

To screen or not to screen - Norwegian doctors' recommendations to their patients

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Background

- The rationale behind disease specific cancer screening is debated
 - Evidence is contested
 - Too much medicine?
- Doctors are faced with uncertainty when patients ask for advice
- How do Norwegian doctors act in the situation?

Roles and obligations will influence recommendation

Whether to recommend screening depends on the dominant role in each case

Role	Administrator and gatekeeper	Professional	Patient's advocate	Private, individual
Accountable to	Society Health authorities	Medical quality Professional association Peers	Patient Next of kin	Self (Political views, moral values, and personal interests)
Core moral norm(-s)	Act in accordance with laws and system requirements. Take responsibility for population health and for fair distribution of resources.	Adhere to good practice and professional ethics	Ensure care is in line with patient's views and interests	Do not act contrary to political or personal values and interests

Material and Method

Cross sectional survey 2014/15

- representative sample of 1545 doctors practicing in Norway

Postal questionnaire

Do you recommend your patients to screen for cancer of
Breast Cervix Colon Prostate Ovaries Lungs (Yes, No, N/A)

What are the reasons for your choice (breast and prostate)
Predefined alternatives (e.g. reduce anxiety, early detection)

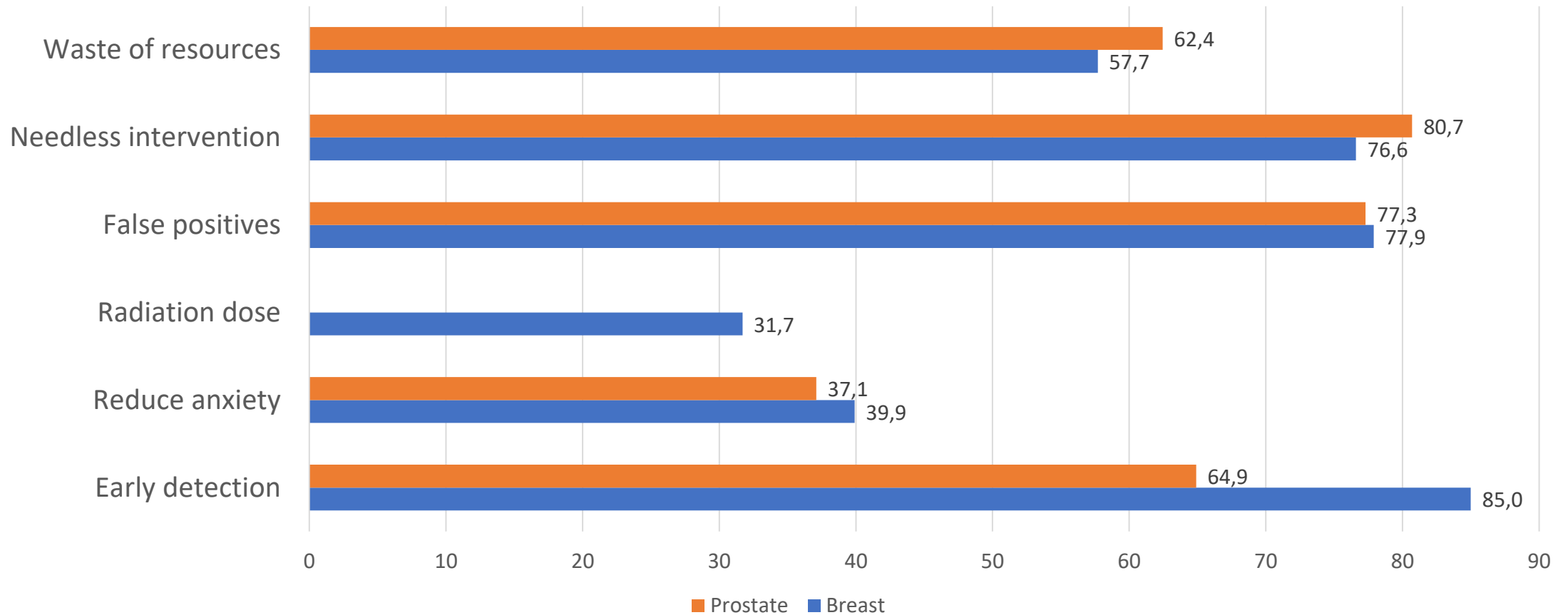
Data analysed by descriptive statistics and logistic regression analysis

Results

- Response rate 75 (1158/1545)
- Sample characteristics: 38% female, median age 55, 57% hospital doctors, 24% GPs, 19% other positions

Percentages of doctors who recommend screening (N/A excluded)		
	Yes	N
Cervical	93,9	642
Breast	89,1	650
Colorectal	41,7	607
Prostate	40,9	602
Ovarian	21,4	589
Lung	16,7	576

Reasons for decision to recommend or not (%)



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Position, gender, and age pattern

Statistically significant differences

GPs

Cervical , breast, ovarian

Women

Breast, lung, cervical

Men

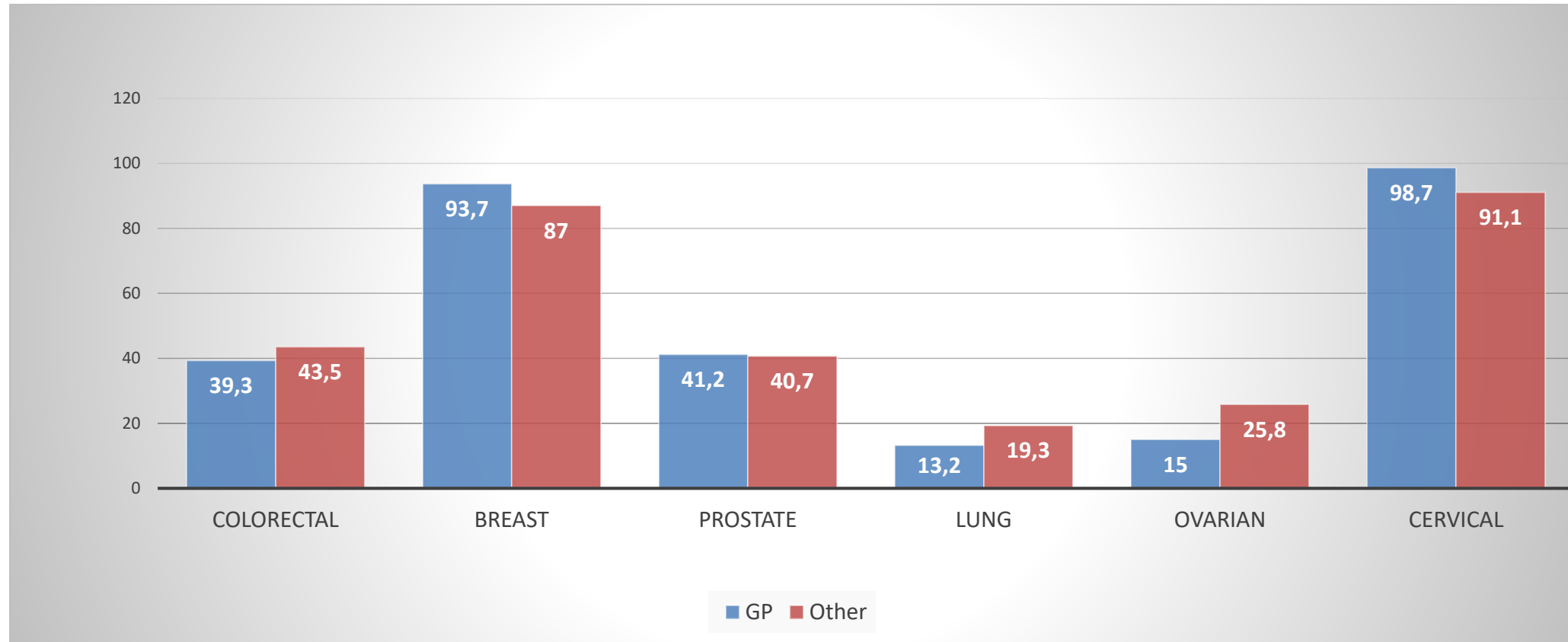
Colorectal

≥55

Colorectal, prostate, ovarian

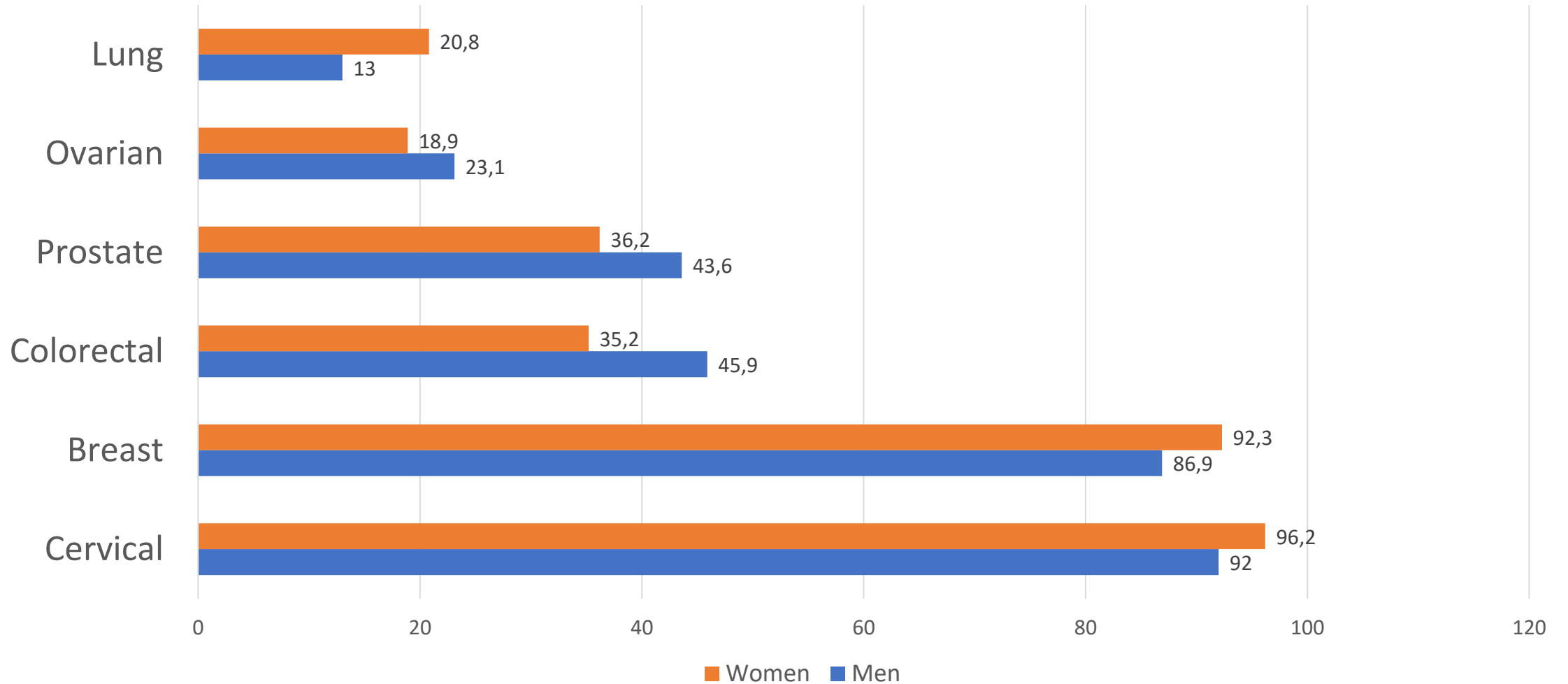
GPs versus other doctors.

Percentages who recommend cancer screening.



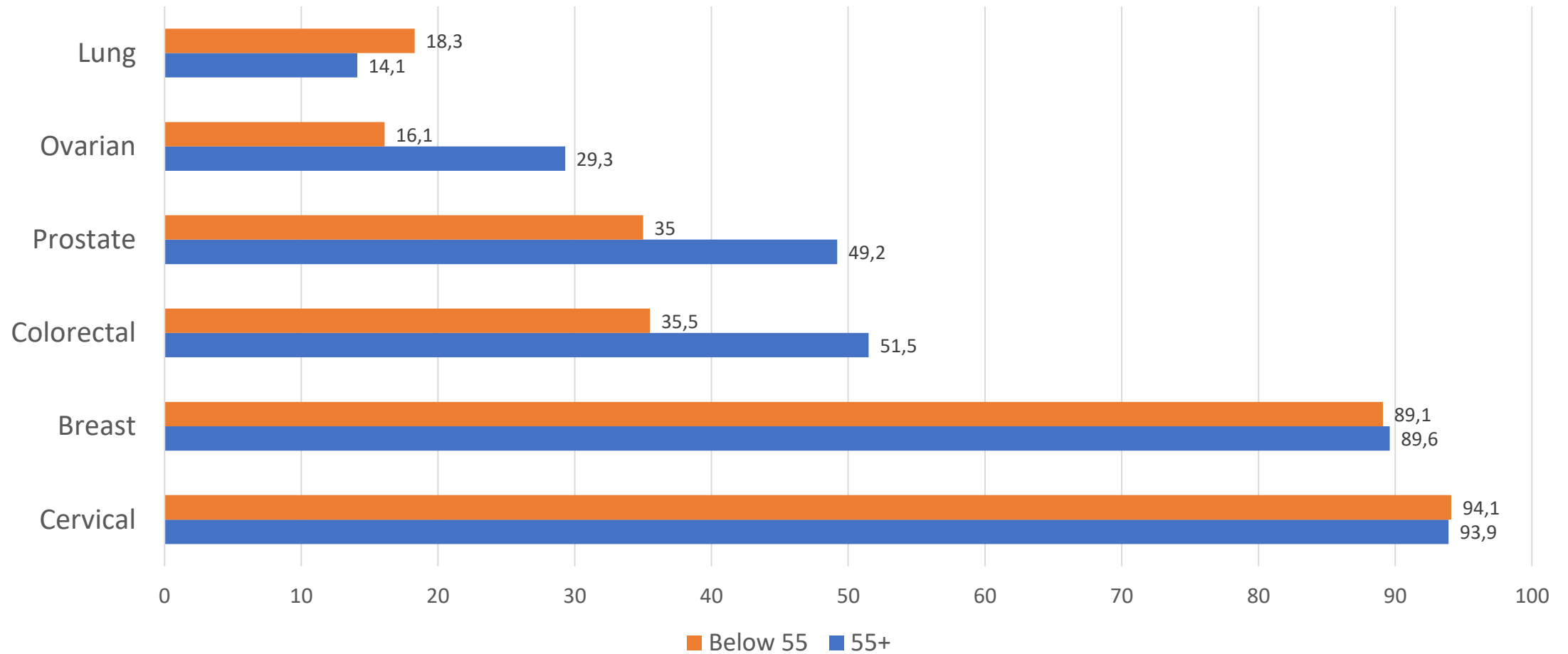
Significant differences:
cervical, breast and ovarian cancer

Percentages of male and female doctors who recommend screening



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Percentages who recommend screening by age



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Discussion

- What influences the decision to recommend/not recommend?
- Case to illustrate potential role conflicts where evidence is unclear and/or guidelines are lacking
- Increases the discretionary space
- Which role gets more attention?
 - Following the patient's wish, the professional association, individual opinion
- Health authorities should consider the various obligations when implementing steering instruments (law, guidelines, incentives, audit)