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EDITOR'S CHOICE

Who are you calling fat?

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As England's adults and children are plumping up (doi:10.1136/bmj.e2332) doctors are tying themselves up in knots over the right words to use with their podgy patients. It's a minefield out there. On a ward round Ian Seetho wondered aloud whether a patient was too heavy for the hospital's CT table—only to see his patient's demeanour rapidly deteriorate (doi:10.1136/bmj.e1370). Apparently, studies show that patients prefer terms like "body mass index" and "excess weight" to "fat," "obese," and "extremely obese." Seetho's bottom line: "When describing a diagnosis or talking to patients, it is important to be ever so mindful of our choice of words in relation to how they feel about their condition."

I wonder. Operations, pregnancies, and yes, even some investigations are riskier in obese people. Shouldn't doctors be able to speak these simple truths in simple words? Seetho worries that the use of potentially pejorative terms may be interpreted as moral judgments. Perhaps, but I'm reminded of Robert Hughes's lament at the heart of his *Culture of Complaint*: "It's as though all human encounter were one big sore spot, inflamed with opportunities to unwittingly give, and truculently receive, offence."

Screening is one big sore spot that this journal can't stop prodding, although usually wittingly to give offence—if only as the necessary prelude to change. This week we unveil a whole new target: testicular self examination. Self evidently A Good Thing, says Keith Hopcroft in his personal view, except that "it's an activity based purely on well meaning whimsy, with the potential to do harm." Those wondering whether this is just a contrarian rant should check bmj.com for the fully referenced version (doi:10.1136/bmj.e2120).

Help is at hand, and has been for some time. There have been internationally recognised criteria for the introduction of screening tests since 1968, which the UK National Screening Committee (UKNSC) signs up to. We learn this in Margaret McCartney's investigation of the private screening companies whose newspaper advertisements and personal invitations you've almost certainly seen (doi:10.1136/bmj.e2311). What you haven't seen in these documents is a frank discussion of the risks and implications of false negative and false positive test results. This denies people the opportunity to make an informed choice, complains Which, the consumer watchdog. Just about everyone in any sort of authority agrees that the current state of affairs is unsatisfactory. It's clear that things need to change, but not which levers to pull.

Des Spence believes that medicine's challenge this century is to fight the pandemic of iatrogenic harm, and general health screening checkups are firmly in his sights. They lack any scientific basis and lead to more investigations, anxiety, and profit—although not for patients. He blames these checks for the overtreatment of breast and prostate cancer (doi:10.1136/bmj.e2346).

Nevertheless, screening retains its allure. As part of his plan to make the UK a world leader in dementia care, the prime minister announced this week that everyone aged 65 to 74 will be screened for early signs of dementia (doi:10.1136/bmj.e2347). Does such a programme satisfy the UKNSC's criteria for introducing a new screening test (www.screening.nhs.uk/criteria)? I don't think so.

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