To screen or not to screen - Norwegian doctors’ recommendations to their patients

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Work in progress. Please do not quote or copy.
Background

• The rationale behind disease specific cancer screening is debated
  • Evidence is contested
  • Too much medicine?
• Doctors are faced with uncertainty when patients ask for advice
• How do Norwegian doctors act in the situation?
Roles and obligations will influence recommendation

Whether to recommend screening depends on the dominant role in each case

<table>
<thead>
<tr>
<th>Role</th>
<th>Administrator and gatekeeper</th>
<th>Professional</th>
<th>Patient's advocate</th>
<th>Private, individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable to</td>
<td>Society Health authorities</td>
<td>Medical quality Professional association Peers</td>
<td>Patient Next of kin</td>
<td>Self (Political views, moral values, and personal interests)</td>
</tr>
<tr>
<td>Core moral norm(-s)</td>
<td>Act in accordance with laws and system requirements.</td>
<td>Adhere to good practice and professional ethics</td>
<td>Ensure care is in line with patient’s views and interests</td>
<td>Do not act contrary to political or personal values and interests</td>
</tr>
</tbody>
</table>

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Material and Method

Cross sectional survey 2014/15
• representative sample of 1545 doctors practicing in Norway

Postal questionnaire

Do you recommend your patients to screen for cancer of
Breast Cervix Colon Prostate Ovaries Lungs (Yes, No, N/A)

What are the reasons for your choice (breast and prostate)
Predefined alternatives (e.g. reduce anxiety, early detection)

Data analysed by descriptive statistics and logistic regression analysis
Results

• Response rate 75 (1158/1545)
• Sample characteristics: 38% female, median age 55, 57% hospital doctors, 24% GPs, 19% other positions

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical</td>
<td>93,9</td>
<td>642</td>
</tr>
<tr>
<td>Breast</td>
<td>89,1</td>
<td>650</td>
</tr>
<tr>
<td>Colorectal</td>
<td>41,7</td>
<td>607</td>
</tr>
<tr>
<td>Prostate</td>
<td>40,9</td>
<td>602</td>
</tr>
<tr>
<td>Ovarian</td>
<td>21,4</td>
<td>589</td>
</tr>
<tr>
<td>Lung</td>
<td>16,7</td>
<td>576</td>
</tr>
</tbody>
</table>

Percentages of doctors who recommend screening (N/A excluded)
Position, gender, and age pattern
Statistically significant differences

**GPs**
- Cervical, breast, ovarian

**Women**
- Breast, lung, cervical

**Men**
- Colorectal

≥55
- Colorectal, prostate, ovarian
GPs versus other doctors.
Percentages who recommend cancer screening.

Significant differences: cervical, breast and ovarian cancer
Percentages of male and female doctors who recommend screening

- **Lung**: 13% (Men) - 20.8% (Women)
- **Ovarian**: 18.9% (Men) - 23.1% (Women)
- **Prostate**: 36.2% (Men) - 43.6% (Women)
- **Colorectal**: 35.2% (Men) - 45.9% (Women)
- **Breast**: 86.9% (Men) - 92.3% (Women)
- **Cervical**: 92% (Men) - 96.2% (Women)
Percentages who recommend screening by age

- Lung: 14.1% Below 55, 18.3% 55+
- Ovarian: 16.1% Below 55, 29.3% 55+
- Prostate: 35% Below 55, 49.2% 55+
- Colorectal: 35.5% Below 55, 51.5% 55+
- Breast: 89.1% Below 55, 89.6% 55+
- Cervical: 94.1% Below 55, 93.9% 55+

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Discussion

• What influences the decision to recommend/not recommend?
• Case to illustrate potential role conflicts where evidence is unclear and/or guidelines are lacking
• Increases the discretionary space
• Which role gets more attention?
  • Following the patient’s wish, the professional association, individual opinion
• Health authorities should consider the various obligations when implementing steering instruments (law, guidelines, incentives, audit)