

**TESTING TIME**

Last century, the renowned US physician and scientist, Lewis Thomas, observed, "Today, with the advances in medicine's various and complicated new technologies, the ward round at the foot of the bed, the drawing of blood samples for automated assessment of every known biochemical abnormality, the rolling of wheelchairs . . . down to the x-ray department, there is less time for thinking." Lewis further noted that medicine "no longer involves the laying on of the hands", but rather "the reading of machines".

Medicine's reliance on testing continues unabated. The annual expenditure by Medicare for both pathology and radiology tests exceeds \$2 billion and the annual growth for these services is a robust 5%.

Why so many tests? Apart from being definitive diagnostic tools in patient management, tests have other roles. There are "pressure tests" ordered to placate pressure from patients, family and peers; "routine tests" required by hospital protocols; "reassurance tests" to reduce the anxiety attending the uncertainty of practice; "fishing tests" to angle for remote diagnostic possibilities; "gamesmanship tests" to prevent upstaging by other doctors; and, finally, "lawyer's tests" as defence props in possible future medicolegal tussles. Ultimately, tests are easy to order, are readily available and, importantly, are paid by someone else.

But the compelling reason remains a lack of time. Time constraints, overwork and the pressure for immediate answers rule modern medicine. In this environment, it is easier to order tests than to conduct a rigorous history or physical examination, or, indeed, allow time to be the diagnostician.

The time for talking and the time for thinking is currently curtailed in consultations. Testing is now the surrogate for time.

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**CORRECTION**

<b>"Impairment bible" [book review of <i>Guides to the evaluation of permanent impairment</i>]</b> <i>(Med J Aust 2002; 176: 82)</i>	190
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