

Having a single personal doctor may sometimes lead to unnecessary tests

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Patient care by a single primary care physician is associated with many health benefits, including increased treatment adherence and decreased hospital admissions and mortality risk. But can the relationship built between doctor and patient also lead to unnecessary care?

A new University of Florida study finds that [male patients](#) who have a single general physician were more likely to receive a prostate cancer screening [test](#) during a period when the test was not recommended by the US Preventive Services Task Force. The study, which appears in *Frontiers in Medicine*, is the first to explore whether continuity of care may lead to patients complying with recommendations for low-value or even harmful care for any condition.

"The results show that the trust between a doctor and a patient is a strong bond, but it emphasizes that it is important that physicians practice evidence-based care," said Arch G. Mainous III, Ph.D., the study's lead author and a professor in the department of [health](#) services research, management and policy at the UF College of Public Health and Health Professions. "Patients

look to their physician to act in their best interest and so physicians need to take that trust and provide the best care possible."

In 2012, the US Preventive Services Task Force recommended against prescribing the prostate specific antigen, or PSA, test, rating it a grade D test and concluding there is moderate or high certainty the test has no net benefit or that the harms—including false-positive results, overtreatment and treatment complications—outweigh the benefits. This recommendation stayed in place until May 2018, when the task force upgraded the PSA test to a grade C, one that is selectively offered based on a physician's professional judgment and patient preferences. While use of the PSA test declined between 2012 and 2018, a significant portion of men continued to receive the test during that period.

For the study, the UF team analyzed data from the Behavioral Risk Factor Surveillance System, a nationwide system of health-related telephone surveys that collects data about Americans' health-related risk behaviors, chronic health conditions and use of preventive services. The team looked at data from 2016, four years after the task force's recommendation against PSA tests.

They evaluated responses from men ages 40 and older with no symptoms or family history of prostate cancer. Survey questions asked if participants had a single personal doctor, if they had ever received a PSA test and what recommendations or advice they received about PSA tests from health care professionals.

Among 232,548 men who responded to the questions, nearly 40% reported receiving a PSA test during the timeframe when it was not recommended. Having a single personal doctor was associated with discussion of both advantages and disadvantages of PSA tests, but also a

recommendation to receive a PSA test.

"The results do not suggest that interpersonal continuity with one regular doctor is not important. Quite the contrary, these results reinforce the power of that relationship," said Mainous, also vice chair for research in the UF College of Medicine's department of community health and family medicine. "The patient-physician relationship and trust in one's [physician](#) is critical in providing care, but responsibility falls to physicians to provide the best high-quality care."

More information: Arch G. Mainous et al, Patient Provider Continuity and Prostate Specific Antigen Testing: Impact of Continuity on Receipt of a Non-recommended Test, *Frontiers in Medicine* (2021). [DOI: 10.3389/fmed.2021.622541](https://doi.org/10.3389/fmed.2021.622541)

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