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Overdiagnosis and patient harm or how unsafe is striving for certainty? A workshop using advanced quality circle methods

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Background and Aims: As diagnostic methods increase, overdiagnosis is an increasing threat to patient safety. Harmless disorders are unjustifiably considered dangerous, non-specific definitions like blood glucose levels or blood pressure limits are exaggerated, self-limiting diseases are too carefully evaluated and stable or slowly-progressing, symptom-free diseases are clinically overemphasized. Anatomical or biochemical variations are considered diseases and life-stages are increasingly medicalized. Careful evaluation of patients' needs is key before starting diagnostic procedures to avoid overdiagnosis and related overtreatment. It is important to understand the origins of overdiagnosis and the skills for dealing with uncertainty are particularly important in General Practice as undifferentiated and unorganized problems present a common challenge. Each participant in this workshop learns what overdiagnosis is and its relevance for patients. Practical approaches are discussed and assessed.

Methods: Groups of max 12 people contemplate typical clinical situations, like cancer-screening, medically unexplained symptoms or cases of polymorbidty, and it mirrors practice by looking at diagnostic pattern habits. Emerging topics are discussed considering evidence-based information. Facilitators involve all workshop participants with an appropriate balance between comfort and challenge, using different techniques to reflect practice, such as brain-storming, followed by contentious discussions and reaching a consensus, professional reprocessing of patient situations and raising awareness of emotions. Practitioner knowledge is combined with evidence-based medicine (EBM) knowledge and discussed among the groups.

Results: Origins of overdiagnosis include social problems that need solutions, experts and their attachment to industry, expansion of the disease concepts through guidelines, faith-based medicine, culturally-induced mania or patient and staff anxieties. Practitioner knowledge and EBM knowledge are combined to form new concepts for avoiding overdiagnosis.

Conclusion: Group discussions are an excellent method of mobilising practitioners' expert knowledge. They provide participants with the opportunity to integrate personal experience with EBM knowledge-sources to create a new way of thinking.