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How to prevent overdiagnosis in general practice

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Winding back unnecessary tests and treatments, unhelpful labels and diagnoses won't only benefit those who directly avoid harm, it can also help us create a more sustainable future' Fiona Godlee, Editor-in-Chief, BMJ Screening of asymptomatic individuals to 'prevent disease' or to improve the patients' prognosis via 'early diagnosis' is increasing in volume in general practice. One driver is the fear of hidden disease which is flourishing among physicians, patients, politicians and health administrators together with the mistaken belief that 'the earlier the better'. However, it can also be too early with the consequence of overdiagnosis. Other drivers for overdiagnosis becoming a growing problem include: more sensitive tests, widening disease definition, disease mongering, financial incentives, physicians' fear of litigation due to diagnostic delay, healthy citizens' claim for reassurance etc. Overdiagnosis is closely related to medicalization of normality and diagnosing and treating of conditions that are either self-healing or untreatable. Overdiagnosis is linked to the false conception that it is an error not to diagnose at the first modest symptom, which could be seen to indicate serious disease, but which in most cases is innocent and transitory. The first imperative of medicine is to do no harm. But overdiagnosis is harmful: both to the individual and to public health. Public health deteriorates when resources are shifted away from the patients with chronic diseases and the poor, to the well and the rich, while the individual is harmed by being labelled as sick and perceiving herself as sick. This workshop will commenced with four short presentations about how overdiagnosis is debated in primary healthcare in four different countries: Australia, Portugal, Denmark and Norway. Then participants will break into small groups to discuss their own experiences from their home countries, and then report back to suggest how to prevent overdiagnosis in general practice.