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In Reply...Credat Emptor

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## CORRESPONDENCE

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Dr. Frei shines an important light on the potential tension between the best interest of physicians and the best interest of our patients. And he is certainly right in suggesting that when these interests conflict, it is not surprising that we are tempted to put ourselves first. In the case of ordering a test—no matter how “medically unnecessary” or potentially harmful to patients it may be—doing so is likely to have *only* potential benefit to the ordering physician: we lessen our feelings of uncertainty, decrease the chance of blame that would come with “missing something,” and may even increase the amount we will be paid.<sup>1</sup> The only predictable potential for harm ... is to some of our patients.

This should remind us that the fundamental nature of a *profession* relates to an unwritten contract between its practitioners and the society that endows them enormous privilege—money, prestige, autonomy, and power—in return for an unspoken but central promise to put the interests of patients first. We *profess* we have knowledge and skills that our society needs and that we will use such expertise in such a way that *credat emptor* (“let the buyer believe”). This is in stark contrast to the more familiar maxim of *caveat emptor* (“let the buyer beware”) that governs nonprofessional commercial interactions.<sup>2</sup> Patients offer us their trust, even when in their most vulnerable state; in exchange, our *fiduciary* relationship to them means that we promise to honor that trust. We are allowed to consider our own interests, but as professionals we pledge that—if and when these interests conflict with those of our patients—we will put our patients first.

It is only human to look out for our personal interests when inaction may do us harm. This is clearly relevant to test-ordering. As Dr. Frei articulates, there is little personal harm to the practitioner associated with getting a test. On the other hand, using clinical judgment and opting to forgo a test subjects us to risk if and when our judgment is faulty ... as it will inevitably be, at least occasionally, for every one of us. Any potential solution to overtesting therefore must, as Dr. Frei suggests, address this psychological pressure

to test even when we believe that a study is not medically indicated.

But if we give in to this pressure, and overttest and overdiagnose and overtreat, we will inevitably cause important harm to some (small but real) subset of our patients. To the extent that our society recognizes we are violating our professionalism by putting our own needs ahead of those of our patients, we will ultimately lose the many privileges we now have. But that is *not* the reason to avoid unnecessary testing; the most important reason is because by doing so, we would voluntarily abandon the core nature of being a physician.

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