

FROM THE EDITOR

Letting Go

Karen R. Horowitz, MD

When it comes to prevention, we've come a long way from "an apple a day!"

Preventive care, as a movement, began in the 1970s, took hold in the 1980s, and has become a cornerstone of the work we do as internists and primary care physicians. Along the way, we have evolved from a paternalistic, physician-centered vision of medical care to the current patient-centered model that acknowledges lifestyle choices and personal responsibility as an integral part of the health equation.

We demand more of medicine than ever before. We want early diagnosis. We want cures. We want longevity. We want security and the reassurance that through more testing, treatments, interventions, and planning, we can predict the future and avert catastrophe through the miracle of modern medicine.

But what if our basic assumption is untrue? What if there are truly things we cannot predict, prevent, or plan for? What if the technologies we have used prove to be less than perfect? What if the conventional wisdom we hold dear is untrue? Are we ready to change? Can we accept our inability to predict the future regardless of the amount of technol-

ogy, money, or other resources we deploy?

We are in the midst of many revolutions in health care. One that has been hardest to accept for both patient and physician is a revolution dictated by the progress of clinical research itself. The past 10 years have seen the conclusion of clinical trials that have challenged some of the most sacred assumptions of preventive medicine. Lower is not always better when it comes to glucose or blood pressure control. Estrogen and testosterone supplementation do not convey unlimited vitality without harm. More is not better when it comes to PAP smears, mammograms, PSA tests, and even comprehensive physical exams. We say we are ready for the patient-centric world of the Choosing Wisely campaign, but why, when it comes to individual practice, is it so hard to change?

As physicians and health advisors for our patients, we all "wish it were different." That is, we need to believe that we can make a measurable difference in the lives of our patients with the things we do. It is never enough. We want to do more. We want to be the ones to do it. We want to be right. We want to know more.

It is hard to live with clinical uncertainty. Admitting our vulnerability to ourselves is difficult enough, but admitting it to our patients reminds us (and them) of the limitations of modern medicine. Yet it is through acknowledging this uncertainty that we can truly let go of old assumptions, entrenched beliefs, conventional wisdoms, and the false security that underlie the practices of years past.

We can exchange the *annual comprehensive physical exam* for a new *periodic wellness assessment*. We can share the role of caregiver by working in teams. We can decrease the frequency of screening tests or change the group we screen based on current best evidence. We can change our practices when they do not lead to outcomes that are demonstrated to be beneficial. We can make way for high-value coordinated care. And by letting go in this way we can make way for shared decision making that is patient centered, meaningful, and worthy of the trust of our patients.

How have you changed in your approach to preventive services for your patients? Join the discussion on GIM Connect (or) via e-mail: Editor.SGIMForum@gmail.com.