

It's time we think in terms of a transitional Health-Spectrum!

One of the major problems with our imprecise diagnostic tests is the assumption that disease is either present or absent using man-made standards and interpretation of results.

Diagnostic testing that requires the interpretation of whether disease is present or absent, reflects a fundamental problem with the yes/no testing approach used to determine if someone has cancer, heart disease or some other problem (sensitivity) or doesn't (specificity); and just as importantly whether our treatment for the patient is working or not [1].

For too long physicians and insurance companies have looked at people as either having a disease or not. Medicine is after all the practice of healthcare, not disease care. The entire approach leads to problems with coverage of pre-existing conditions, as well as the consequence of dealing with failures of that approach, when those told they do not have a health problem, later die from it [2,3].

Qualitative and semi-quantitative methods of looking for disease, excludes the understanding that changes in the health of a patient occurs across a continuum – a "Health-Spectrum" - and that patients do not suddenly wake up one day with cancer, heart disease, or some other health problem [4].

The ability to quantitatively measure changes in the Health-Spectrum of a patient is more accurate, consistent and reproducible; and it allows us to measure actual treatment results without guessing [5,6] - thereby decreasing healthcare costs and time while saving lives.

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These measurements are only possible when the calibration of the equipment we use is made against a known standard, which does not flux – but is constant [5,6]. Only by using such constants, will these measurements be accurate, consistent and reproducible – across the Health-Spectrum of the patient – eliminating the "results may vary" error introduced using man-made standards and interpretation [6].

References:

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