

PREVENT OVERDIAGNOSIS IN HEALTH CARE AND OVERMEDICALISATION OF SOCIETY

STATEMENT ON AGENDA ITEM 5 (C): ADVANCING PUBLIC HEALTH IN THE WHO EUROPEAN REGION FOR SUSTAINABLE DEVELOPMENT

The organizations supporting this statement welcome the document EUR/RC68/17 on *advancing public health for sustainable development in the WHO European Region*. In particular, we wish to acknowledge the focus on noncommunicable diseases, the promotion of a culture on health and well-being, the employment of cost-effective preventive interventions, and the call for support of institutional capacities for the generation of evidence. We also welcome the call for better governance for managing commercial interests.

We would like to draw your attention to **overdiagnosis** as an important **public health matter**, which turns people into patients unnecessarily.

- Overdiagnosis has an immense impact; it decreases the quality of healthcare, puts patients at risk of harm, over-stretches health systems, is costly and undermines population health.
- Overdiagnosis is a public health matter: it does harm to healthy individuals and steel resources from those who are in the greatest needs of medical care.
- Overdiagnosis can also lead to over-prescription and over-medicalisation, increasing the release of pharmaceuticals into the environment and the over- and misuse of antibiotics, contributing to the proliferation of antimicrobial resistance.
- Overdiagnosis may occur through over-detection of conditions that will never cause harm or death: one example is detecting an incidental body malformation, another is expanding the definition of a condition giving rise to over-medicalisation of ordinary life experiences such as sadness, fatigue and insomnia.
- Overdiagnosis has multiple triggers and drivers; therefore addressing it at source and at multiple levels is a crucial aspect of managing it.

Actions must be focused on several areas simultaneously.

The NGOs supporting this statement urge the WHO Member States to call to action to address overdiagnosis and over-medicalisation proactively at all levels of society by:

- a) Addressing the **healthy public through global information campaigns** on the unrealistic expectations of many people in society about what modern medicine can deliver. There are no available interventions that can relieve all current and future health anxieties for any individual.
- b) Introducing new approaches in **health professionals' education** at undergraduate and postgraduate level and continuing professional development. Health professionals must be trained to deal with clinical uncertainty as a normal life experience rather than something that is resolved by over-testing and over-intervention.

- c) Empowering and providing political support to all health professionals, including family doctors and allied primary health workers, to **reduce over-reliance on health assessments and interventions**, managing perceived patients' expectations and demands, and curbing defensive medical practices.
- d) Reforming systems for **screening that does not improve overall** mortality while causing patient anxiety and harm.
- e) **Eliminating financial incentives** that may promote overtreatment and over-detection rather than improved patient outcomes or improved safety. The situation is complex as poor access to diagnostics and missed diagnosis can co-exist in health systems along with overdiagnosis and over-medicalisation, and can endanger the commitment of ensuring equity in our populations
- f) Finally, identifying **alternative mechanisms to legal action** for resolving claims of clinical negligence, and **managing the role of health industries** in overdiagnosis.

NGOs supporting this statement

- **COTEC:** The European organization for all Occupational Therapists through their National Associations, with the purpose of ensuring an adequate number of high-quality occupational therapy practitioners and services in Europe. COTEC is a regional group of the World Federation of Occupational Therapists (WFOT), representing more than 180.000 Occupational therapists across 30 European countries.
- **EFPC:** European Forum for Primary Care represents around 100 institutional members in the WHO European region active at policy making, academic and practice level in the Primary Care domain.
- **Health Care Without Harm (HCWH) Europe** is a non-profit coalition of hospitals, healthcare systems, healthcare professionals, local authorities, research/academic institutions, and environmental and health organisations. The organisation brings the voice of healthcare professionals to the European policy debate about key environmental issues and currently has 84 members in 26 countries of the WHO European Region, including 17 Member States of the European Union.
- **MMI:** Medicus Mundi International Network Health for All is a network of organizations working in the field of international health cooperation and global health.
- **Studiorum** is a research think-tank working on health and wellbeing policies in South-eastern Europe, and partner to the South-eastern Europe Health Network (SEEHN).
- **WFOT:** The World Federation of Occupational Therapists is the official representative of occupational therapy internationally, representing 550,000 occupational therapists worldwide. WFOT through its member associations and regional groups promotes and establishes high quality occupational therapy services and education programmes.
- **WONCA Europe:** The European regional network of the World Organization of Family Doctors (WONCA) represents more than 120,000 family doctors through their Member Organisations across Europe.