Tests I Wish I Had Never Ordered

Leonard Hock, DO, MACOI, CMD, HMDC, FAAHPM
Goals and Objectives

• Reconsider and reflect on the reasons physicians order diagnostic tests.
• Learn and be able to discuss the value and harm of tests with patients and/or responsible parties.
• Consider the potential of “Cascade testing”. That is one test leading to another.
• Know that knowing is not always good.
The Penis Test
The Penis Test

• PSA
  • Prostate Specific Antigen

• PSA, pend.
Tests Not to Order

- Tests we don’t use
  - Routine testing
- Tests that don’t matter
  - e.g., bone density in octogenarian
- Tests that conflict with goals
  - CT of head in hospice patient
  - Lipid testing in patient refusing treatment
- Tests that have greater harm than benefit
  - Invasive tests in frail fragile patient
Why do we order these tests?

• Risk management
  • Defensive medicine

• Market forces
  • Consumer driven healthcare
  • Epistemic Imperialism
Why do we order these tests?

• To be complete
• “They say…”
• In trouble if we don’t
• Get everything at once
• As long as their in the hospital

• Academia
• Malpractice protection
• Study protocol
• “If it were my mother…”
• How do we know if we don’t
Why do we order these tests?

• Knowledge is good.

• The more we know...

• We need to know everything.
Choosing Wisely

• ABIM Foundation 2015
• The focus on over testing and prescribing
• Specialty specific recommendations
• 45 pages of “Avoid” or “Don’t”
• e.g., Avoid daily CXR, CT of pelvis for low risks men, routine blood or urine cultures, routine C. Diff testing
Our Quest for Knowledge

- Epistemology
- Epistemic
- Epistemic harm
- Epistemic Imperialism
Our Quest for Knowledge

• Probabilistic knowledge
• Hermeneutical injustice
• Normative epistemology
Kirsten’s Normative Epistemology

• Doctoral candidate, healthy, married and pregnant.
• Obstetrician recommends sonogram. “Just routine.”
• Kirsten and husband want to be surprised with gender.
• Obstetrician insists. “But, what if there is a problem.”
• Kirsten, “We will accept the baby, no matter what.”
• Obstetrician insists. “I need to have it done to be your doctor.”
• Kirsten reluctantly accepts sonogram.
Kirsten’s Normative Epistemology

• Sonogram suggests two “soft signs” of possible Down’s Syndrome.
  • Nuchal fold
  • Hypoplastic nasal bones
  • Short femur or humerus
  • Hypoplastic 5\textsuperscript{th} digit
  • Ear length
  • And others

• Amniocentesis recommended
Kirsten’s Normative Epistemology

- Kirsten and husband did not want this information
- She declines amniocentesis
  - “We will accept this baby, ‘No matter what.’”
- Doctor demands.
  - “You may want to make a decision early in the pregnancy.”
- Kirsten reluctantly accepts amniocentesis
- Amniocentesis results
  - No Down’s Syndrome
  - Placenta may be at risk
Kirsten’s Normative Epistemology

• Kirsten did not want this information.
• Physician recommends “Routine sonograms due to placental risk.”
• Kirsten and husband now have knowledge they didn’t want.
• This “knowing” has caused stress and emotional harm.
• This knowledge has coerced more testing.
Kirsten’s Knowing

- A follow up sonogram “might suggest a small placenta.”
- Physician orders another amniocentesis for “lung maturation.”
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- With tears, Kirsten consents to amniocentesis.
- During the procedure there is complication.
- Sudden fetal distress.
- Kirsten rushed to surgery for C-section.
Result of Knowledge

• Baby’s lungs are not mature. Respiratory support required.
• Placenta is normal.
Medical Knowledge

• All knowledge is not “Good knowledge.”
  • Not used
  • Doesn’t matter
  • Conflicts with goals
  • Once known cannot be unknown
  • Knowledge itself can be harmful
Tests I Ordered

- Results will be used for patient benefit.
- Results matter in decision making.
- Results that contribute to desired knowledge.
- Results that contribute to goals of care.
Thank you
References

• Kirsten’s Doctoral Thesis
• “Sounding Board” Hardison, MD, 1979, NEJM.
• Prenatal imaging in Down’s Syndrome, Shafi and Lin, Nov ‘15, Medscape.
• Dictionary of Philosophy, 2nd Edition, Flew