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Cite this as: *BMJ* 2022;379:o2827
http://dx.doi.org/10.1136/bmj.o2827
Published: 23 November 2022

More healthcare consumption is not the answer to our ailments

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Millions of patients are waiting to access care in a system under immense strain. Long waits can lead to poorer outcomes and exacerbate the suffering of those seeking treatment, something that we should not overlook. However, we must also acknowledge that more healthcare does not necessarily mean better health. It is increasingly evident that medical overuse can have detrimental effects on health and wellbeing.[1]

Over the past few decades in industrialised countries, diagnostic tools, surgical techniques, and pharmacological treatments have become better and more accessible. There has also been sustained growth in demand for healthcare services, which is projected to grow further.[2] In English primary care, despite the falling number of general practitioners, NHS England reports an increase of 35 million appointments in the 12 months ending July 2022 compared with the 12 months ending July 2019, from 310 million to 345 million.[3] Further, data show that seven million people in England are "awaiting hospital treatment," a figure that is expected to rise.[4] The soaring demand for medical care is partly caused by an ageing population and an increase in chronic conditions exacerbated by the current pandemic.[5] However, this is not the whole story. The unrealistic expectations of modern health anxious societies[6] and the misplaced trust in the promises of modern medicine are also drivers of medical overuse and unnecessary care.[7]

Even with comparatively better access to medical care and an exponential rise in biomedical research funding,[8] life expectancy in countries such as the United Kingdom and United States has declined.[9] Dissatisfaction with modern healthcare is rife,[10 11] and satisfaction with the NHS across the socioeconomic spectrum, age, gender, and political party affiliation is at the lowest level (36%) since 1997.[11]

Furthermore, there is growing evidence of harm from medical interventions. For example, one study found that patients at high risk of heart failure and cardiac arrest admitted during a national cardiology meeting, when thousands of cardiologists were away, had a significantly lower 30 day mortality rate than comparable patients admitted in the weeks before and after the conference.[12] The study shows that it is possible that "more interventions in high risk patients leads to higher mortality."[13] Over the past 20 years, the number of high risk patients undergoing surgery in the NHS has doubled, making up about 450 000 of the three million people operated on annually.[14] A fifth die within a year, making up four fifths of post-surgical deaths.[14] The World Health Organization calls healthcare related adverse events one of the world's 10 leading causes of death and disability. In high income countries, one in 10 patients is harmed while receiving hospital care.[15] The situation is much worse in low and middle income countries, where 2.6 million deaths occur while patients are receiving care.[15]

As primary care clinicians, we spend considerable time reassuring the worried well—healthy individuals concerned that they have hidden diseases that must be diagnosed and treated. Some people are anxious that any symptom, even if minor, is always a harbinger of serious underlying pathology. The wishes of these people for reassurance account for many unnecessary and inappropriate diagnostic referrals and overtreatment.[16 17] It has been consistently shown that over testing causes false positive results and overdiagnosis. On the other hand, negative test results may fail to reassure people.[1] A minor symptom that would have improved can spiral into an unstoppable chain of invasive investigations, medical treatments, and potential surgeries. For example, many people with painful knees request a magnetic resonance image scan. But a torn cartilage seen on such a scan might not cause any pain, the pain may not be related to the tear, and the result often does not influence management. A randomised controlled trial showed that the outcome of arthroscopic meniscectomy was no better than after a sham surgical procedure.[18]

Additionally, many people come to us with minor ailments that do not need our expertise or advice. They would have done better to ask a wise friend or family member or consult the NHS websites. Even for many people with chronic diseases (usually older populations), we may have reached the end of what biomedicine can offer to alleviate their suffering.

Abraham Maslow is widely credited for saying, "If the only tool you have is a hammer, you tend to see every problem as a nail." It is not surprising, therefore, if someone comes to a doctor with a problem, that it will likely become a medical one by default.

At present, many health systems are at a breaking point, and the current situation is not sustainable. The NHS is under huge pressure, with many people in need of care, but unable to receive it because of long waiting lists and over filled emergency departments. So, what needs to be done? We must first acknowledge that socioeconomic determinants primarily shape human health, and healthcare plays a relatively minor role. Sensible public health measures may help, but even the best healthcare cannot make us much healthier. We must focus on reducing socioeconomic inequalities as the primary driver of ill health. Secondly, we are asking biomedical science to solve intractable human ailments, including old age, which it cannot do. Use of healthcare increases with age, and most resources are devoted towards the end of life, often prolonging

individual suffering at a great cost to society.[7 19] As Seamus O'Mahony writes: "We are treating, and over treating, but not healing."[7]

Finally, the unquestioned mantra about more access to healthcare is unhelpful and encourages more consumption and health anxiety. There is a clear need for interdisciplinary lateral thinking that moves from focusing solely on biomedical science and medical hyper-specialism to other knowledge domains, including social science and humanities. There will always be a place and a need for healthcare, but we need to move to a re-imagined world with a radically different conception of health and illness.

Competing interests: none declared

Provenance and peer review: commissioned, not peer reviewed

MSR is supported by NIHR as in-practice fellow. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.

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