Tests I Wish I Had Never Ordered

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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.
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\text{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
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
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
Kirsten’s Baby

• Healthy
• Happy
• Normal
• Now has a little sister
References

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