When is “doing nothing” actually doing nothing?

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In medicine, we often see intervention and non-intervention as two succinctly distinguished pathways. A treatment is prescribed, a procedure is performed, or a test is ordered. These are recognizable and quantifiable clinical actions. But what happens when a test reveals something that does not immediately require treatment? When a clinician looks at a borderline result and says, “Let’s keep an eye on it,” or when a screening test identifies an abnormality in someone who feels entirely well, are they really choosing to do nothing?

Perhaps not.

The decision to observe may appear to be a neutral one. No medication is started, no procedure is performed, and no immediate treatment is offered. Yet, the individual has now entered a different clinical pathway. There may be repeat tests, scheduled appointments, additional investigations, and ongoing assessments. **A finding that might otherwise have remained unknown now becomes something to be watched, interpreted, and acted upon if it changes.**

This makes me think if **“simple observation” is also an intervention.** It may not involve a drug, a procedure, or an immediate therapeutic action, but it changes the way we approach an individual's health. The decision to observe introduces a new dimension to clinical care, one that can influence subsequent decisions, follow-up patterns, and even how a person perceives their own health.

Importantly, the consequences of this decision extend beyond the clinic. Knowing that something is borderline, abnormal, or potentially significant can influence how a person experiences uncertainty and makes everyday decisions. It can alter how clinicians approach subsequent consultations, how frequently patients seek care, and how future test results are interpreted. Even when no treatment is initiated, the act of knowing can change the experience of being healthy.

This question is becoming increasingly relevant across medicine. Advances in diagnostic technologies and screening programs allow us to detect biological changes and asymptomatic conditions earlier than ever before. While early detection can create opportunities for timely intervention, it also raises questions about what happens after detection: Who needs monitoring? How frequently should it occur? When does observation become unnecessary? And what are the consequences of identifying something that may never have caused harm?

These questions are not limited to screening or asymptomatic disease detection. They are relevant whenever medicine identifies a finding that prompts continued attention without immediate treatment. The decision to wait, monitor, or reassess is itself a clinical choice, often made in the face of uncertainty. Perhaps, then, we need to reconsider what we mean by non-intervention. Observation is not necessarily passive, nor is it free of consequences. It involves decisions about what to watch, when to look again, what changes matter, and when the balance of risks justifies taking the next step.

As medicine becomes increasingly capable of detecting disease earlier and with greater precision, an important question deserves greater attention: **Should we think of observation not as the absence of intervention, but as a deliberate clinical strategy with its own implications for patients, healthcare systems, and clinical outcomes?**