Based on various estimates, the national health bill for unnecessary care -- or medical waste -- is between nearly $500 billion and almost $1 trillion.

According to the Dartmouth Institute for Health Policy and Clinical Practice, 30 percent of Medicare spending goes to care that is unnecessary or harmful. And in April, a study published in Health Affairs estimated the U.S. spends $4 billion on breast cancer overtreatment alone, for care associated with false-positive mammograms and breast cancer overdiagnoses.

Economics aside, clinicians and researchers who have studied issues of medical excess say the most concerning cost of all involves patient well-being. More tests mean more treatment and, experts say, while care may be a boon for some who need it -- and save lives -- following the doctor's orders can also hurt patients, putting them at risk for everything from drug side effects to death on the operating table.

"If the diagnosis is incorrect, any treatment that goes along with it is also incorrect," says Dr. Stephen Martin, an assistant professor in the Department of Family Medicine and Community Health at University of Massachusetts Medical School in Worcester, Massachusetts, who has studied overdiagnosis and overtreatment. To prevent unnecessary care, Martin recommends patients start by asking about the reason for any recommended tests, including those ordered in multiples.

"If a patient were to hear something to the effect of 'let's get some lab tests,' I would ask the clinician: How many and why?" he says. "Once you order six or seven individual lab tests, the odds of one of them being a false positive already is about 20 percent. Just statistically. So if there are a lot of vials of blood being drawn [ask] 'Why are we doing this? Why are each of these lab tests needed to help in my care?'"

Martin says a scattershot approach to testing might be appropriately comprehensive in unusual circumstances like if a patient has just returned from traveling abroad and has concerns about a mysterious disease. "But for standard circumstances, it leads to more false-positive testing and then a cascade of further testing or intervention based on something that's not likely to be true," he says. If providers give vague answers as to why a test is needed, Martin says that should give patients pause.

Similarly, patients should be on alert if providers discuss only "surrogate outcomes" for medications -- such as that a drug lowers blood pressure or cholesterol levels -- but can't or won't speak more directly to how it could ultimately affect a patient's health. Instead, he adds, doctors should discuss in very clear, specific terms the direct impact recommended prescriptions or
suggested care might have on patient outcomes, like reducing one's risk of heart disease. Experts say talking about the statistical likelihood a patient will see benefit from treatment as well as harm is a good place to start.

One more red flag that patients may be getting overtreated: "If they are being referred to another specialist for virtually everything under the sun," Martin says. "There's very clear correlations between number of referrals and morbidity." In addition to potentially worse outcomes caused by unnecessary care, he says such needless referrals could be an indication that a primary care doctor is overwhelmed, for example, by patient load. In general, patients should expect that their doctor can address most of their health concerns, except where specialists are needed to treat specific issues like chronic conditions or in more complex medical cases.

While there's no shortage of debate surrounding screening and other procedures, look to compare a health provider's testing or treatment recommendations against those set by the U.S. Preventive Services Task Force, an independent group of experts that seeks to make recommendations on preventive care, including screenings, based on available evidence. If the recommendations don't align, and it's not a given they will, inquire about alternate evidence or guidelines on which clinical recommendations are based.

Dr. Jerome Hoffman, a professor emeritus of medicine at University of California--Los Angeles who, like Martin, has also studied overdiagnosis and overtreatment, says some patients may be more comfortable handing the reigns to their provider and never questioning care recommendations, while others may wish to make all decisions with limited input from doctors.

But, for the majority, a shared decision-making model involving a more robust give-and-take between provider and patient seems to be the best fit, he and others say.

"I want a doctor who takes me seriously, who listens to my concerns and who also seems knowledgeable," Hoffman says. No physician knows about everything, he adds, but providers should at least be willing to research questions if they don't have the answer or reach out to other doctors who do. He says patients should be leery if a provider downplays concerns or is offended by their questions or a decision to seek a second opinion.

Avoiding overdiagnosis and overtreatment also means letting go of some longstanding notions, such as the doctor always knows best; more treatment is better; and that improved technology and early screening will definitely lead to better outcomes, Hoffman says.

Commonly, he says, CT scans and MRIs, enhanced imaging technology widely used to check for issues ranging from cancer to torn ligaments, will reveal normal human imperfections that wouldn't cause the patient harm, while precipitating additional tests and treatment that could. "The better the technology, the more that we will find that actually isn't dangerous, but which we're obligated to treat," Hoffman says. "We all have cells that look like cancer -- at least many of us do," he says.
Hoffman argued in an analysis published in The BMJ last year that systematic factors, like an intolerance of medical errors and concern about repercussions in a "blame culture," lead doctors to practice so-called defensive medicine and drive overdiagnosis and overtreatment.

He adds that turning the tide on excessive medical care won't be easy.

"It's like turning around an ocean liner," he says. But for all who prefer to at least be involved in decisions made about their care, Hoffman says, there's a simple place to begin: "Start asking questions. That would be a huge step forward."

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