Is The "Executive Physical" Bad For You?

On August 6, 2013, former president **George W. Bush** announced through a press release that he had successfully undergone a cardiac stent procedure earlier that morning at the Texas Presbyterian Hospital in Dallas. The intervention occurred after doctors detected an abnormality during an exercise stress test, which was part of Bush's annual physical examination.

According to press reports, the abnormal finding on the stress test came as a surprise to Bush and his physicians. The president had reported feeling very well and was known to be in excellent shape. Only a couple of months before, he had gone on a strenuous bicycle ride in hot weather and felt no discomfort whatsoever. The stent operation went smoothly and Bush was back on his bicycle within a few days.

One would have expected a positive reaction to the news, an appreciation that a serious problem was detected in time, before a complication might have jeopardized the health of the former president. Instead, many high profile cardiologists and preventive medicine specialists immediately issued a sharp rejoinder decrying the treatment that Bush had received.

A professor of medicine at the University of Chicago, along with a physician from the National Institutes of Health, wrote an article in the *Washington Post* resolutely titled *President Bush's Unnecessary Heart Surgery*. In the opinion of these doctors, not only was the stent intervention unwarranted, but Bush should not have undergone any testing to begin with.

Steve Nissen, a prominent cardiologist at the Cleveland Clinic, made the same point in an interview with *USA Today*. He expressed concern about "over-testing" people with no symptoms, and went as far as saying that Bush "got the classical thing that happens to VIP patients, when they get so-called executive physicals, and they get a lot of tests that aren't indicated. This is American medicine at its worst."

The "executive physical"—also known as the executive health examination—is the practice of performing a battery of tests on otherwise healthy people on a yearly or routine basis. The focus is on the early detection of heart disease, cancer, and metabolic problems.

The examination features relatively costly technologies, and the tests are not routinely reimbursed by insurance plans. Individuals can pay for them out-of-pocket, but large corporations or organizations frequently purchase them for the benefit of high-level executives or key personnel.

The practice has a long history of being controversial in medical circles. Because of its expense, it is viewed as elitist by some critics. And because the benefit of testing is difficult to establish scientifically, some argue that executive health examinations are money-making enterprises that take advantage of wealthy customers and hypochondriacs.

The criticism implies that the value of a service can be ascertained with purely objective criteria. For example, opponents of the practice might say that, because the probability of finding an abnormality is low, the test should not be offered at all, or that the "benefit-to-risk" ratio is not worth the time, money, and effort. But, in saying so, the critics interpolate their own subjective values in the decision-making process.

In 1968, an article in a British medical journal pointed out that:

> *Doctors are traditionally very bad at looking at life through the eyes of their patients, and they tend not to realize that a person running a business, working hard, and carrying a considerable load of responsibility is entitled to ask questions such as, "Am I reasonably fit?" "How hard can I, sensibly, work?" "What steps should I take to minimize any chance of getting a coronary?" We are, in fact, often asked these questions and we regard them as prudent rather than hypochondriacal.*

Countless patients seem to agree. The fact that many educated and successful individuals voluntarily choose to undergo executive physicals on a regular basis would imply as much. After all, most people who submit to a routine test understand that the chance of finding something wrong is small (they feel fine!). And most can rationally judge, with the help of their doctors, what next step to take should an abnormality be discovered.

Of course, not all screening tests have the same value at all times, for all people. To the extent possible, any screening decision should be tailored to the specific needs and concerns of the individual. Engaging the patient in a conversation about what he or she expects to gain from the health examination is therefore essential.

Critics of the executive physical also overlook the fact that the battery of tests is made more meaningful when the testing is repeated on a regular basis. New abnormalities are more likely to represent an important change. This is precisely the kind of information George Bush's doctors acted upon. In previous years, his treadmill tests had been normal; in 2013, there was a change.

A few weeks after Bush's stent story broke, additional details about his heart problem were released to the press: the doctors had, in fact, discovered a 95 percent blockage in one of his coronary arteries. And when such a blockage develops over a short period of time, a heart attack can easily follow. It stands to reason that a serious complication was thus averted.

What was the word from the pundits about this latest information? Did the former president really receive the worst care the country has to offer? It seems that American medicine is not so bad. ■

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