Pressed to test: How should GPs respond?

"My naturopath says I have adrenal fatigue and that I need my cortisol checked. He could send me but that would cost me money. I'm also thinking of taking bioidentical hormones, so I'd like this list of tests done since I am going to the lab anyway."

"My chiropractor says I should get X-rays of my back before she treats me just in case there is a problem. She could send me for X-rays but I would have to pay. She also wants me to bring the X-rays to her for interpretation."

"My massage therapist says I should get a cervical MRI because he has been treating my sore neck for a few months without much success."

"My barista at Starbucks thinks I should get a PET scan as I can't tolerate my three shots of espresso like I use to."

I often have trouble knowing what to do when these requests come my way. Many of the patients asking for these tests are reasonable, likable people whom I have taken care of for years. They don't really understand the different training that naturopaths, chiropractors, massage therapists, and physicians receive. Some of them have an incomplete understanding of science and certainly don't waste time thinking about evidence-based medicine. All they know is that they have a problem for which they have seen a licensed health care practioner who is recommending further tests. They have been told that these tests will be covered by their medical plan if ordered by a physician.

Should I launch into a discussion of adrenal fatigue or bioidentical hormone replacement and the lack of scientific evidence backing up this diagnosis or treatment? Is a discourse on the appropriateness of diagnostic imaging in the presence of benign musculoskeletal neck or back pain in order? These patients are genuinely worried about their health and potential serious pathology in part due to the advice given to them by their allied health care practioner. Often the only thing that will allay their fears is obtaining the requested tests, but this adds an unnecessary cost to the already financially burdened health care system. I am pretty sure that the Medical Services Plan would like physicians to give a blanket "no" to all such requests. The College of Physicians and Surgeons would probably advise, "First, do no harm."

There definitely is an art to medicine and subsequently there are many different ways to handle these situations—one is not necessarily better or more correct than another. The reality is that these requests aren't going to go away and each of us has to search our conscience and practise patterns to deal with them. I'm not sure a blanket "yes" is appropriate, nor is an outright "no." Personally, I try to weigh the appropriateness of the test against the potential harm or benefit, while explaining my concerns or misgivings to the patient.

I am curious how many of you would order the cortisol or hormone levels? Would some of you grudgingly request lumbar radiographs or a cervical MRI?

I'm pretty sure all of you, like me, would fill out the PET scan requisition because someone who creates such delicious coffee can't be wrong.

—DRR

LERTS

When one arrives in a new country, the learning curve is steep. Though I came from an English-speaking country, much of the language in Canada was new to me. For example, in South Africa, drivers drive on the road (although that may be up for debate) and pedestrians walk on the pavement. Here, the words pavement and road are synonymous. South African cars have cubby holes, bonnets and boots, whereas Canadian cars have glove compartments, hoods, and trunks.

So it was no surprise to me that medical terminology would also require some relearning. Many drugs have different names. Even acetaminophen is called something else (paracetamol) where I trained. I received help from the TV medical shows *St. Elsewhere* and *Quincy,* which ran on the then-primitive South African Broadcasting Corporation's TV service in the 1980s. But I was not prepared for the rainbow of emergency codes that I had to learn for the first time, or the culture of training drills for those codes.

I was initiated into the hospital emergency code system and emergency drills soon after arriving in Canada. The local community hospital in Gladstone, Manitoba, was a 10-bed acute care facility attached to a medical clinic, laboratory, and X-ray facility. One morning, I was working away in the medical clinic, when over the intercom I heard the call: "Code Red, Ward 2, Code Red, Ward 2." To me this meant a patient having a cardiac arrest (I obviously hadn't paid too much attention to the TV medical dramas of the day). I dropped what I was doing and sprinted down the hallway connecting the clinic to the hospital. Instead of finding a patient in extremis, I ran into Ward 2 to find a fire drill in progress. The patient in the bed was a dummy (no, really). The hospital staff looked at me like I was taking the fire drill far too seriously. After realizing what was going on, I explained to them what I thought I was responding to. They all had a good chuckle at my expense (except the patient).

Recently, a new code has crept into the lexicon in our health authority. While doing ward rounds a few weeks ago, I heard the following over the public address system of our hospital: "OCP Alert, OCP Alert." It wasn't a Code Red or a Code Blue, but it sounded important. After all, they don't use the hospital PA system for trivial matters. I soon found out that this stood for "over capacity protocol." This piqued my curiosity, so I had to ask what this was about.

Apparently, when a certain percentage of the stretchers in the emergency department are occupied by admitted patients, then the over-capacity protocol kicks into action. This includes the futile announcement over the PA system, followed by a futile meeting of hospital management, followed by various futile attempts to create more beds in an already overcrowded hospital. People actually get paid to dream this stuff up and implement it. Do they think that we keep patients in hospital longer than is necessary or safe? Do they think that we are more likely to discharge patients when we hear that inane announcement? Maybe it is subliminal messaging.

OCP Alert is as meaningless as an old piece of graffiti that I remember from my school days: BE A LERT; YOUR COUNTRY NEEDS LERTS

—DBC