

This was just screening, nothing more and nothing less, done for profit – with the results to be dumped in my lap within 21 working days and for my GP to sort out the emotional and physical consequences of any abnormality, true or false, even though she didn't request the tests. . . . Inevitably this whole screening circus is liable to whip up anxiety in vulnerable people without discussing or taking the slightest responsibility for the consequences of any abnormalities found.'

Warlow C. The new religion: screening at your parish church. *BMJ* 2009;338:b1940

These criteria reinforce our message at the beginning of this chapter: that any decision to introduce a screening programme should be based on good-quality evidence not only about its effectiveness but also about its potential for doing harm.

IS ANYONE NORMAL?

Whole-body CT scans

Among the tests on offer at private clinics are whole-body computed tomography (CT) scans to look at head, neck, chest, abdomen, and pelvis. They are offered directly to the public, and usually done without reference to the person's general/primary care practitioner. Whole-body scans are often promoted as the way to keep one step ahead of possible illness, with the premise that a 'normal' result will be reassuring. Not only are these scans expensive, but also there is no evidence that any overall health benefit is achieved by doing these tests in people without symptoms or signs of disease.

Moreover, the radiation exposure is considerable – as much as 400 times more than a chest X-ray. So much so that in 2007 the UK's Committee on Medical Aspects of Radiation in the Environment (COMARE) strongly recommended that 'services' offering whole-body CT screening of asymptomatic individuals

should discontinue to do so.

In 2010, after consultation, the Government announced its intention to introduce tougher rules for using whole-body scans. Similarly, the US Food and Drug Administration has warned the public that these scans have no proven benefits for healthy people, commenting ‘Many people don’t realize that getting a whole body CT screening exam won’t necessarily give them the “peace of mind” that they are hoping for, or the information that would allow them to prevent a health problem. An abnormal finding, for example, may not be a serious one, and a normal finding may be inaccurate.’^{23, 24, 25}

Striking a balance

Striking a balance between over-zealous trawling for disease and failing to identify those people who may benefit from early detection is never going to be easy, and will inevitably lead to unpopular decisions. All healthcare systems need to use their resources thriftily if the whole population is to benefit. This fundamental principle surely means that screening programmes must not only be based on sound evidence when they are introduced but also kept under review to check whether they are helpful as more evidence accrues and circumstances change. A serious consideration is whether screening programmes should be offered to large sectors of the population or more targeted towards those at high risk of a condition.