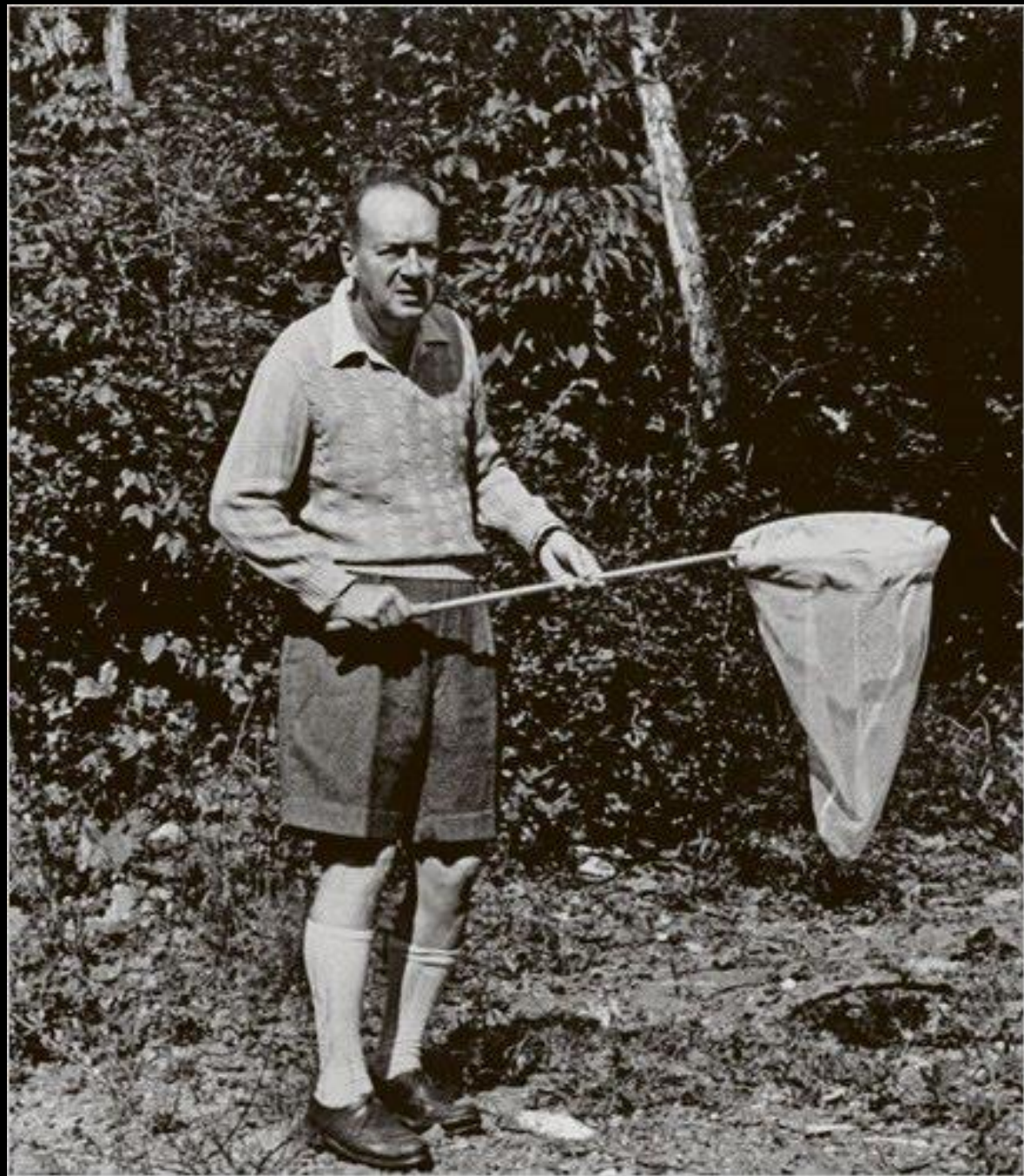


Overdiagnosis and the individual patient



Oxford
15 September 2014



The lovely thing about
humanity is that at times
one may be unaware of
doing right, but one is
always aware of doing
wrong.

Vladimir Nabokov
The Assistant Producer, 1943

A black and white portrait of Susan Sontag, looking slightly to the left of the camera with a neutral expression. Her hair is dark and shoulder-length. She is wearing a dark, textured garment, possibly a jacket or sweater, with a scarf or shawl draped over her shoulders. The background is dark and out of focus.

Susan Sontag

Illness as
Metaphor
& Aids and its Metaphors

MODERN CLASSICS



Illness is the night side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.

Susan Sontag
Illness as Metaphor, 1978.

terrible synergy
of fears

existential fear

The undiscover'd country, from
whose bourn
No traveller returns

William Shakespeare
Hamlet, Act 3, Scene 1.
circa 1599-1602

Waking at four to soundless dark, I stare.
In time the curtain-edges will grow light.
Till then I see what's really always there:
Unresting death, a whole day nearer now,
Making all thought impossible but how
And where and when I shall myself die.
Arid interrogation: yet the dread
Of dying, and being dead,
Flashes afresh to hold and horrify.

Philip Larkin
Aubade, 1977

Physicians are thrust repeatedly into situations in which the *professional* tasks peculiar to their status as physicians are linked to the *existential* tasks they share with all persons: maintaining a sense of meaning, security, and connectedness in the face of mortality and finitude.

Barnard D. Love and death: existential dimensions of physicians' difficulties with moral problems. *Journal of Medicine and Philosophy* 1988; **13**: 393-409.

The background of the book cover is a close-up photograph of a man's face. He has a dark beard and mustache, and a white earplug is visible in his left ear. The lighting is warm, highlighting the texture of his skin and hair. The text is overlaid on a white rectangular area in the center of the cover.

HOW TO
LIVE

—OR—

A LIFE OF
MONTAIGNE

IN ONE QUESTION
AND TWENTY ATTEMPTS
AT AN ANSWER

SARAH BAKWELL

- he could enjoy ... delightful floating sensations even while his body seemed to be convulsed, thrashing around in what looked to others like torment.

Sarah Bakewell

How to Live: a life of Montaigne in one question and twenty attempts at an answer, 2010.

If you don't know how to die, don't worry; Nature will tell you what to do on the spot, fully and adequately. She will do this job perfectly for you; don't bother your head about it.

Michel de Montaigne

fears of patients

ALL-NITE DRIVE-THRU
SCREENING CLINIC



fears of doctors



The human being, who appears to be thrilling and wonderful, may turn out at the same time to be monstrous in its ambition to simplify and control the world. Contingency, an object of terror and loathing, may turn out to be at the same time wonderful, constitutive of what makes a human life beautiful and thrilling.

Nussbaum MC. *The fragility of goodness*, 1986.

In facing problems about the use of new knowledge for human good, we may ignore the ideal of intellectual exactitude, with its idolization of geometrical proof and certainty. Instead, we must try to recapture the practical modesty of the humanists, which let them live free of anxiety, despite uncertainty, ambiguity, and pluralism.

Toulmin S.

Cosmopolis: the hidden agenda of modernity, 1990.

In practical disciplines,
questions of rational
adequacy are timely not
timeless, concrete not
abstract, local not general,
particular not universal.

Toulmin S.

Cosmopolis: the hidden agenda of modernity, 1990.

“risk-factorology”

Skrabanek P. Risk-factor epidemiology: science or
non-science?

In: Anderson D, editor. *Health, lifestyle and
environment.*

London: Social Affairs Unit, 1991;47–56.

1. Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.
2. Don't use benzodiazepines or other sedative hypnotics in older adults as first choice for insomnia, agitation or delirium.
3. Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral feeding.
4. Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia.
5. Avoid using medications known to cause hypoglycemia to achieve hemoglobin A1c <7.5% in many adults age 65 and older; moderate control is generally better.



Our patients deserve of us accurate diagnosis and appropriate treatment, but when accurate diagnosis is impossible and appropriate treatment unavailable we delude both them and ourselves by using diagnostic labels and prescribing specific treatments. When we as general practitioners are in a position to cure illness, cure is usually readily achieved. But cure only signifies postponement of death: it does not confer immortality. No matter how far medical science advances it can never eradicate human suffering or the fear and fact of death.

McCormick J. Fifty years of progress.

J Roy Coll Gen Pract 1975; 25: 9-19

Uncertainty as
freedom and
resistance



To be responsible does not mean to follow the rules; it may often require us to disregard the rules or to act in a way the rules do not warrant. Only such responsibility makes the citizen into that basis on which can be built a human community resourceful and thoughtful enough to cope with the present challenges.

Zygmunt Bauman
Alone Again: Ethics After Uncertainty, 1994