QUESTIONS ANSWERED:
Question 01 - Health care as a consumer good

ANSWER:
No. Choice is not currently informed by full and accurate descriptions of risks and benefits. Online storage of medical records is probably an exception, however.

Question 02 - Validity of information

ANSWER:
Yes. Limitations of the information provided (in the USA, and in the UK by a Which report out this month) have been demonstrated. Access should be limited to those tests for which there is supportive scientific evidence (of course, there is the tension with publicly-provided screening services [e.g. breast], which have been adopted by the NHS, but whose effectiveness is still debated). Ideally this would be a randomised controlled trial of screening, or at least a randomised controlled trial demonstrating the effectiveness of an intervention for an asymptomatic abnormality detected by screening.

Question 03 - Prevention

ANSWER:
No. Responsibility should be for primary prevention, and participation in screening programmes for which there is robust supportive scientific evidence.

Question 04 - Who pays?

ANSWER:
No, for screening services that are not supported by high quality evidence. The screening companies themselves should take responsibility for the treatment of abnormalities identified by non-evidence-based activities. If this increased the tariff, it could only be a good thing: fewer people would attend for unproven screening services.

Question 05 - Your experiences

ANSWER:
No. My use would be determined by the data security of the provider, and the ease of my accessing accurate information about my health from my existing medical records.

Question 06 - Your experiences

ANSWER:
No. I would only consider using these services for non-urgent problems. In my experience of NHS24, if I had anything serious, the advice would be likely to be to see my GP (or attend A&E) anyway!

Question 07 - Your experiences

ANSWER:
No. I would only consider purchasing them if the provision of the drug was quality-assured, and the treatment was not available on the NHS.

Question 08 - Advertising health care products

ANSWER:
No. I think doctors should be the gatekeepers for access to pharmaceuticals (other than those authorised for over-the-counter use), DNA profiling, and body imaging.

Question 09 - Your experiences

ANSWER:
Yes. I have used it as a doctor in prescribing thrombolysis for patients with acute stroke. Evidence is being gathered for its effectiveness in this situation; for those in remote and rural communities with acute medical emergencies (such as stroke), the benefits of telemedicine seem beyond doubt.

Question 10 - Who pays?

ANSWER:
Yes. The costs should be borne by the patient if consulting a doctor from home (as opposed to consulting a specialist at a tertiary centre, having been admitted to a district general hospital). After all, they would have to pay for travel and parking to reach the GP or hospital.

Question 11 - Your experiences

ANSWER:
No. I would want to know the risks and benefits of attending for such screening, whatever the results turned out to be. In other words, evidence for the screening activity itself.

Question 12 - Regulation

ANSWER:
No. Regulation should be imposed: services without an evidence base should have kitemarked information leaflets (explaining all pros and cons), and bans on advertising.

Question 13 - Responsibility for harm

ANSWER:
Yes. The responsibility here lies with the providers of predictive tests of unproven (or negligible) value; which is quite distinct from pregnancy testing.

Question 14 - Quality of information

ANSWER:
Yes. This is purely the responsibility of the providers themselves, but it should be regulated, and information should be kitemarked. There is plenty of evidence of poor quality

information - published studies from the USA (Illes et al) and an August 2009 Which report in the UK.

Question 15 - Other issues

ANSWER:
I have a paper in press which provides the most accurate information (from a meta-analysis and systematic review) of the chance of detecting an incidental finding on brain MR imaging; the risk is 1 in 37, and there is no RCT evidence indicating what to do with any of these incidental abnormalities! The reference is: Morris Z, Whiteley WN, Longstreth Jr WT, Weber F, Lee Y-C, Tsushima Y, Alphs H, Ladd SC, Warlow C, Wardlaw JM, Al-Shahi Salman R. Incidental findings on brain magnetic resonance imaging: systematic review and meta-analysis. BMJ 2009 [in press]