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PERSPECTIVE

No Wonder No One Trusts Us

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I am trying to envision how my conversation might go with a patient who is male and older than 50 years, now that the latest draft of the US Preventive Services Task Force recommendations for prostate cancer screening has been released.^{1,2} While the recommendations are still in draft form, and could be revised, the draft version has suggested yet another change in the recommendations for screening. My conversation might go something like this:

"Mr Jones, let's talk about prostate cancer screening."

Mr Jones replies, "That's okay, we talked about it the last couple of years, and I finally understand that there's no need to screen for prostate cancer anymore. Screening leads to more harm than good. I know I didn't believe you at first, and it took a lot of convincing, but I get it now. We don't need to discuss it again. Let's move on to other things."

"Well...", I reply, "it's...it's not exactly like that."

Nervously, Mr Jones says "Did I misunderstand you? Should I have had the PSA test last year?"

"No, not exactly," I reply, with hesitation. "We were correct not to screen last year.... It's more that, well, the recommendations have changed."

"Huh? The recommendations have changed? Again?" He looks puzzled. I'm not sure, but I may detect a bit of annoyance on his face. He is a busy executive, and he usually likes our discussions short and to the point. "You mean now I should get a PSA?"

"Well," I reply, "not exactly." I'm trying to think about how to phrase my next comment. "Now we are supposed to discuss the risk and benefit of screening."

"I thought we already did," he replies.

"Well, sort of.... I know we went over why the recommendations had changed, the risk of false positive and the conclusion of the government panel that there was more harm than good in screening...." My voice trails off. Something tells me he is not going to like where this is going. "Well, now, based on additional evidence,

they say we can't really tell if there is more of a benefit or more of a harm—it depends on individual values and preferences."

As usual, Mr Jones is clear in his response. "I individually value and prefer staying healthy."

"Of course..." I stammer.

"So which should I do? I come to the doctor to get recommendations. I've heard about this internet site where they can order all your preventive health lab work and x-rays online, and they give you links to all the information that you may need. In fact, I read that the annual physical exam is not important anyway,^{3,4} is that true?"

"Well, that is what some articles say, but I wouldn't say that there is consensus about that."

"There's no consensus? Now that's not surprising, is it," he smiles, and shakes his head.

We have known each other for over 20 years. I pause and think quietly to myself. I am proud to be part of a medical system that is honest and transparent about evidence that changes over time. The challenge is how to explain this to my patients, to help them understand that they are getting the best information available, that the changes are not capricious. How to teach them what I have learned, that they should always maintain healthy skepticism and not believe in things too firmly, but that evidence accumulates over time, and there are often legitimate reasons for changes in recommendations. Good medical advice moves in a zigzag path toward truth, and those who offer it must not pretend to know all the answers. Figuring out how to communicate these parallel truths is daunting. I see Mr Jones looking toward me, waiting for my response.

"Well," I say, "we can talk more about the PSA test another time. Let's move on to discuss some issues around osteoporosis, community-acquired pneumonia, and *C diff*, and why we should think about stopping the omeprazole I've been prescribing for you for the past 15 years."⁵

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