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Case report

# Rejecting a General Check-up: Case Report

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**A B S T R A C T**

*65-old gentleman rejected the general check-up recommendation, because he felt healthy. As his chosen family doctor, I also perceive him as the healthy patient, not having any risks. In spite of my personal concerns, it was obvious that I had to respect his choice, because of Act on Patients Rights and the Physicians Ethical Code. But, at that moment I was not certain about the evidence on the effectiveness of general check-ups and some professional dilemmas remain. Therefore, we did a limited literature search. A Cochrane systematic analysis as well as other systematic reviews has shown that there is no evidence on the effectiveness of general check-ups. In the professional recommendations general check--ups are replaced by preventive measures with proven effectiveness, such as those recommended by the Canadian Task Force on Preventive Health Care and the U.S. Preventive Task Force. It helps me to solve my professional dilemmas around this patient.*

***Key words**: general check-up, effectiveness, opportunistic screenings, family medicine*

## Introduction

The main characteristic of family medicine (FM) as a scientific and professional medical discipline is comprehensiveness, implementing health promotion, prevention, disease management, and follow-up activities in an integrated way[1,2]. Preventive activities are recognized as an important segment of the FM scope of work by the Plan and programme of health care measures, as the established Croatian standard of health care provisions[3]. Preventive check-ups became a contractual obligation between family doctors (FDs) and the Croatian Health Insurance Fund (CHIF) in 2004[4,5]. From 2007, the preventive check-ups are aimed for persons older than 50 years who had not visited their FD in the last two years and have had no clinical examination and/or diagnostic procedures similar to those scheduled for preventive check-ups[6,7]. The content scheduled for preventive check-ups encompasses a complete medical history with questions specific to malignant disease, a complete physical examination with anthropometric measures, blood pressure measurement, breast examination, digital rectal examination, and laboratory tests of cholesterol, hemoglobin, blood glucose, and semi-quantitative urine analyses[7]. Additionally to those preventive activities, mammography, cervical and colon cancer screenings are centrally organized, by the counties institutes of public health[8–10].

## Case report

In the beginning of the 2014, practice nurse, health public nurse and myself were checking our patients' list to find those who haven't visited us in more than two years. We invite them to general check-ups, on an exact date and hour of consultation by phone, or the health public nurse invites them while working in the community. 65-old gentleman told the nurse he was not coming. She asked me to talk with him, hoping that I would persuade him to come. But he was persistent; he was feeling well and thought there was no need for any examinations and lab-tests.

I know the patient and his family very well, they are all my patients. He is a healthy man, visiting me just because of some acute and self-limiting conditions, not obese, not smoking, drinking moderate and physically very active farmer. The family is a longevity one; there are no cardiovascular risks, even no hypertension, and only one relative dying from colon cancer in the family

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history. That is the reason I suggested him to accept the invitation on colon-cancer screening.

## Discussion and Conclusion

In spite of my personal concerns, it was obvious that I had to respect his choice, because of patient's right to accept or reject any diagnostic or therapeutic procedure, which is defined by the Act on Patients Rights[11]. Furthermore, the obligation to respect patient's rights is also defined by the Physicians Ethical Code, issued by the Croatian Medical Chamber[12].

But, some professional dilemmas remain. At that moment I was not certain about the evidence on the effectiveness of general check-ups. Therefore, we did a limited literature search in order to find it. A Cochrane systematic analysis and meta-analysis of 16 randomized trials related to the general check-ups showed no difference in total mortality or in specific mortality in cardiovascular and malignant diseases between the experimental group having regular check-ups and control group. However, the number of new diagnoses increased by 20% in the experimental group as did the number of people who subjectively reported ill health. The other authors also emphasized that the biggest drawback of the studies was that they did not pay attention to the adverse effects of general check-ups on patients' health or the effects of increased use of health care resources[13]. It seems that the adequate knowledge about the adverse effects of screening programs is limited because this problem is rarely reported in the literature[14].

Systematic review of 21 studies on periodical medical examinations, published from 1973 to 2004 monitored positive effect only on screening Pap testing, fecal occult blood testing and hypercholesterolemia[15]. In the professional recommendations general check-ups are replaced by preventive measures with proven effectiveness, such as those recommended by the Canadian Task Force on Preventive Health Care and the U.S. Preventive Task Force[16,17]. Altogether, with minor differences, both agencies suggest only targeted preventive measures for the adult population, such as measuring weight and height and the registration of risky behaviors (smoking, physical activity, diet, alcohol consumption, and risky living and working conditions), but only if they are accompanied with brief interventions for those observed as having an individual risk factor. According to the recommendations, other preventive measures should be targeted, e.g., screening the specific risk in specific age groups or in specific patients. In FM, they are usually performed as opportunistic screenings.

Because of proven ineffectiveness of general check-ups, the professional community in the UK reacted sharply to two attempts from policy makers to introduce general health check-ups in FM[18–20]. One question is why general check-ups are constantly being implemented in everyday practice in spite of the growing number of findings on their in-effectiveness? According to Gervas and associates, physicians and patients instinctively accept them; the former because of the feeling of guilt that something might be missed and the latter due to the constant fear that something is wrong with their health[21].

In conclusion, evidence based on the literature search additionally supports the idea to respect patient's personal decisions and to think that the approaches to the general check-ups should be revised.

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## REFERENCES

1. WHO REGIONAL OFFICE FOR EUROPE, Framework for professional and administrative development of general practice/family medicine in Europe, Copenhagen, 1998, accessed 12.04.2014. Available from: URL: http://who.int/iris/handle/10665/108066#sthash.tC7oQ622.dpuf. — 2. ALLEN J, GAY B, CREBOLDER H, HEYRMAN J, SVAB I, RAM P, The European definition of General Practice/Family medicine, Wonca Europe, 2002. — 3. MINISTARSTVO ZDRAVLJA, Plan i program mjera zdravstvene zaštite iz obveznog zdravstvenog osiguranja, acessed 7. 4. 2014. Available from: URL: http://narodne-novine.nn.hr/clanci/sluzbeni/2006_11_126_2779.html. — 4. HRVATSKI ZAVOD ZA ZDRAVSTVENO OSIGURANJE, Odluka o osnovama za sklapanje ugovora sa zdravstvenim ustanovama i privatnim zdravstvenim radnicima za razdoblje od 1. travnja do 31. prosinca 2004. godine, Narodne novine, 54 (2004). — 5. STANIĆ A, SVIBEN D, STEVANOVIĆ R, PRISTAŠ I, IVIČEVIĆ A, MIHEL S, KRČMAR N, JOVANOVIĆ A, NOT T, BEŠIĆ V, Preventivni pregledi osiguranih osoba starijih od 45 godina u 2004.godini. In: Proceedings (V Kongres Hrvatskog društva obiteljskih doktora, Hravstkog liječničkog zbora, Rovinj, 2005), accessed 12.4.2014. Available from: URL: http://bib.irb.hr/prikazi-rad?rad=201739. — 6. HRVATSKI ZAVOD ZA ZDRAVSTVENO OSIGURANJE, Opći uvjeti ugovora o provođenju primarne zdravstvene zaštite iz obveznog zdravstvenog osiguranja, Narodne novine, 34 (2013). — 7. PRISTAŠ I, ERCEG M, STEVANOVIĆ R, RODIN U, Sistematski pregledi osiguranika starijih od 50 godina u 2007, Hrvatski časopis za javno zdravstvo 4 (2008) 16, accesed 7.4.2013. Available from: URL: http://www.hcjz.hr/old/clanak.php?id=13892. — 8. HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO, Nacionalni program ranog otkrivanja raka dojke, accessed: 7.4.2014. Available from: URL: http://hzjz.hr/sluzbe/sluzba-za-epidemiologiju/odjel-za-prevenciju-nezaraznih-bolesti/odsjek-za-nacionalne-programe-prevencije/. — 9. HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO, Nacionalni program ranog otkrivanja raka debelog crijeva, accessed: 7.4.2014. Available from: URL: http://hzjz.hr/sluzbe/sluzba-za-epidemiologiju/odjel-za-prevenciju-nezaraznih-bolesti/odsjek-za-nacionalne-programe-prevencije/. — 10. HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO, Nacionalni program ranog otkrivanja raka vrata maternice, accessed: 7.4.2014. Available from: URL: http://hzjz. hr/sluzbe/sluzba-za-epidemiologiju/odjel-za-prevenciju-nezaraznih-bolesti/odsjek-za-nacionalne-programe-prevencije/. — 11. MINISTARSTVO ZDRAVSTVA I SOCIJALNE SKRBI, Zakon o zaštiti prava pacijenata, Narodne novine, 169 (2004), 37 (2008). — 12. HRVATSKA LIJEČNIČKA KOMORA, Kodeks medicinske etike i deontologije, accessed 14. 10. 2014. Available from: URL: www.hlk.hr. — 13. KROGSBOOLL LT, JORGENSEN KJ, GRONHOJ LARSEN C, GOTZSCHE PC, Cochrane Database Syst Rev, 10 (2012) CD009009. DOI: 10.1002/14651858.CD009009.pub2. — 14. HELENO B, THOMSEN MF, RODRIGUES DS, JORGESEN KJ, BORDENSEN J, BMJ, 347 (2013) f5334. DOI: 10.1136/bmj.f5334. — 15. BOULWARE LE, MARINOPOULOS S, PHILLIPS KA, HWANG CW,

MAYNOR K, MERENSTEIN D, WILSON RF, BARNES GJ, BASS EB, POWE RN, DAUMIT GL, Ann Intern Med, 146 (2007) 4. DOI: 10.7326/0003-4819-146-4-200702200-00008. — 16. CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE, Guidelines, assessed 3.4.2014. Available from: URL: http://canadiantaskforce.ca/guidelines/all-guidelines. — 17. U.S. PREVENTIVE SERVICES TASK FORCE, Recommendations, accessed 3.4.2014. Available from: URL: http://www. uspreventiveservicestaskforce.org/recommendations.htm. — 18. TORJESEN I, BMJ, 346 (2013) F2941. DOI: http://dx.doi.org/10.1136/bmj.f2941. — 19. GOODYEAR-SMITH F, BMJ, 347 (2013) f4788. DOI: 10.1136/bmj.f4788. — 20. KROGSBOLL LT, JORGENSEN KJ, GOTZSCHE PC, BMJ, 347 (2013) f5227. DOI: 10.1136/bmj.f5227. — 21. GERVAS J, HEATH I, DURAN A, GENE J, Eu J Gen Pract, 15 (2009) 3. DOI: 10.3109/13814780903242481.

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## OPĆI SISTEMATSKI PREGLEDI: PRIKAZ SLUČAJA

### S A Ž E T A K

Sistematski pregledi pacijenata starijih od 50 godina koji se nisu javljali svome liječniku u zadnje dvije godine su ugovorna obveza liječnika obiteljske medicine (LOM). Međutim, moj 65-godišnji pacijent je odbio dolazak na sistematski pregled jer se osjećao dobro i nije imao nikakve poteškoće. I ja sam ga poznavala kao zdravog čovjeka, bez rizičnih faktora za razvoj kardio-vaskularnih bolesti. Također sam znala, da sukladno o Zakonu o zaštiti prava pacijenta, on ima pravo odbiti predloženi pregled, a ja, sukladno Kodeksu liječničke etike i deontologije, moram tu odluku poštovati. Učinkovtost sistematskih pregleda sam dodatno provjerila pretraživanjem literature. U zaključku svih dostupnih studija se navodi da opći sistematski pregledi nisu učinkoviti, te da se trebaju provoditi ciljani pregledi i to samo kod rizičnih pacijenata, što je potpuno u suglasju s preporukama Kanadske i Američke grupe za prevenciju.