Editorials

What is case-finding?

The term case-finding is widely used, but it is unsatisfactory. Its meaning is unclear and this has encouraged its use in different ways. Wilson and Jungner, in their original monograph,[1] defined case-finding as "that form of screening of which the main object is to detect disease and bring patients to treatment". They did not make a clear distinction between screening and case-finding, and suggested that screening implied a relatively simple method of case-finding. Subsequent uses of the term have undoubtedly created a loose distinction between screening and case-finding, particularly with the recognition that screening procedures need to be rigorously evaluated. Activity under the label of case-finding has tended to escape this rigour.

A problem with the term case-finding is that it carries an implication that one has identified a case of the disorder for which one is screening, while in fact one has usually identified an individual with a positive screening test for that disorder. From this perspective, a person with high blood pressure should not be regarded as a case and using the label "hypertension" tends to make the problem worse. Similarly, a person found to have raised intraocular pressure is not a case. Neither person has overt disease; the first is at increased risk of developing a stroke or myocardial infarct, and the second, glaucomatous blindness. This is not to say that the measurement of blood pressure may not be useful, but that its effectiveness needs to be assessed in terms of the final impact on the disorders of interest. The activity should be judged like any screening procedure in which having a positive test is regarded not as an end in itself but as a means to an end. For example, by regarding the discovery that a person has high blood pressure as an end in itself, there is a tendency to avoid recognising and assessing the implications of false positives (persons with "high" blood pressure who will not develop a heart attack or a stroke) and false negatives (persons without "high" blood pressure who will develop either). Also, the "high" reduction in risk of cardiovascular disease must be balanced against the adverse effects of treatment.

The term case-finding avoids any obligation to specify the conditions under which the screening activity should operate and the expected improvements in health that will arise from it. It evades the need to demonstrate net benefit. The term can be used to legitimise screening procedures and interventions that have not been evaluated satisfactorily. It precludes the ability to monitor improvements in health and as there is no satisfactorily defined population, the question of coverage or uptake cannot be answered. It may offer a "politically correct" substitute for systematic screening that will delay or prevent the necessary research to determine whether systematic screening is worthwhile. Even if screening is worthwhile, case-finding may delay the implementation of a systematic screening programme with defined goals and objectives. The medical practitioner tends to be seduced by the opportunity to do a test simply because the individual is available, even though that individual may happen to be at very low risk. Access to individuals should not itself dictate screening policy; often the people doctors have most access to are those who will benefit least from screening.

If some insist that a case be regarded as a person identified as needing action through screening, it needs to be acknowledged that the activity is more accurately called "case-creating" than case-finding; without it many people with screen positive results would never have come to medical attention. It would then make it clear that the activity should not automatically be regarded as beneficial.

The time has come to abandon the use of the term case-finding. It provides the wrong intellectual framework for the understanding of screening. If tests are applied to people who have not sought medical attention for reasons that prompted those tests, the activity should be assessed as a screening procedure with all the necessary evaluation and monitoring that such a public health activity demands.

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1 Wilson JMG, Jungner G. *Principles and practice of screening for disease.* Geneva: World Health Organisation, 1968.