General practitioners' perceptions of private health screening: too much paper, anxiety, and reassurance

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SUMMARY

There is no evidence to support the practice of screening consultations that include general physical examinations and batteries of tests; however, many patients may choose, or be sent by their employers, to have private full health screening (FHS). General practitioners (GPs) are routinely sent the results of these screening examinations and are expected to deal with any subsequent care required. GPs recognize some positive aspects of FHS, but in our survey there was a groundswell of dislike for these examinations because of uncertainty about patient benefit (raised anxiety or false assurance) and a potential to irritate the GP. The implications for workload were minimal but resented. GPs would welcome a precise summary of significant findings and for the screening doctor to take greater responsibility for follow-up.

Keywords: workload; general practitioners; private medicine; medical examinations; screening.

Introduction

DESPITE no evidence of their benefit, full health screens (FHSs) are actively promoted by private health care organizations in the UK. FHSs are more comprehensive than the health promotion activities undertaken by the primary health care team, often including diagnostic tests inappropriate for screening populations with low disease prevalence. Most FHSs also include exhortations to reduce alcohol intake, modify diet, stop smoking, and to take more exercise. Little is known about the effectiveness of encouraging change to a healthier lifestyle in this setting, but the impact of lifestyle advice is known to be improved by counselling and follow-up.[1,2] It is unclear how often FHSs lead to any long-term change in lifestyle, or whether a series of normal results may, in fact, reduce the incentive to change.[3]

The patient's GP is routinely sent the results of the FHS, and is expected to deal with subsequent care. The aim of this study was to survey GPs' perceptions of the benefits of FHSs and the workload implications.

Method

A random sample of 400 GPs in Wessex was sent a semistructured questionnaire about FHSs, enquiring about implications for workload, value in detecting serious pathology, and the impact on patient health. Additional comments were invited.

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Submitted: 23 April 1997; accepted: 23 December 1997.

Results

Of the 286 GPs who completed the questionnaire, 43.7% (125/286) made additional comments, suggesting that this was an issue of interest and concern. The majority of GPs (88.4%; 252/285) reported receiving two or fewer reports each month. Over half reported that patients never (6.3%; 18/285) or only occasionally (53%; 152/285) make an appointment to discuss their results (Figure 1). However, these few consultations do generate irritation: 'Most findings that require referral to me are of a trivial nature and are time-consuming', 'I'm fed up with BUPA measuring cholesterol, finding a borderline level, and then telling patients to get it repeated by their GP'.

Out of 276 GPs, 230 (83.3%) reported reading and filing the reports, 12.3% (34) said they filed the reports unread, and 4.3% (12) claimed to discard them unread (Figure 1). GPs complained about the bulk of the reports, preferring a summary of basic results or significant findings: 'What we want is a list of biochemical results and a brief summary of abnormal findings condensed onto a single A4 sheet', as opposed to 'pages of generally useless information.'

Sixty-four of the 283 GPs (22.6%) who responded felt that FHSs never identified previously unrecognized serious pathology, but 195 (68.9%) reported that this was only occasionally the case, although, only one GP illustrated his response. Examples of missed pathology dominated the responses, such as, it 'failed completely to address a chronic nephritis evident from the urine result; the patient received the usual bland reassurance'.

Most GPs felt that patients' health and well-being may occasionally (65.5%; 185/282), sometimes (20.6%; 58/282), or usually (6.4%; 18/282) benefit from FHSs, but responders also identified the risk of false reassurance; e.g. 'there is little doubt in my mind that they do engender a "feel good" factor', or that 'screening gives a false belief of immortality'.

Of the 284 GPs who responded to the question regarding workload, 221 (77.8%) reported that FHSs only imposed a slight increase in overall workload, and 12 (4.2%) reported a considerable increase. This increase causes disproportionate irritation as it is generated by minor abnormalities, as one respnder commented: 'follow-up work dealing with anxieties and irrelevant abnormalities is dealt with in primary care — unrecognized and unpaid. I suggest a proportion of initial fee — 20% — should be passed onto the GP!' Other GPs felt that the screening doctor should arrange follow-up: 'you cannot have a situation whereby BUPA takes the money for tests of questionable relevance while we GPs devote time and effort in unpaid follow-up.'

Two GPs were very positive about FHSs, but the majority of comments were antagonistic, expressed through comments such as: 'bloody rip-off', 'expensive exercise in reassurance', 'useless information', 'nice little earner', 'pages of crap to justify the fee', and 'job creation scheme'.

General practitioners valued the baseline measurements provided by screening, commenting that they were: 'useful when doing PMAs (author: please spell in full)', 'useful in young/middle aged men who rarely attended the surgery', and that 'blood results, chest X-ray, electrocardiographs are helpful baseline'.

Discussion

Private health screening has little impact on GP workload but is resented as being extra, unsolicited, and unnecessary work. To minimize irritation, doctors conducting FHSs should send GPs a distillate of results, ensuring salient information is not lost among the irrelevant.

There is no evidence to support the practice of FHSs, and a more targeted approach to preventive health care has been advised.[4] However, the present study demonstrates the ambivalence among practitioners towards this non evidence-based activity. Although the general tone of comments was cynical, 27% thought that patients' health sometimes or usually benefited from health screening. It was also recognized that basic investigations, such as blood pressure and cholesterol monitoring, can provide a useful baseline for health promotion within general practice.

Whatever the rights and wrongs, it seems inevitable that FHSs will continue given the commercial realities of private health care and the prevalence of anxiety among the general public. It is crucial that the effort expended on FHSs is not completely wasted, and that any abnormal results requiring follow-up should be properly pursued. Responsibility for follow-up of abnormal or borderline findings should be negotiated and stated clearly, as almost one-fifth of GPs claim to file or discard the reports unread.

References

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Acknowledgements

We would like to thank those Wessex GPs who participated in this study, giving their time and sharing their views. We acknowledge the assistance of WReN staff: L-A Gudgeon for data entry and C Tresise for secretarial help. We value Professor A-L Kinmonth's comments on the manuscript. The project was funded by the Claire Wand Fund.

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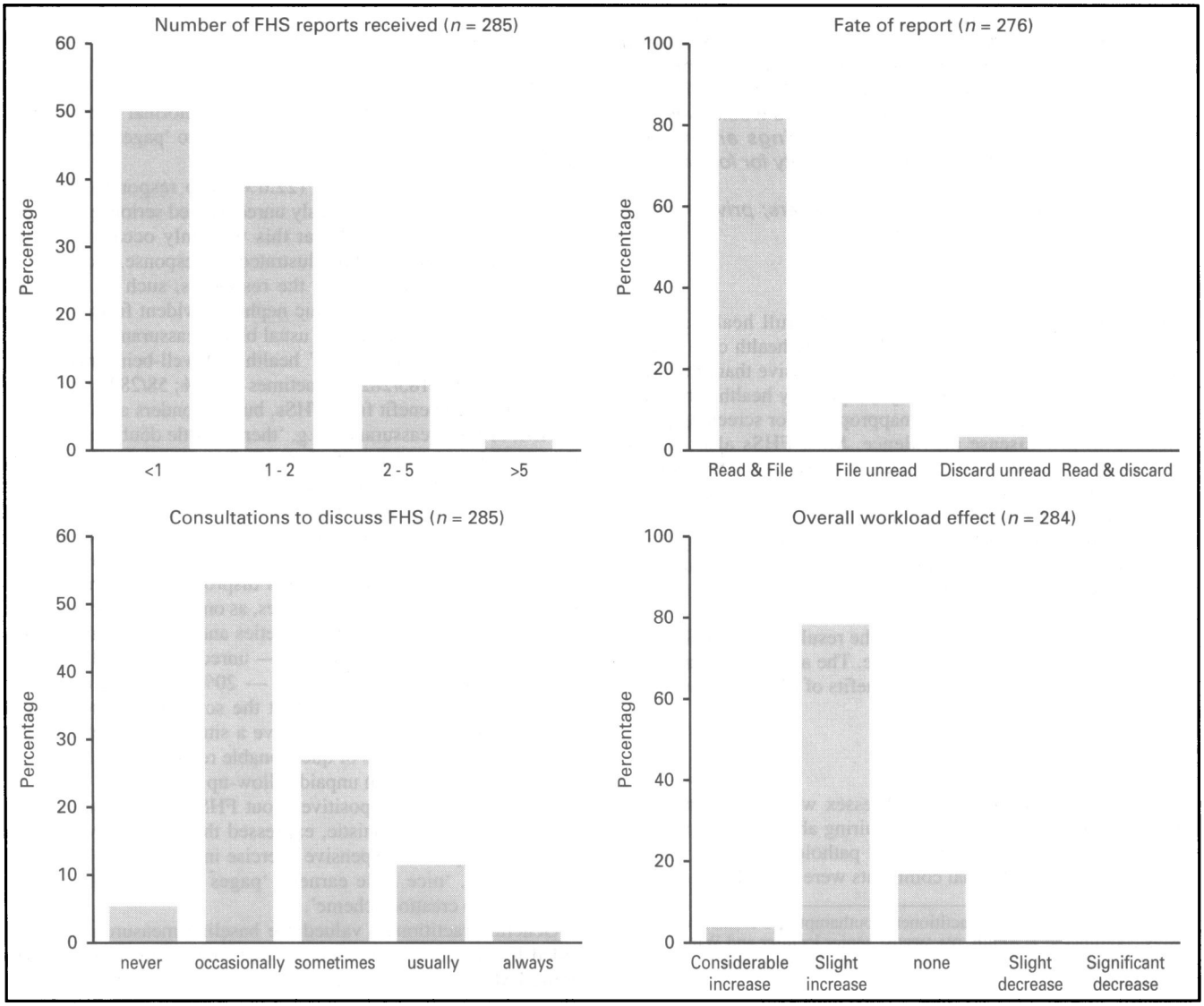

Figure 1. The impact of private health screens on the general practitioner's workload.