

**TESTS I WISH YOU'D NEVER
ORDERED**
(CHOOSING WISELY ©)

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DISCLOSURES:

- NO FINANCIAL CONFLICTS OF INTEREST
- OPINIONS ARE MY OWN
- (PARTS OF THIS DISCUSSION HAVE BEEN PRESENTED ELSEWHERE)

- Most any day on hospital rounds, I see patients undergoing various tests or procedures that do not appear (to me) to add to their care; some turn out to be less than beneficial
- A significant number of my consultations are to explain away results, cancel tests or discontinue orders that could have been avoided
- Do other docs feel the same?
- Is there a way of conveying our opinions to our residents and other physicians, hopefully favorably influencing patterns of care, that could easily include us as patients in the future?

WHEN YOU ARE YOUNG, YOU THINK YOU ARE
BULLETPROOF, BUT.....

SOMEDAY, YOU WILL BE A PATIENT

(Blackburn's Law #4?)

MEDPAGE TODAY



DOCS, THINK ABOUT IT BEFORE YOU OVER ORDER.

Why do doctors over-order? Physicians are prone to a standard of exactitude, which is not always reasonable, practical, or merciful. Do you ever stay awake nights because of the minute possibility that there is a tiny chance of a small probability that an obscure diagnosis might be missed because blood was not drawn, an x-ray not taken, or an orifice not invaded?

There is a great deal of pressure on doctors not only to overturn every stone but to dig five feet into the earth, no matter how unlikely a revelation or how probable a complicating scar.

Do patients and docs fail to ask the question before they stick in the needle or press the button, "Will the test help improve the quality of life?"

OBJECTIVE:
“LEARN HOW TO STOP DOING THIS”*

* Tim Barreiro DO, FACOI

“Medical error is the third leading cause of death in the United States, after heart disease and cancer.....”

Makary M, et al
BMJ 2016;353:i2139



Sept 22, 2015

..... a continuation of the landmark Institute of Medicine reports *To Err Is Human: Building A Safer Health System* (2000) and *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001) finds that the occurrence of diagnostic errors—has been largely unappreciated..... **The committee concluded that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences.**

(Unfortunately), the stories never seem to end

- An 85 y.o. gentleman, the father of a physician, in reasonably good health visits his new PCP for a “checkup”
- Palpation of the abdomen: possible enlarged aorta. Could there be an aortic aneurysm?
- Abdominal ultrasound: normal aorta, but..... something suspicious in the head of the pancreas!

- CT: normal pancreas, but..... a solitary lesion in the liver strongly suggestive of hepatocellular carcinoma! (the pt had worked w/ numerous chemical solvents his entire life)
- The patient decided against further workup, but.....

(Note: did anyone ever think to ask the patient what he would do with these results?)

- The well-intentioned daughter convinced him to see a liver specialist.....who noted that he had a single lesion, his overall health was good, and his alpha-fetoprotein was low.
- “With a resection he might live several more years”
But first, he would need a biopsy!

- The good news: no cancer!

The Rest of the Story:

- Dx - hemangioma
- From the biopsy, almost bled to death, requiring 10 units of blood
- Pain Rx -> urinary retention -> Foley catheter (removed by patient at home)
- Ultimately, the patient survived his care

- Total bill for hospitalization: (in 2014 dollars) \$50,000!!!

Law # 13

“the delivery of medical care is to do as much
nothing as possible”

....from Shem S. *The House of God*. 1978

Summary I

- Many (often the newest) tests and/or (often the latest) procedures are frequently ordered that add little or nothing to the care of the patient
- These are often expensive, unproven, misinterpreted as to their utility, inconvenient, and/or uncomfortable. They can also be dangerous and occasionally fatal

Summary II

- Often justified as necessary in the era of “defensive medicine”, they sometimes create more problems than they supposedly solve
- If a test result will not affect the appropriate care of your patient, then maybe you should not order that test
- If it ain't broke.....

Primum non nocere.....

Someday, YOU - and every single person you know and love - will be a patient

OUR DISTINGUISHED, HIGHLY OPINIONATED AND UNFILTERED PANEL

- Mark Baldwin DO, FACOI - Nephrology
- MarkAlain Dery DO, FACOI - Infectious Disease
- Kevin Hubbard DO, MACOI - Hematology/Oncology
- Bryan Martin DO, MACOI - Allergy/Immunology