

New dementia diagnosis targets will lead to overdiagnosis

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In a personal view published today, a general practitioner says that the new targets for diagnosing dementia will lead to more harm than good.

The government is putting pressure on commissioners, and in turn general practitioners, to make more diagnoses of dementia, but no analysis has been done to assess the harm that these targets could cause.

Dr Martin Brunet, a GP from Surrey, says that "medicine depends on a fundamental, unspoken agreement between patients and doctors [...] the only factor influencing the decision to diagnose should be the best interests of patients". He adds that the idea of doctors being motivated by self interest is "abhorrent and undermines the basis of the relationship".

He says that diagnosis can bring "great harm if incorrect" but the setting of target rates for diagnoses has gone "largely unchallenged despite its potential to lead to substantial harm", adding that clinical commissioning groups will be "desperate" to remove themselves from the list of worst performing CCGs for [dementia diagnosis](#).

Dr Brunet is concerned that there has, so far, been no analysis of the potential harms in setting targets for diagnoses and fears that the "needs of patients are made secondary to the requirement to fulfil quotas".

In a concluding statement, Dr Brunet says that [dementia](#) is a "big business" and there are many vested interests that "stand to benefit from

a rise in the number of diagnoses". He says that if the validity of these strategies is not questioned, there is the danger of this spreading into other areas of medicines.

He concludes that "diagnosis must always belong only to the patient" and that an "urgent debate is needed before this gets out of hand".

More information: www.bmj.com/cgi/doi/10.1136/bmj.g2224

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