

Overdiagnosis: Healthcare's Obesity?

Both Richard Smith's review¹ and Suzanne O'Sullivan's book² evince powerful evidence for the uselessness of many recently invented diagnoses and the considerable human and economic cost of these.

How this has arisen merits some further comment and elaboration.

Historical. Until modern times (say 1960s) diagnoses dealt almost entirely with bodily diseases or functional handicaps that were currently evident and observable to others. But screening-technology now attempts to predict or prevent possible future illnesses – the premorbidities of hypertension, subclinical hypothyroidism, prediabetes, cervical dyskaryosis etc. Genetic testing stretches further this 'risk-factor diagnosis'. Increasingly we deal with the possible, not the actual.

Subjective and Objective. Until our modern era medical practice dealt mostly with actual, observable physical ailments. The exception, psychiatry, dealt with gross and severe breakdowns, not the more nuanced, vagaried dysfunctions of behaviour, appetite, mood and impulse (BAMI) as is the case now.

Yet medical practice works best when a patient's experience is congruently matched to the objective observations of others (the examination, imagings, tissue and fluid samplings etc). Diagnoses based only on personal experiences are lacking in this anchorage and become contentious, capricious and difficult to contain or define.

The expansion of medical diagnoses into the personal realms of BAMI and functional dis-ease has disregarded this caveat: we are toppling from our overreach.

Cultural. We live in an industrialised world increasingly packaged, coded, designated and distributed by business interests. Big Pharma has potentially exploited the almost limitless opportunities that come with the invitations to diagnose the subjectively-tethered dis-eased and dis-equilibrated.

Likewise, the ensuing specialists and specialisms. To ensure their professional credibility, survival and expansion they must all make more diagnoses and treat more patients. All will likely claim lack of recognition, parity, esteem and funding. Can they all be correct? How do we decide?

References

1. Richard Smith. 'The diagnosis explosion: an important new book tries to understand what's happening'. *BMJ*, 16 April 2025.
2. Suzanne O'Sullivan. *The Age of Diagnosis. Sickness, Health and Why Medicine Has Gone Too Far*, Hodder Press, 2025