PERSPECTIVE

Just One More "Noninvasive" Test...

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Twenty years ago I made the decision that I wanted to avoid unnecessary radiation in medical procedures. Recently, when I was scheduled to have cataract surgery, I followed my physician's preoperation orders to have an electrocardiogram (ECG). Who would have thought this test would leave me, 5 days after successful eye surgery, with having to decide whether or not to follow a cardiologist's order for yet another test—this one involving a significant amount of radiation?

Nine days before the cataract surgery, my primary care physician (PCP) telephoned me. "The ECG report says there's evidence you may have had a heart attack in the past," she said. "I'd like you to have a stress test before surgery." I was stunned by this news. I am a healthy 71-year-old woman who recently celebrated 40 years of regular vigorous lap swimming 2 to 3 times a week. I have been leading a hike nearly every month for the public in the local Coast Range Mountains for over 25 years. I sweat in an aerobic dance class at the Y weekly and take frequent long walks. To top it off, I have never had any chest pain or other symptoms of heart disease.

Nevertheless, I climbed on the treadmill for a stress echocardiogram. The results reported "mild hypokinesis" in 2 segments of my heart wall at rest, meaning that an area of the heart wall has weaker contraction motion than the other sections. After a blood test, however, my PCP gave the all-clear signal for cataract surgery.

The eye surgery was a success, but now I felt like I had a time bomb ticking in my chest. My PCP referred me to a cardiologist, who told me he was concerned that the test findings were pointing to a possible blockage of the largest artery supplying my heart. What he really wanted was an angiogram, the "gold standard," but knowing I probably would not consent to such an invasive test, he suggested a myocardial perfusion test to "rule out" a blockage. He gave me the impression that the amount of radiation involved was fairly minimal, more than a chest x-ray examination but not approaching that of a computed tomographic scan. His words to me going out the door were, "Have the perfusion test within the next couple of days." Now I really felt my health was in danger.

I did some research and learned that the radiation exposure was significantly more than the amount in a computed tomographic scan. Apparently there was a disconnect between the cardiologist and me about the term *minimal radiation*. I also felt that I was being treated like a statistic, not an individual. Had the cardiologist taken into consideration my robust good health, that I have had no symptoms of any heart problem, and that the stress echocardiogram showed my exercise metabolic rate to be excellent? What about my genetic history? The women in my family, mother and 4 aunts, who lived into their mid- or late nineties, did not have heart disease.

That's when a light bulb turned on in my brain, as I recalled the cardiologist telling me there was a 70% chance the perfusion test would reveal nothing at all wrong, or at least would not show artery blockage. I thought, "There's way better than a 50% chance the test will find me heart healthy." Even my PCP had said the ECG and stress test were not very accurate. That would mean they might have been wrong. And if that were the case, then having the perfusion test would needlessly subject me to health risks and no clear benefits. I needed to put the brakes on to more testing and seek a second opinion.

I found a superbly well-qualified cardiologist at a major academic medical center who agreed to an appointment. She did a thorough interview and examination. I felt seen and heard as a whole patient—and not just as the sum of my test reports. Soon my PCP and I received her written report stating that after a thorough review of my medical records and interpreting my exercise stress echocardiogram, she found my heart function normal and that there was no indication of a need for any further cardiac testing.

We patients need to remember that we are ultimately in charge of our own well-being. I think that means taking a deep breath and pushing the "pause" button when caught up in a cascade of medical testing. The patient needs reflection time and a thorough explanation to understand the reasons for not just tests but any medical procedure. We need to understand if there are other options available and the risk-benefit ratio of each. It might mean scheduling a conference with one's PCP to talk it over or asking for a team of physicians to review the test results. Finally, it is time for a focused conversation in the United States among physicians, medical policy makers, and patients about the wisdom of performing so many extensive—and expensive—medical tests without consideration and discussion of risks and benefits with patients.

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