Re: First Trimester Procedural Abortion in Family Medicine

To the Editor: I read with some disbelief the statement cited by Lyus et al[1] that "almost half" of American women will have had an abortion.

Following the first reference (to the Guttmacher Institute website), the national overview presently states: "At current rates, about one in three American women will have had an abortion by the time she reaches age 45."[2]

There is an obvious bias to inflate figures about abortion in an article on abortion! Nevertheless, I was caught by surprise to find abortion so prevalent, as this statistic does not match what my patients either have had, or perhaps, are willing to reveal to me.

While New York State data were the referenced source, there are significant regional differences. In fact, the abortion rate for New York state in 2005 was almost exactly twice the national average, whereas here in Texas our rate was lower than the national average.[2,3]

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: First Trimester Procedural Abortion in Family Medicine

To the Editor: We appreciate the interest of Dr. Uretsky[1] in abortion and apologize for the error in the abstract. The correct proportion of women having an abortion is as stated in the first paragraph of the article[2]: "at least one-third of women will have an abortion." However, he incorrectly states that the Guttmacher references New York data. In fact, the data cited in the Guttmacher reference[3] are derived from the 2002 National Survey of Family Growth and were combined with birth, abortion, and population data from federal, state, and nongovernmental sources to arrive at the estimates. No attempt has been made to inflate the figures regarding abortion; rather, a careful reading of the article demonstrates the widespread prevalence of abortion and the need for family doctors to provide this service to their patients.

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doi: 10.3122/jabfm.2009.06.090201

Re: Prostate-Specific Antigen Testing among the Elderly in Community-Based Family Medicine Practices

To the Editor: I read with interest the original research article, "Prostate-Specific Antigen Testing among the Elderly in Community-Based Family Medicine Practices," by Hudson et al.[1] Doctor-directed clinical activities that are unsupported by medical evidence and ignore credible guidelines can be summed up in 2 words: thoughtless practice. Some of the harms that follow thoughtless screening practices include:

- *Lost opportunities:* doctor-patient interactions that stray into inappropriate screening risk missing opportunities to focus on more useful testing or to bypass screening in favor of directly providing effective preventive services.
- *High rate of false-positive results:* screening tests reveal incidental "abnormal" results that lead to patient anxiety, false diagnostic labeling, and more testing that compounds risk and increases costs.
- *Impracticality:* the discovery of disease that cannot be modified or disease in the presence of treatment-limiting comorbidities is unlikely to alter the extent or quality of a patient's life, and because of treatment side effects and risks, may decrease both.
- *Diversion of resources:* no matter how distant the consequences of inappropriate testing may seem, health care

spending is bound by the rules of all zero sum enterprises—dedicating resources to wayward testing subtracts from our ability to deliver beneficial services.

- *Decreased trust:* when doctors recommend medical services that are not clinically indicated, informed patients become less confident in the knowledge and integrity of individual doctors and the medical profession in general.

As lawmakers and the public seek advice on how to effectively provide health care in the face of increasing needs and diminishing resources, can Family Medicine doctors genuinely expect to be listened to if we cannot overcome our patients' and our own fondness for expensive futility?

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Reference

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Prostate-Specific Antigen Testing among the Elderly in Community-Based Family Medicine Practices

To the Editor: I appreciate Dr. Teichman's interest and response[1] to our article on prostate cancer screening in the elderly.[2] I agree with his assessment of thoughtless practice and its potential harms. After this article went to print, initial results from the Prostate, Lung, Colorectal and Ovarian Cancer (PLCO) Screening trial were published and provide additional support for our concern that aggressive prostate cancer screening and treatment for the elderly is not effective, patient centered, or efficient. In the PLCO trial, Andriole et al[3] found that prostate cancer screening provided no reduction in death rates at 7 years and that two-thirds of study participants reported no screening benefit at 10 years of follow-up. They, therefore, concluded that their results support the validity of the US Preventive Services Task Force recommendations against screening men over 75 years of age. Consequences of overdiagnosis and overtreatment are not insignificant for either patients or clinical practice.[4] The question regarding family medicine's leadership role in the informed or shared decision making conversation is an important issue that needs to be addressed.

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