Adult Health Maintenance in Family Practice: A Ten-Year Reassessment

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Ask anyone in family medicine—or, for that matter, ask anyone outside family medicine interested in prevention—to name significant work in adult health maintenance. Frame and Carlson's four articles in *The Journal of Family Practice* published during 1975 are likely to head the list.[1-4] Their critical and comprehensive review set the standard by which subsequent work has been judged, and there certainly has been a great deal of subsequent work: Breslow and Somers,[5] the Canadian Task Force,[6,7] the American Cancer Society,[8] the American Medical Association,[9] and the American College of Physicians[10] (to name the most prominent among many) all have followed Frame and Carlson in publishing scholarly reviews that have attempted to evaluate evidence for and against use of given screening strategies in clinical practice.

It is with special pleasure, then, that we begin publication of a four-part update on adult health maintenance written by Dr. Paul Frame in this issue of the *Journal*.[11] He employs the same and now-familiar method pioneered a decade ago: presentation of established criteria, a comprehensive literature review, incisive analysis, and clear summary recommendations. These new analyses gain further credibility because the author has added ten years of full-time clinical practice to his perspective. Thus clinicians will be relieved to find his recommendations rigorously scientific yet thoroughly practical.

There is much to praise, but there is also much here that is perplexing and dissatisfying. Although many new and excellent studies are discussed, there is not a single topic that would not benefit from more research. Frame's analysis makes the deficiencies painfully clear. The result is that virtually every recommendation is arguable in some dimension. The frequencies with which indicated tests are recommended, for example, are uniformly based upon inadequate data and, in that respect, are all arbitrary to some degree. The excellent references are especially useful, then, in that the reader is given the tools to evaluate the recommendations independently.

It is important to be clear on the limits of these articles as well. Frame presents the science of adult health maintenance definitively; yet, to risk a cliché, the practice of medicine is rarely a science. Several other classes of questions profoundly affect the degree to which these recommendations can be implemented:

1. What are the incentives and disincentives for adult health maintenance in the economic environment of the next decade? Why should an insurer care about screening (many do not) when the benefits from screening may be realized only later in life when the insured is covered by Medicare? How are patients to pay for expensive screening tests (eg, mammography) if insurers do not? What will be the impact of widespread capitation on the provision of preventive services? Are health maintenance organizations more or less likely to cover the costs of screening among their subscribers? In their cost-benefit and cost-effectiveness analyses many economists refuse to consider benefits occurring seven or more years in the future. What impact might such a short-term perspective have on the selection of screening tests in a given system?

2. What are the public policy implications of prevention? The popular and often professional assumption has been that prevention pays for itself, that if we could only implement given preventive strategies, the benefits may be relied upon to exceed the costs. This assumption has been challenged by Louise Russell in her recent monograph published by the Brookings Institution.[12] If, as Dr. Russell persuasively argues, prevention may be as costly as other medical programs, society's decision to implement a given preventive program will be weighed against other costly medical and nonmedical needs, from better primary education to care for the homeless to the national defense. She argues that prevention must be defended beyond the consideration of costs alone. Following Russell's rea-

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soning, Frame's critically scientific review of mammographic screening for breast cancer, then, must be considered within the larger social context: what are the medical and nonmedical opportunity costs for such a comprehensive screening program for the society as a whole?

3. What are the medicolegal considerations in the practice of prevention? This topic may not have surfaced ten years ago but is on everyone's mind today. We now have precedent-setting decisions that would appear to place practitioners at risk of litigation if they do not follow accepted screening protocols. A state superior court decision has dictated a standard of care for glaucoma screening, for example, different from that recommended by Frame.[13] The justices in the case quote from an earlier decision by Supreme Court Justice Learned Hand that "Courts must in the end say what is required; there are precautions so imperative that even their universal disregard will not excuse their omission." As a further example, when faced with slightly discrepant recommendations for colorectal cancer screening from the various available sources, does a physician expose him or herself to significant malpractice risk if the least aggressive recommendation is followed? Prenatal screening for fetal Down's syndrome and neural tube defects, not covered in Frame's review, has been the subject of considerable litigation and legal comment, suggesting that practitioners must take much greater care to assure that standards are maintained.[14] The development of national standards to replace the local ones will inevitably reduce the physician's discretion in establishing protocols suitable to his or her own practice. Ironically then, the publication of Frame's review itself sets a new standard to which family physicians in particular may be held accountable in future malpractice litigation.

These are but a few of the many issues that come to mind while reading Frame's review of adult health maintenance. Readers of the series are encouraged to comment on the content and implications of Frame's work by writing letters to the editor of the *Journal*. We look forward to a lively exchange of views in the months ahead. Prevention has changed substantially during the last ten years; we hope that the publication of this four-part series will motivate all of us to improve our critical understanding of prevention for the next decade.

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