
PAUL BOSTON

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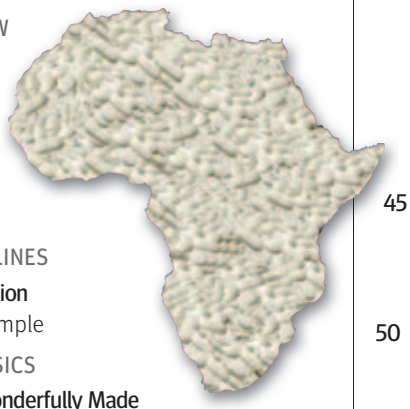
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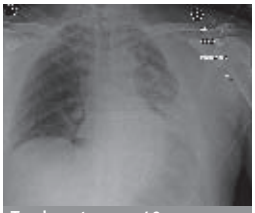
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## PICTURE OF THE WEEK

Notes advertising the sale of kidneys in the streets of Tehran. Iran is the only country where the selling and buying of kidneys is legal. This controversial system of organ procurement allows people to sell their kidneys under the state regulated surveillance of two non-profit organisations that match donors to recipients. As a result, Iran has no shortage of transplant organs but there is a lot of competition for those trying to sell a kidney.

## RESPONSE OF THE WEEK

"Local climate, not least along coastlines, depends on the heating and cooling effects of the land or sea mass and the air above it. Wind turbines cause immense turbulence and disturb this relationship, mixing the colder lower layers of the atmosphere with the warmer ones above. We have as yet no idea whether this phenomenon will result in overall cooling or warming, but in either case, not least if there is a large increase in wind farm numbers, the global warming (or cooling) effect could be substantial. Until this is factored into calculations on the saving of fossil fuel (which reduces the greenhouse effect), it is impossible to determine the potential counterbalancing effect of atmospheric mixing. Individual NIMBY complaints (some of which are likely to be the "railway spine" syndrome) pale into insignificance by comparison."

Andrew N Bamji, consultant rheumatologist, Chelsfield Park Hospital, Orpington, UK, in response to "Editorial ignored 17 reviews on wind turbines and health" (*BMJ* 2012;344:e3366)

## BMJ.COM POLL

Last week we asked,
"Should all adults over 50 get statins?"

**79%** voted no (total 891 votes cast)

Research News (*BMJ* 2012;344:e3578)

This week's poll asks:
"Should addicts have their benefits cut if they refuse treatment?"

News, p 2
Vote now on bmj.com

## MOST READ ON BMJ.COM

Effects of interventions in pregnancy on maternal weight and obstetric outcomes
Effect of tranexamic acid on surgical bleeding
Ultrasound guided corticosteroid injection for plantar fasciitis
Venous thrombosis in users of non-oral hormonal contraception
Restless legs syndrome

## MOST COMMENTED ON BMJ.COM

Venous thrombosis in users of non-oral hormonal contraception
The psychiatric oligarchs who medicalise normality
Are doctors justified in taking industrial action in defence of their pensions?
The hardest thing: admitting error

EDITOR'S CHOICE

# Preventing overdiagnosis

**People at ever lower risks are given permanent medical labels and lifelong treatments that will benefit only a few of them.**

Last week's BMJ Group Improving Health Awards gathered an inspiring cast of finalists and produced 12 worthy winners (p 24). Among them was Bernard Lown, who won our Lifetime Achievement award (see interview on bmj.com at http://bit.ly/K6t9Vg). As well as his international achievements as a cardiologist, inventor, and peace activist, Lown has recently given his support to efforts to prevent unnecessary medical treatment, as Elizabeth Loder recently reported (http://bit.ly/KPYfKz).

Concern about the harms and costs of overtreatment is gaining momentum. So too is concern about arguably the most important driver of overtreatment, overdiagnosis. As Ray Moynihan and colleagues explain (p 19), there's growing confidence that overdiagnosis is actively harmful. New technologies mean that ever more sensitive tests can detect "abnormalities" and "incidentalomas," while widening definitions of disease and falling treatment thresholds capture more and more previously unmedicalised people in their net. The result is that people at ever lower risks are given permanent medical labels and lifelong treatments that will benefit only a few of them.

Moynihan and colleagues are keen to point out that concern about overdiagnosis doesn't preclude concern about people missing out on much needed healthcare. On the contrary, resources wasted on unnecessary care can be much better spent treating genuine illness, they say.

Other authors this week pick up the theme. Responding to Des Spence's recent column on "psychiatric oligarchs medicalising normality," (*BMJ* 2012;344 e3135) Sami Timimi describes an evidence based campaign against the latest *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), while Parashar Ramanuj writes that "our masters now seek to reduce even normal human experience to mere collections of symptoms" (p 33).

And in his broadside against the activities of the drug industry in the developing world, John Yudkin sees overdiagnosis of diabetes as one of the barriers to appropriate care (p 33). Successive reductions in diagnostic thresholds and the creation of the condition of so-called pre-diabetes have both added to the likely harm of overenthusiastic glycaemic control, he says. "The numbers who will fail to benefit from glucose lowering are likely to be even larger in a lower risk population—such as one diagnosed by screening or at a lower diagnostic threshold."

Yudkin points the finger firmly at the drug industry as probably "the sole beneficiary" of this state of affairs. Moynihan and colleagues spread the blame more widely. They see a mixture of commercial and professional vested interests, legal incentives, and a fixed cultural belief in the merits of early detection.

So how do we move from concern to concerted action to prevent overdiagnosis? We need to understand more about the causes if we are to begin proposing solutions. To this end, the *BMJ* is supporting the international conference on preventing overdiagnosis hosted by Dartmouth Institute for Health Policy and Practice in the United States in September 2013 (www.preventingoverdiagnosis.net). Between then and now, a series of educational articles will explore the potential for overdiagnosis in specific conditions, and a call for research papers will follow later this year. We hope those of you working in the field will join us in this important endeavour.

**Fiona Godlee, editor, *BMJ* fgodlee@bmj.com**

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