

OP17.4

Overdiagnosis in general practice as a category mistake resulting from lack of theory about the person

Stefan Hjorleifsson(1), Christopher Dowrick(2)

(1) Department of Global Public Health and Primary Care, University of Bergen, Norway

(2) Institute of Psychology, Health and Society, University of Liverpool, UK

Corresponding author: Dr Stefan Hjorleifsson, University Of Bergen, Department Of Global Public Health And Primary Care, Bergen, Norway. E-mail: stefan.hjorleifsson@uib.no

Background and Aim: Medicine does not formally espouse a particular theory of what it means to be a person. Probably most of us do not worry about this much – there are many more pressing concerns that keep us awake at night. Nevertheless this absence may be at the heart of problems that cause frustration in general practitioners' everyday work. The aim of this presentation is to explore a twofold hypothesis: First, that as each person presenting in general practice is a biological being with a biography, the doctor must be able to explore the plight of this person along the dimension of biography as well as the dimension of biology. Second, that a particular form of overdiagnosis results when biography is inappropriately ignored, and that this category mistake is more likely to occur if practice is not underpinned by an adequate theory of personhood.

Method: Analysis of the concept of the person in the context of sickness, informed by literature on (1) the philosophical anthropology of medicine (implicit notions about the object of medical practice), (2) overdiagnosis and other challenges of medical excess, including expectations that an increasing range of problems have medical solutions, particularly (3) 'third wave morbidity' due to disadvantage and disruption of meaning and belonging, often manifesting as unspecific pain or other 'subjective health complaints', as well as (4) engagement with patients in terms of biology and biography from the authors' research and experience as a general practitioners.

Results: The outcome of this analysis can be an improved understanding of errors of excess in general practice, and a certain contribution to the theoretical underpinning of practice.

Conclusion: Though seemingly far from everyday general practice, theoretical work to enhance our professional understanding of sick persons may yet help prevent category mistakes that entail waste, harm and frustration.