

# Reflections on Health Screening

Health screening has always been popular. It promises a means to detect diseases early enough for treatment to be instituted and hopefully cure to result. The reality of course is that it is not so simple. There are pros and cons for screening. There is a need to educate the public and profession alike on what is worth screening and what is not. Also, in the economic world, there is a resource cost, even if the user is willing to pay for screening that does not achieve the goal of early disease detection.

In the changing world of cancer detection, what is worth and not worth screening is in a flux. There is a need for a MOH select committee to be formed to conduct reviews into ongoing surveillance of current literature to provide practitioners and public on what is worth screening and what is not. The SMA will be pleased to be in such a committee. There is also a need to prevent abuse of screening.

## WRONG USE OF TESTS

The use of cancer markers like CEA is not for screening but for follow-up of post-treatment cases for cancer colon. Similarly, CA125 is not useful for detection of cancer of the ovary. The use of PSA for screening prostate cancer too is not clear. These tests give false alarm and false reassurance. Do false alarms and false positives matter? They do. In the first category will be the

needless worry. What is even more serious is the unnecessary wild goose chase that follows and as investigations and tests are not always without harm; some unnecessary suffering may result. False sense of security from false positives is a possibility but it is less likely to occur here. At the bottom line, such tests must represent wasting of money and other resources.

## WHAT IS WORTH SCREENING

The conditions that are worth screening are those that are common, where there is a cure, and where it is possible to catch the disease early enough. Pap smear for cervical cancer is a good example of a disease that fulfils the criteria for screening.

On the other hand, it is also clear that screening for lung cancer with chest X-ray is not useful. It is often too late when it is found on X-ray. A better screening test for lung cancer is this question, "Do you smoke?" If he or she does, then the person is at risk and should stop to reduce the risk.

## WRONG USE OF SCREENING

A story is told of a patient with diabetes who wants to be screened for diabetes. When told by the doctor that what he needs is not screening but treatment, he got angry and made a complaint that the doctor was not helpful. Of course, the patient is wrong and the doctor is right.

It is important that such doctors be supported in his or her judgment. It is also crucial that the public is taught what is the real place of screening. It is to pick up asymptomatic disease. Once the disease is diagnosed, what is there to screen?

## ABUSE OF SCREENING

What is even more worrying is screening has been considered as a marketing tool to gain clientele. Some companies are considering using screening as an inducement for individuals to join a service or buy a product. It is important that the Ministry of Health sets out clearly the tests that are worth and not screening. Otherwise, the public will fall into the trap of false alarm and false assurance because the wrong tests are chosen in the screening package.

## THE LEGAL LIABILITIES

Health screening potentially also has legal liabilities. This area too needs to be explored and defined.

In conclusion then, as we move into the new millennium, the popular subject of health screening should be kept under surveillance, the profession, the public and entrepreneurs share a common message of what is worth screening and what is not. This is an initiative for the Ministry of Health to consider taking the lead role. ■

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## Council News

# Amendments to SMA Constitution

I. The following amendments to the SMA Constitution proposed by the 40<sup>th</sup> SMA Council which were passed unanimously at the 40<sup>th</sup> AGM on 9 April 2000 have been approved by the Registrar of Societies in accordance with Section 4 of Article XII which states that "Any resolution proposing any amendment of the Constitution and Rules of the Association shall be null and void unless at least two-thirds of the members present vote in favour of such resolution."

### A. STUDENT MEMBERSHIP

Art. III – MEMBERSHIP Section (v)

**Student Membership** shall be open to all medical students upon application and payment of annual subscription.

Art V – SUBSCRIPTIONS (x) (new)

The Annual Subscription for **Student Members** shall be \$20.

Art. VI – PRIVILEGES Section (i)

Honorary and **Student Members** shall be entitled to all the benefits and privileges of Ordinary Members, except

that they shall not be eligible to hold office or to vote.

### B. APPOINTMENT OF HONORARY ASSISTANT TREASURER

Art. VIII – MANAGEMENT OF THE ASSOCIATION – Section 1

The Association shall be managed by a Council consisting of the President, 1<sup>st</sup> and 2<sup>nd</sup> Vice Presidents, Honorary Secretary, Honorary Assistant Secretary, Honorary Treasurer, **Honorary Assistant Treasurer** and nine ordinary Council Members.