

Why you may not need a checkup every year

A physician proposes a radical but necessary idea: medical minimalism



Adobe

By Daniel Morgan Aug. 23, 2024

Morgan is a physician and professor of epidemiology, public health, and infectious diseases.

I'm a doctor and epidemiologist, so you might expect me to be religious about preventative care: yearly visits to my primary care physician, that sort of thing.

But I know we can't prevent most disease and a lot of what we do in medicine doesn't add value and sometimes even causes harm. So instead, I practice a seemingly radical but necessary idea for getting the best from medicine while avoiding excesses. I like to think of it as medical minimalism.

Medical minimalism is an approach to patient care that values quality over quantity. It teaches doctors and patients to choose the treatments that work and reject the ones that don't, probably won't, or cause unintended consequences. I think most average Americans would agree with this approach in theory, but they've gotten used to the maximal approach of modern medicine. Doctors are taught and even rewarded if they thoughtlessly apply more medicine to patients. And so, patients expect more medicine.

Medical minimalism, for me, as a 50-year-old man means I have a primary care doctor I trust but I don't see yearly, and I have had different orthopedic surgeries. I prevent disease through exercise, weight and stress management. I would consider a statin medication if my calculated cardiac risk suggested. I will never do prostate cancer screening, because of a high risk of overdiagnosis without extending life. But I will have colon cancer screening, because it has some chance of extending life with a lower risk of side effects. I received the initial Covid vaccines but don't feel strongly about boosters. I haven't been to an urgent care or emergency room for years, despite occasional illness.

Yes, I'm a doctor, but medical minimalism doesn't require medical expertise. For those who didn't go to medical school, medical minimalism means understanding there are three categories of medicine: disease prevention, treatment of risk factors for disease, and treatment of actual symptoms or disease. Medical disease prevention is mostly not worth it, treatment of risk factors depends on the patient, and treating a disease usually helps. It's shocking, but disease prevention rarely helps an individual. An editorial in <u>Annals of Internal Medicine</u> recently noted that for cancer, "As few as 1 person per 1000 who are screened over 10 years will benefit." Treatment of risk factors, like hypertension or high cholesterol, won't make you feel better but is done to prevent future disease. Medications for risk factors should be used cautiously based on individual risk of disease, <u>like heart attacks</u>. And medicine has the biggest impact for patients who have a real problem: a disease, a broken leg, a mental illness.

Doctors know these simple truths, but generally won't tell patients this unless you ask. Performance metrics and payments incentivize physicians to always do more. It's also faster to order a test or write a prescription than talk to a patient, and it is what we think patients want anyway.

My goal is to empower patients to be cautious consumers, to teach them to ask the right questions to minimize the intrusions of unnecessary treatments. Giving this approach a name may help. In time, patients may be able say, "I am a medical minimalist" when seeking care, and the doctor will adjust their approach accordingly.

Medical minimalism works for all ages and types of patients. Just within my own life, I've known many people who have used it or could, like the parents of a 3-year-old with a runny nose, fever, and painful ears who manage her symptoms at home (consistent with <u>CDC</u> <u>guidance</u>) instead of seeing a pediatrician and requesting an antibiotic. A 59-year-old takes on a statin cholesterol medication that makes him too tired to run marathons. He might stop the statin, accepting a slightly higher risk of heart attack from <u>5% to 7%</u> over 10 years and is running again. A 45-year-old woman might decide against mammograms because of <u>small benefits</u> and <u>risk of overdiagnosis</u>. Resources like <u>Choosing Wisely</u> can guide patients further.

Patients should still rely on expert doctors for their knowledge and empathy. Ideally, you would maintain a therapeutic relationship with at least one doctor while making decisions that match your own beliefs and goals. This requires finding physicians who are not only skilled but also willing to share decisions with patients and honor their wishes. Medicine isn't one size fits all.

Adopting a minimalist approach doesn't mean neglecting one's health. On the contrary, it involves making strategic decisions about when and how to engage with health care. It means not rushing to the doctor for minor issues that are likely to resolve on their own but seeking care for serious symptoms. It's about embracing prevention through lifestyle changes rather than tests and medications.

Modern medicine provides lifesaving medical treatments for cancer, car accidents, HIV, and other diseases. But for many conditions, medicine is less important. The National Academy of Medicine reported that overall only 10% of health was determined by health care. More crucial were people's behaviors like exercise, social factors like economic stability, and genetics.

But changes to health care have been sluggish, the system being hindered by performance metrics, physician fear of malpractice, and, undeniably, profits. The most immediate solution, at least for patients like me who want high-value care now, is to change how one approaches health care and hope the system eventually changes.

<u>Inequities exist in medicine</u> based on race, gender and wealth. American medicine has historically limited necessary care to disadvantaged patients with pronounced examples like the <u>Tuskegee Syphilis study</u> or ongoing limitations to access by insurance. But equity doesn't always mean doing more. My patients are veterans who are more often poor, Black, and have chronic diseases. They are often enthusiastic about minimalistic medical options.

By adopting a minimalist mindset, we not only streamline our interactions with a convoluted medical system but also reclaim time and energy to invest in what genuinely enriches our lives — meaningful work, staying active, and more time with family and friends. In the end, medical minimalism isn't just about healthcare; it's about cultivating a life well-lived.

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LETTER TO THE EDITOR

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