Doctors speak out about unnecessary care as cost put at $800 billion a year

October 2 2012

Leading doctors are calling for action to tackle unnecessary care that is estimated to account for up to $800bn in the United States every year.

In a special report for this week's *BMJ*, journalist Jeanne Lenzer describes how a new movement led by prominent doctors is challenging the basic assumption in US healthcare that more is better.

The report comes as an international conference 'Preventing Overdiagnosis' is announced for September 2013 in the United States, hosted by The Dartmouth Institute for Health Policy and Clinical Practice, in partnership with the BMJ, the leading consumer organisation Consumer Reports and Bond University, Australia.

In the US, overly aggressive treatment is estimated to cause 30,000 deaths among Medicare recipients alone each year, while unnecessary interventions are estimated to account for 10-30% of spending on healthcare, or $250bn-$800bn (£154bn-£490bn) annually.

Examples range from the overuse of screening tests and imaging technology to an epidemic of questionable surgery.

Such statistics led a group of prominent doctors from the US, Canada and the UK to come together and discuss how to avoid the harm caused to patients by overtreatment.

Many of them have been warning for decades about the harms of

overtreatment, but it is only now, with global financial downturns and growing awareness of the unsustainability of healthcare spending, that the issue is receiving significant attention from the American media and politicians.

They identified several reasons for overtreatment, including malpractice fears, biased research, patient demand, and financial conflicts of guideline writers. Other commonly cited problems included the rapid uptake of unproved technology and the failure to inform patients fully of the potential harms of elective treatments. Several speakers highlighted the way physicians are paid and trained in the US as central factors, and nearly 80% believed that more radical payment reform is necessary to reduce the problem meaningfully.

But as these initiatives begin to move forward, they will face formidable challenges from the healthcare industry and the general public who argue that the overtreatment movement is simply a scheme to ration care, reports Lenzer.

Supporters of reducing overtreatment vigorously oppose this view. "Rationing means that you are limiting necessary care. What we are proposing is limiting unnecessary care – harmful care," argues Dr Diane Meier, Professor of Geriatrics and Internal Medicine at Mount Sinai School of Medicine.

Jerome R Hoffman, Emeritus Professor of Medicine at the University of California, Los Angeles, adds: "There's already lots of rationing in healthcare; wouldn't it be better for us to decide what should be available, based on what's best for our health, rather than having insurance companies decide, based on what's most profitable for them?"

They also point out that resources wasted on unnecessary care can be much better spent treating and preventing genuine illness in those who

are underinsured or uninsured.

Ultimately, engaging clinicians at an international level will be key to moving these issues forward. Dr Shannon Brownlee, author of Overtreated: How Too Much Medicine is Making Us Sicker and Poorer says: "The crucial step right now is to get the medical community mobilized around the idea that overtreatment harms patients."

Provided by British Medical Journal