Proactive care: the patient's right to choose

When I recently went to my GP for an unrelated problem, she offered to take my blood pressure as I had not had it done for 5 years. This seemed a reasonable opportunistic check, and I readily agreed. I am in an age group where I get called for various screening tests approximately once every 3 years. So far, I have accepted all invitations and felt that the inconvenience was easily outweighed by the reassurance of a normal result. Some time soon, I expect I'll be offered a 'health check' where — in the unlikely event that I take it up — I will be weighed, measured, and sent to pee in a pot and roll up my sleeve for a blood test.

The other day, I heard about an older woman who had had it up to here with opportunistic checks and routine screening. I understand that, like me, she is happy to have her blood pressure checked when attending her GP for the problem that's actually bothering her. But she doesn't want to be put on the scales, asked to read a Snellen chart, or cross-questioned about her daily units of alcohol. Nor does she want to receive unsolicited mail inviting her to have her private parts X-rayed or post off a sample of her poo. She feels fine, and her biometric data in the absence of symptoms are none of anyone's business.

The reason I am writing about this woman is that she feels so strongly about the intrusion into her privacy that she has chosen not to have a GP at all. She cannot find one who will arrange for all the automated letters, pop-up prompts, and on-screen decision support algorithms — all linked, no doubt, to the Quality and Outcomes Framework (QOF) and thence to her GP's income — to be disabled so that she can simply come and see her family doctor when something is actually troubling her.

I have a few patients who have negative attitudes to proactive care. Most of them can be persuaded to accept particular tests when the reason is explained and personalised for them. Those who resist are usually the ones who get as far as establishing, in statistical terms, the likely

benefit of the test, and they often have a fair point when they say it's not worth the candle.

Please do not write in to remind me that the proactive care routinely offered on the NHS is based on robust research evidence. I was a member of one of the original panels who put together the evidence base for the QOF. But what makes sense for a population, however stratified, may not make sense for an individual. And the more risk groups a person is in, the more the polite invitations will be experienced as a scattergun approach. We even tell people 'You've been targeted' — and some of them simply don't want to be fired at.

Let's debate this. If it's ethical for someone to decline an offer of an opportunistic check or an invitation to screening, surely it is also ethical for a patient to ask not to receive such offers in the first place? Especially when they find them so distressing that they are prepared to sever all links with primary care services to stop receiving them.

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