefits, limitations and risks of screening. The outcomes included “good knowledge”, “positive attitude” towards screening, “informed choice” and “combination of actual or planned” participation in screening (1).

“Informed choice” meant that the person had good knowledge of the benefits and potential harms of screening before deciding whether or not to participate in a screening programme (1).

More informed choice. Significantly more participants in the intervention group were found to have “good knowledge” (59.6% versus 16.2%, $p < 0.001$) and made an informed choice (44.0% versus 12.8%, $p < 0.001$) than those in

the control group. Screening participation rates were similar in the two groups (72.4% and 72.9%, $p = 0.87$) (1).

For the authors of this trial, the results show that respect for an individual’s right to receive complete, unbiased information is not incompatible with a high rate of participation in a screening programme.

Tell the truth. This study might have yielded different results had it involved a screening test with a less clear-cut harm-benefit balance. However, it challenges a common paternalistic attitude that leads to withholding information from patients (or healthy individuals) “in their best interest”. It should also encourage health authorities to stop misleading the public by exaggerating the benefits, without mentioning the limitations and adverse effects, of public health measures (1,3). The ends do not justify the means.

Some healthcare professionals refuse to support public health targets that fail to respect an individual’s right to make an informed choice. They will feel vindicated by the results of this study.

Prescrire

Selected references from Prescrire’s literature search.

- 1- Steckelberg A et al. “Effect of evidence based risk information on “informed choice” in colorectal cancer screening: randomised controlled trial”. March 2011. *bmj.com* accessed 10 November 2011: 7 pages.
- 2- Prescrire Rédaction “Infos-Patients Prescrire – Dépistage du cancer colorectal”. *prescrire.org* accessed 10 November 2011: 1 page.
- 3- Prescrire Rédaction “CAPI – Objectif n° 2. Objectif cible à 3 ans : 80 % des femmes âgées de 50 ans à 74 ans participant au dépistage du cancer du sein” *Rev Prescrire* 2010; 30 (325): 860-861.