

# Journal of Medical Screening

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## Editorial

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### The definition of screening

The Second Report of the UK National Screening Committee<sup>1</sup> suggests a change in the definition of screening. The original definition adopted by the Committee was:

*Screening is the systematic application of a test or enquiry to identify individuals at sufficient risk of a specific disorder to warrant further investigation or direct preventive action, amongst persons who have not sought medical attention on account of symptoms of that disorder.*

This definition was taken from one published in the first issue of the *Journal of Medical Screening*,<sup>2</sup> to

*a public health service in which members of a defined population who do not necessarily perceive they are at risk of, or are already affected by, a disease or its complications are asked a question or offered a test to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of disease or its complications.*

The proposed new definition is unwieldy and unclear. Medical screening need not be offered to members of a defined population, although it is best if it is. Because it is not a necessary requirement of screening, it need not be part of a definition of screening.

The proposed definition does not bring out that the focus of medical activity is on persons who have not sought medical attention because of symptoms of the disorder being screened for. Instead, it indicates that screening should apply to individuals who “do not necessarily perceive that they are at risk”. This is neither relevant nor accurate. Individuals’ perceptions of their risk of contracting a particular disease or disorder are complex, and hard to specify. Again, it need not be part of a definition, and is best excluded.

To say that screening “aims to identify those individuals who are more likely to be helped than harmed by further tests or treatment” is not exclusive to screening. All medical activity aims to do more good than harm.

In a discussion of the proposed definition in the Report, the importance of emphasising that screening is risk reduction leads to the opinion that the description of screening programmes should be changed to “risk reduction programmes”. Screening for diabetic retinopathy would become “preservation of sight in diabetes—a risk reduction programme”, and breast cancer screening would become a programme to “reduce the risk of dying from breast cancer”. These terms are not specific to screening; they apply to clinical intervention and treatment as much as to screening. While risk reduction is clearly an objective in many screening programmes, the concept is somewhat artificial when screening for severe congenital abnormalities, such as open neural tube defects, for which the remedy is a termination of pregnancy.

The original definition adopted by the Committee was taken from the *Journal of Medical Screening* with one alteration. This was that “warrant a further investigation or direct preventive treatment” had been changed from the original “benefit from further investigation or treatment”. The advantage of the original version is that it emphasises the expectation of benefit to the individual rather than mass testing activities that might be warranted in the wider public interest.

Definitions are not immutable, but the National Screening Committee would be better served by adhering to their original definition than to adopt the new one they propose.

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1 Department of Health. Second Report of the UK National Screening Committee. London: Department of Health, 2000.

2 Wald NJ. Guidance on terminology. *J Med Screen* 1994;1:76.