system. Our collective concern with health has become obsessional.[4-11] Phrases used to describe this attitude include: "death-denying culture,"[6] "an unhealthy obsession with health,"[7] "tyranny of health,"[8] "coercive healthism,"[9] "war on death"[10] and "cultural imperialism."[11] Meador states that the search for disease may lead to the elimination of wellness,[5] while Barsky points out that, even though our health has improved immeasurably over the last few decades, our subjective conception of being well has diminished.[4] Adding yet another screening program to the many already in existence will surely aggravate this problem.

The World Health Organization defines health as "physical, mental and social well-being, not merely the absence of disease and infirmity."[12] There is no proof that screening the adult population for diabetes will improve well-being, but the process of doing so will almost certainly diminish it.

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Controversy

Rebuttal

Drs. Gerstein and Meltzer respond:

Dr. Marshall is correct to point out that there are no studies demonstrating the benefits of screening the general population for diabetes, or of comparing the benefits to the possible harms. It is precisely for that reason that the clinical practice guidelines specifically recommended *against* mass screening for type 2 diabetes (recommendation 13).[1] The guidelines did recommend that people over age 45 should have a fasting plasma glucose test every 3 years and that this be done more frequently in those at high risk for diabetes (recommendations 14-16). The reason for this seems clear: it is to identify people at risk for poor health outcomes and to institute simple interventions to mitigate these risks. That is, to practise preventive medicine.

Whereas it is true that unfortunate incidents such as needle-stick injuries can occur as a consequence of drawing blood for the fasting plasma glucose test, the risk of testing to any one patient is extremely small. Conversely, the benefit to that patient of preventive interventions, such as being taught to take better care of the feet (which has been shown to prevent subsequent amputation), or being referred for a careful eye exam to detect retinopathy (which can be treated to prevent vision loss) are clearly greater.

Most people see their family physicians at some point during a 3-year period. Because something can be done to prevent the serious consequences of diabetes, the case for measuring a fasting plasma glucose level every 3 years is certainly as strong as the case for measuring blood pressure or taking a smoking history. We do agree that more research is needed to determine the harm of being labelled with a diagnosis of diabetes or, for that matter, being labelled as "hypertensive" or as "a smoker." In the meantime, a process of judicious case-finding during routine visits of patients at high risk for diabetes is clearly justified.

Reference

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