

March 18, 2020

Test Everybody?

The COVID-19 virus has prompted the call for testing. On the one hand, people want to know if they're well ... or if they are sick. On the other hand, the logistics of testing 330 million Americans are daunting and almost prohibitively expensive.

Most women are familiar with Pap smear tests for cervical cancers or mammograms for breast cancers. Similarly, men are familiar with tests for prostate cancer. In both cases, asymptomatic people are tested for indications of cancer, leading to relief, if the test is negative, or further tests and treatment if positive. Who could oppose this?

In fact, there are good reasons not to test everyone. If some people are not at risk, then it is a waste of money to test them. In a sense it is like putting a stop sign in the middle of a road, where there is no crossroad. People stop with no discernible benefit. For this reason, the US Preventative Services Taskforce guidelines apply to women at average risk for breast cancer. Among other recommendations, it says all women should make individual decision about having mammograms between ages 40 and 49. Biennial (every two years) screening is recommended between ages 50 and 74. A mammography is an X-ray test with its own set of risks. Why undergo the test if the risk greater than the potential gain?

Moreover, tests are not infallible. Disease screeners fear "false positive" tests which say that people may be ill when they are not. A false positive leads to further tests, including biopsies and treatment (including chemotherapy, radiation, or surgery) that are total wastes. Anyone who gets tested is at risk for a false positive. We do not know what the false positive rate for a COVID-19 test is, but it is almost certainly greater than zero. Testing large numbers of people leads to the risk of wasted resources, due to false positive tests, on quarantine and treatment for those who are not sick.

The politics of testing have also been apparent. With increased testing comes more positive results. The more people tested, the more positive cases, simply because we are testing more people. Some observers believe that the Trump administration did not want to see more positives, so they restricted testing.

The public has been infuriated by the fact that the tests are not available to everyone ... we are scared. The reluctance of the Trump Administration to use available WHO tests is inexcusable. However, focusing screening tests on those with some symptoms, or on health care workers potentially exposed to COVID-19, will constitute a far more efficient set of tests, rather than testing everyone.

Allen C. Goodman
Professor of Economics