Addressing overuse starts with physicians

Choosing Wisely Canada

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Physicians have a widely understood social contract to first do no harm. Unnecessary tests, treatments, and procedures cause harm to patients, as elegantly illustrated in the article "Rational test ordering in family medicine" in the June 2015 edition of *Canadian Family Physician.*[1]

The Institute of Medicine in the United States reports that 30% of health care spending is wasteful and does not add value to the care of patients.[2] Such a definitive figure does not currently exist for Canada, but there is a wealth of circumstantial evidence to suggest that the problem is considerable. For example, a Saskatchewan study showed that almost 50% of prescriptions for treatment of respiratory infections in preschool children were inappropriate.[3] A study at 2 teaching hospitals in Alberta and Ontario found that 28% of lumbar spine magnetic resonance imaging was inappropriate and another 27% was of uncertain value; 9% of head magnetic resonance imaging for headache was inappropriate and an additional 8% was questionable.[4] Among patients undergoing low-risk surgeries in Ontario, a recent study found that 31% underwent preoperative tests that might have been unnecessary.[5]

The campaign

Choosing Wisely Canada (CWC) is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments, and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.[6] Internationally, the Choosing Wisely movement involves 18 countries that share the common goal of reducing harm to patients.[7] When physicians, administrators, and patient representatives from 12 of these countries met in 2014, they established that several factors contribute to the culture of medical overuse. These include patients' expectations, providers' fears of missing a possible diagnosis, malpractice concerns, and reimbursement incentives. Accordingly, participants agreed that transforming the culture of health care is a central goal.[8]

As physicians, we typically *start* things, rather than *stop* things. But we increasingly appreciate the benefit patients derive when we lessen or stop interventions (eg, use of benzodiazepines among the elderly).[9] Because we need "nudging" in this regard, all CWC recommendations speak to what we should *not* do.

It is logical that reducing unnecessary health care activities will reduce system costs. However, in both Canada and the United States, Choosing Wisely focuses on the quality of care and the potential risks to patients, rather than costs. Research shows that the terms *right care* and *avoiding harm* resonate for patients, while terms like *sustainability* and *use of finite resources* do not.[8]

Recommendations by medical societies

Choosing Wisely Canada launched in April 2014. To date, more than 150 recommendations have been released by 30 national medical specialty societies, highlighting the need to stop certain practices within their fields. The 11 family medicine recommendations were put forth by the College of Family Physicians of Canada and the Canadian Medical Association's Forum on General and Family Practice Issues.[10] Medical specialty societies develop their lists of "Things Physicians and Patients Should Question" in accordance with the following guidelines:

- Societies are free to determine the process for creating their lists.
- Each item on the list should be within the specialty's scope of practice.
- Included tests, treatments, or procedures
  - -should be used frequently,
  - -might expose patients to harm,
  - -might contribute to stress and avoidable cost for patients, and
  - -create an increased strain on our health care system.
- The development process should be thoroughly documented and publicly available upon request.

Doctor-patient relationship

Choosing Wisely Canada challenges us to have conversations that might be difficult, to engage in the complexity of shared decision making, and to participate in mature and respectful doctor-patient relationships.

Studies show that we sometimes struggle to say no to requests for medically unnecessary tests as compared with treatments.[11] In a patient-centred clinical approach, discovering each other's agendas and finding common ground are essential. Relational theory teaches us that an underlying trust is required in order to disagree and stay in a relationship. As family physicians, we have a

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foundation of trust with our patients, and we are therefore uniquely poised to address overuse.

Social accountability

In addition to reducing harm to individual patients, many of the CWC recommendations speak to reducing harm to society. The expectations of physicians around social accountability are well summarized in the Canadian Medical Association's *Code of Ethics*.[12]

Eight CWC recommendations speak to reducing unnecessary antibiotic use (emergency medicine recommendations 2 and 5, family medicine recommendation 2, geriatrics recommendation 1, hospital medicine recommendation 2, pathology recommendation 5, spine medicine recommendation 5, and urology recommendation 4). This has broad societal benefit in decreasing development of resistant microorganisms. Minimizing duration of the use of proton pump inhibitors (gastroenterology recommendation 1) could help to decrease the possibility of *Clostridium difficile* bacteria entering our health care institutions. Four CWC recommendations focus on deprescribing or avoiding prescribing sedative-hypnotic medications in the elderly, which can help decrease motor vehicle accidents (geriatrics recommendation 2, hospital medicine recommendation 3, and psychiatry recommendations 9 and 13). Avoiding transfusing patients based on an arbitrary hemoglobin value appears 5 times in the recommendations (hematology recommendation 5, internal medicine recommendation 3, palliative care recommendation 5, and transfusion medicine recommendations 1 and 2). This can help ensure that donated blood products are available for those in critical need. Canadian demographic characteristics and social expectations are clearly mandating a normalization of advance care planning conversations. Three CWC recommendations speak to this pressing social need (oncology recommendation 5 and palliative care recommendations 1 and 2).[13]

Finally, the 2014 international meeting on Choosing Wisely identified that reducing unnecessary medical activities will also decrease our carbon footprint, with potential benefits to the environment in terms of climate change.[14]

Conclusion

This edition of *Canadian Family Physician* showcases the first in a CWC series (**page 233**).[15] We will feature each of the 11 family medicine recommendations, as well as an article on the recommendations being put forth by the Canadian Federation of Medical Students.

Implementation of CWC in family medicine assumes that skilled clinicians strive to provide safe, effective, and evidence-informed care, and that the potential widespread and important effects of this campaign will be found in the quiet confidence of the doctor-patient relationship.

It is time to bring these recommendations into the Patient's Medical Home.[16]

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Competing interests

All authors are members of the Choosing Wisely Canada central team. The authors have no other conflicts to disclose.

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