

‘Virtual colonoscopy’ – what’s in a name?

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After hearing about the risks associated with colonoscopy, a patient asks “What about virtual colonoscopy?” The message she received is clear – there is a test that is essentially equivalent to a real colonoscopy but without the risks or discomfort that are associated with the actual procedure. Computed tomography (CT) colonography or spiral CT scanning of the colon is presented to the public with a label that includes an embedded message – ‘this is a good test that rivals colonoscopy.’

Mislabelling has been fairly common in medicine, often the result of a misunderstanding of the underlying cause of a symptom or disease. Dyspepsia (ie, indigestion) is not really due to a defect of the digestive process, and we have come to understand that ‘heart burn’ has nothing to do with the heart. An elderly physician once told me that in the early days of his practice people were said to die of ‘acute indigestion’, a term eventually replaced with ‘myocardial infarction’ or ‘heart attack’ when we came to understand what was actually happening to these patients.

However, ‘virtual colonoscopy’ is not a label that comes from a misunderstanding of its nature or value. It is a label directed at the consumer and actually seeks to place the procedure in a position of some equivalency with colonoscopy. Is this OK? Is it acceptable to embed a marketing message in the name of an option for a consumer who needs to make an important choice among a range of screening options? Such labelling is, after all, quite effective at influencing consumers. Are the strategies of consumer advertising germane to or even

ethical in the world of medicine? Is it not objectivity and accuracy that we must provide to patients?

Language evolves and becomes normative from general use. It becomes difficult to expunge a term from our common discourse once we have reached a certain level of familiarity and comfort with it. Those who have sought to change the language of ‘stroke’ to ‘brain attack’ have found this to be a difficult proposition.

It is still relatively early in our experience with CT imaging of the colon, so we still have an opportunity to reconsider the use of the term ‘virtual colonoscopy’.

In the interest of objectivity, I suggest that we should call a thing what it is and not label it in a way that suggests something about its relative efficacy or risk. When I talk to patients about their use of analgesic combinations containing acetaminophen and codeine, I discuss their use of codeine; I do not use the name of the commercial preparation they are taking (why would one name a combination of drugs after the ingredient that provides only minor efficacy in the formulation and tag the narcotic component – the one with addictive potential – as a number?).

I suggest that we cease and desist in our use of the term ‘virtual colonoscopy’ and call the procedure what it is. It is CT colonography, or spiral or helical CT scanning of the colon. This is the language that I use when discussing this procedure with patients. As physicians, we should strive to make the language of medicine as objective, accurate and meaningful as we can, understanding that ultimately we may have little impact on the *lingua franca*.

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