

Vagabonds, buccaneers and carpetbaggers of private diagnostics Hamilton Spectator and Straight Goods – August 23, 2002

Yuppie MRI scans would allow queue-jumping

By Dr. Gordon Guyatt

How should we decide who gets a medical service quickly, and who waits? Experts generally agree that need for a service should play an important part in the decision. Those in greatest need should have quickest access.

Tony Clement, Ontario's Minister of Health, has come up with a new, imaginative approach to the principle of using need to guide who should receive prompt care. According to Clement's plan, someone who doesn't need a diagnostic test can get it quickly, while someone who needs it cannot.

This will be the rule in 20 outpatient facilities that will be providing magnetic resonance imaging (MRI) testing and another five offering computerized tomography (CT). The procedures are useful for making a variety of diagnoses, but are also expensive. Each MRI machine will cost from \$800,000 to \$2.5 million, each CT scanner up to \$1.2 million.

At the moment, only hospitals offer MRI or CT scans, and only to patients who definitely need the tests. In fact, because of the limited number of machines, physicians are careful to use other more available tests if they will provide similar information.

The Ontario Ministry is making plans for another group of people, those who have no medical indication for the high-technology tests. Anyone who is ready to shell out \$700 to \$1,200 for an MRI, or \$650 for a CT scan, will be able to get the procedure. And they can bypass the waiting lists that will remain necessary for those who have a medical indication for the test. But the privileged access will apply only to those who have no need for the test.

If you are confused by this surreal situation, you are not alone. First of all, why would anyone who didn't need an MRI spend \$1,000 to have the test? In the United States, MRI and CT scanning for healthy people is becoming a major industry. People are using the procedures as a screening test,

hoping that it will detect early abnormalities, such as cancer, while they still have the chance for a cure.

Well, maybe. Experience with screening tests has shown they don't always work as expected, and always have substantial down sides. First, there is the dose of radiation equivalent to 20 mammograms with the CT. Even more important, both the MRI and CT will sometimes show questionable abnormalities.

This leads to fear and anxiety, and to further testing that is likely to be what doctors call "invasive." That means that the tests involve a tube into the lungs, stomach or bowel, or a needle into an organ such as the liver, kidney or adrenal gland. Aside from being unpleasant, such procedures carry substantial risks. And the final result may well be that there was nothing seriously wrong in the first place.

Those are the reasons that the U.S. Food and Drug Administration warns that "yuppie scans", as screening CT and MRI scans are sometimes called, may cause more harm than good. It is why the American College of Radiology, and other professional and scientific organizations, do not recommend such screening. And it is one of the reasons that the Ontario Association of Radiologists is very upset about Clement's plan.

The radiologists make a number of compelling points. They note a shortage of radiologists and technicians. When we don't have enough personnel for patients who really need a procedure, they ask, why would we allocate scarce resources to people who don't?

The radiologists, along with many other critics, worry about queue-jumping. My doctor tells me she suspects a serious abnormality in my lung, abdomen, or pelvis. I'm worried, want the test as soon as possible, and have plenty of money to pay for it. What's to stop me from turning up at the clinic, asking for a yuppie scan, forking out \$1,000, and jumping the waiting list? And because the tests are often needed before surgery, once I've got the results, I can leap ahead on the surgical waiting list.

Even Clement acknowledges that avoiding queue-jumping will be a challenge, and an oversight mechanism will be necessary. Initially, Clement provided no details, but his latest idea seems to be that a doctor will need to order the test while at the same time specifying that the test

is not medically necessary.

How's that? I'm supposed to order an unneeded test for my patient, knowing I'm exposing them to electromagnetic radiation? I'm supposed to ignore the risk of a false positive result in which a possible abnormality ultimately proves, after invasive testing, to be a variant of normal? And if something goes wrong and my patient sues, what is my possible defence?

The Ontario Association of Radiologists sees all these problems, and has asked the College of Physicians and Surgeons of Ontario, the regulatory body in charge of protecting the public, to address the issues. Ray Foley, executive director of the radiologists' association, has suggested that the program seems to be built around the needs of businessmen out to make a profit, rather than the general public.

What gives the radiologists that idea? "Our members who do MRI and CT scans are being approached on a daily basis by vagabonds, buccaneers and carpetbaggers who want to set up private clinics," Foley has been quoted as saying.

What has motivated Clement to create this mess? I'll pick up that question in my next column, two weeks from now.