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 head-ache was inappropriate and an additional 8% was questionable.4 Among patients undergoing low-risk surgeries in Ontario, a recent study found that 31% underwent pre-operative 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...
This edition of Canadian Family Physician showcases the first in a CWC series (page 233). 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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The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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