Journal of Medical
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Editorial

Medical screening: the way forward

This issue includes a selection of papers presented at the conference to launch the *Journal of Medical Screening*, which was held at the Queen Elizabeth II Conference Centre in London on 26 January 1994. The conference covered the history and philosophy of medical screening, some examples of screening for specific disorders, and issues that need to be considered when assessing the value of any screening programme.

Max Wilson in his paper reminded us how screening, as introduced by the US Public Health Service, was originally designed to keep the sick out of the United States of America, but later came to refer to medical screening as we know it today, in which the purpose of screening is to benefit the individuals being screened. Leon Gordis's paper cautioned against uncritical enthusiasm in introducing new screening tests.

The conference touched on how screening should be organised. Should it be a service to be purchased locally, with the local autonomy that such an arrangement allows, or should it be a centrally organised service, with central training, policy, and direction – in effect, a public health screening service? The 1993 *Report on Medical Research and Health* produced by the Advisory Council on Science and Technology (ACOST) recommended that in the United Kingdom the National Health Service should develop mechanisms for the implementation of an integrated national strategy. An intermediate position, with national direction and quality control but local purchasing of screening services, may be a first step.

Dr Calman, chief medical officer in the United Kingdom, used the meeting to announce the integration of a national breast and cervical cancer network – perhaps adopting the intermediate approach to the organisation of screening for these two diseases. Whether this will go far enough in providing a national service of high quality, effectiveness, and economy will need to be reviewed. A central structure closer to that suggested by the ACOST Medical Committee may still be needed.

Peter Harris highlighted the opportunities in screening for ruptured aortic aneurysm, and Malcolm Law presented a critical review of the evidence, concluding that the case for efficacy had been made. The next step is not a randomised trial, but controlled implementation coupled with research.

Papers were presented on recent advances in second trimester Down's syndrome screening (Wald), and proposals were put forward for ovarian cancer screening (Campbell) and cystic fibrosis couple screening (Brock). Cholesterol testing (Vandenbroucke), as a method of screening, was firmly ruled out as a worthwhile public health activity.

Many tests and diseases are candidates for screening and require evaluation; the conference could only illustrate a sample. Discussions at the conference, and particularly the paper on cholesterol testing, showed how easily a medical disorder can become defined by the test (hypercholesterolaemia), thereby denying the opportunity for its valid assessment. Because at any given cut off there would, by definition, be no false positives and no false negatives, the issue becomes one of tautology, not health assessment. It is important in the evaluation of screening that the disorder is defined in terms of disability or death, rather than the tail of a continuous distribution.

The meeting attracted much attention and press coverage, indicating that there is undoubted interest in the opportunities for the prevention of disease that screening offers. Screening raises ethical issues that need to engage the community as a whole, and poses major managerial issues that we are only beginning to grasp. The conference touched on only a few of these, but it was a beginning – a first step in developing the intellectual rigour we are endeavouring to stimulate through the journal.

N J WALD
Editor