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Diagnosis targets in primary care are misleading and unethical

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Last month, there was public outcry at the news that GPs in England would be paid £55 for each case of dementia diagnosed.

Now come targets for six other conditions, including diabetes coronary heart disease, asthma and depression, writes Dr Martin Brunet, a GP in Surrey. "But the data on which they are based are flawed, and the approach incentivises potentially harmful overdiagnosis," he argues.

Every practice in England has been told its diagnosis rate for each condition, estimated from practice data and the expected prevalence, he explains. The intention is to exert pressure on general practitioners to increase diagnosis rates, but he believes the principles behind such a policy need to be questioned.

Brunet argues that applying error prone national prevalence data to an individual practice is problematic. Although attempts are made to account for local demographics, practices may be under pressure to "improve" diagnosis rates that are far better than the data would suggest, he warns.

He also questions the ethical implications for individual patients of unnecessary tests and treatments that "could do more harm than good" and divert resources away from people with symptoms.

Targets in healthcare always threaten to undermine trust in the doctor-patient relationship, says Brunet. "For this reason patients need to trust

that the doctor will act solely in their best interests, unencumbered by competing interests."

"NHS England needs to hear the clear message from doctors and patients that setting targets for diagnosis is problematic, unscientific, and unethical," he argues. "Instead, it needs to trust doctors and their patients to know when to seek a diagnosis."

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