

REALITY CHECK **Ray Moynihan**

Act now to fight chronic procrastination disorder

Procrastination awareness week will happen next week—or the week after that

For those who like to keep up with the latest developments in medicine, a new disease was launched earlier this month at the University of Melbourne's 2013 Festival of Ideas. Close to 200 scientists, clinicians, citizens, and public relations experts spent almost half an hour creating the new condition, chronic procrastination disorder, for which the inaugural global disease awareness week will take place next week. Or the week after.

Among the stellar group of scientists who helped design the new disease was epidemiologist Fiona Stanley, who spent several moments developing and validating a severity index, highlighting the condition's wide spectrum of symptoms. At the mild end are people who are unbearably slow to place orders at restaurants; at the severe end are those facing jail sentences for persistent failure to file tax returns.

Also present was the psychiatrist Jon Jureidini, who helped set the diagnostic thresholds that draw the line between common indecision and debilitating procrastination. Answering questions from journalists at the mock launch of the disease, Jureidini confirmed that he was a company funded "key opinion leader" but said that he was being paid "indirectly" and could therefore appear to be at "arm's length." And donating his time for free was the healthcare public relations expert Martin Palin, who advised the group that a disease prevalence of one in four would probably work best for segments on television current affairs programmes.

The exercise in fiction was of course not intended to make fun of genuine suffering but to highlight the harms and waste associated with transforming more and more ordinary life into disorders, dysfunctions, and diseases—whether it is sexual difficulties, normal grieving, or being at low risk of future illness. It was part of a session at the festival called "Medicalising normality," where we debated the pros and cons of early diagnosis and of using medical labels and drugs to try to fix life's myriad woes.

Jureidini, a child psychiatrist and critic of medicalisation, argued that we're wrongly labelling healthy but painful childhood experiences such as "anger, shame, fear, sadness, grief, and disappointment" as signs of conditions such as attention-deficit/hyperactivity disorder and depression, and he proposed that we get much better at recognising feelings rather than trying to force people to feel better. In the opposing corner was the real life public relations specialist Palin, who spends his days helping drug companies and other organisations promote disease awareness. Palin warned that with the growing recognition of the problem of overdiagnosis associated with screening programmes, we should make sure we emphasise their potential benefits as well as potential harms.

The Festival of Ideas came just two weeks after the Preventing Overdiagnosis conference, held in the United States and supported by the *BMJ*. Allen Frances, professor emeritus at Duke University, North Carolina, and chairman of the taskforce for the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), described it as "easily the most important meeting I ever attended" (<http://huff.to/16zE9Ax>). All plenaries and abstracts are available at www.preventingoverdiagnosis.net, and the second conference has just been announced, to be held at the University of Oxford on 15-17 September 2014. These conferences are happening only because a couple of years back a few of us confronted our own chronic procrastination disorder, sought treatment for it, and decided to act now. Moreover, a much bigger bunch of folks decided to attend the inaugural conference, to share the science of the problem and potential solutions. It's as yet unclear what will arise from the initiative—and other initiatives aiming to wind back the harms of too much medicine—but the notion that "more is always better" is looking increasingly unhealthy.

One of those inspired by the



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Preventing Overdiagnosis initiative is the British GP Julian Treadwell, whose actions serve as a powerful example to anyone dealing with their own procrastination disorder. In the space of one short year Treadwell and others have started lobbying hard to have leading professional associations and public institutions give the problems of overdiagnosis and overtreatment the attention they deserve, and he is currently developing something along the lines of a "patient centred evidence resource of generalists."

One key theme of this year's Melbourne Festival of Ideas was how to achieve a sustainable and just society, and there was a lot of talk around how better to fight climate change and how to build more resilience within individuals and communities at a time of such rapid and dramatic change. On both counts the culture of medicine could do with an urgent infusion of new ideas. Despite efforts at the edges, doctors' groups have as yet not faced up to medicine's contribution to the climate crisis or the way in which overmedicalising complex personal or social problems might undermine individual and community resilience. There may be many win-wins in reducing medical excess, improving the health of people and planet at the same time.

Another key theme of the festival was the hope that can come from small groups setting examples with small steps that generate a sense that positive change is not only possible but inevitable. In that spirit let's act now to end our procrastination and replace the current culture of medicine with one that is far more honest about its harms and costs, as well as its many benefits. In fact, let's do it this week. Or maybe the week after.

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Competing interests: RM helped organise a session called Medicalising Normality at the Melbourne Festival of Ideas and is helping plan the second Preventing Overdiagnosis conference at the University of Oxford in September 2014.

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