Editorial

The health service and personal costs of screening

This issue of the journal contains an article by Bryan and colleagues (page 62) examining the personal (or private) costs to the individual of screening men for abdominal aortic aneurysm. They cite similar studies on the personal costs of breast cancer and diabetic retinopathy screening. Personal costs increased the estimated cost of a screening programme by 8% in their example (screening men aged 65 and over) but the increase would be greater if the men screened were younger and had to take time off work. Should personal costs be considered in estimating the costs of a screening programme – or indeed of any health service?

There is an important distinction to be drawn between health service costs and personal costs. So long as individuals have correct information and are screened *voluntarily*, it is for the individual, not the health authority, to decide whether a particular screening test or course of treatment warrants his or her personal time and money. The health authority's obligation is to ensure the availability of accurate information. The decision entails balancing the personal costs (financial loss and inconvenience) against the personal benefits (financial gain and extension of life expectancy) from the prevention of subsequent illness by screening. (Bryan and colleagues incidentally do not calculate the personal benefits.) It is, however, for each individual to make his or her own judgment on this; it is not appropriate to include it with the health service costs.

A further distinction between health service and personal costs is also important. A government funded health service generally has insufficient money to meet all health care needs; money spent on some procedure that is not judged to be cost effective could have been put to better use in another more effective way. An opportunity is forgone. With personal costs this is not so clear cut. Most people in Western countries have sufficient money for essentials and spend their excess money on non-essential items. Thus in the example of Bryan and colleagues, had there been no screening, the personal costs might have been left to grandchildren and spent on cigarettes or trivia. It is not necessarily appropriate to judge that the costs of travelling to the screening clinic represents benefits "forgone". Similarly, there may have been no alternative useful activity forgone and people may have gained pleasure or enjoyment from the outing or combined it with other activitities such as shopping.

Time off work is often considered as a cost but even this need not represent "forgone" production as many people have flexible working arrangements and make up the lost time, or else work more productively to get a job done before they leave. Moreover, any time lost that does reduce current production may prevent a greater loss of time and production in the future by preventing illness. Attempting to measure and take account of all these factors is complex, and once committed to such considerations it is easy to develop balance sheets to an extent that becomes ridiculous.

Cost–benefit calculations based on estimates of health service costs alone are the most equitable means of determining which screening (or clinical) services are worthwhile. It is none the less useful to make separate estimates of the personal costs of screening and therapeutic procedures, so as to judge whether improvements to the service are desirable. Reducing travel costs and waiting time would make attendance more convenient and so improve participation. A screening service might, for example, be transferred from a hospital to a local community setting to reduce travel costs and waiting times. But it is essential to appreciate that personal costs, as distinct from health service costs, would not necessarily have been otherwise incurred on some important activity, and so do not necessarily represent valuable alternatives forgone.

The basic aim in health service cost appraisal should be to determine the *service* costs, estimate the benefits and compare the ratio with alternatives to see which is most cost effective.

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