

# 'Choosing Wisely' a campaign to improve medical care

Ken Brummel-Smith 4:06 p.m. EDT August 22, 2014



Recently there has been a lot of attention to the problem of “overdiagnosis” and “overtreatment.” Books have been published on the subject and thousands of medical studies have been conducted.

It is clear that there is a substantial amount of medical care provided in America that is unnecessary, unhelpful and even dangerous. As many as 30 percent of some types of surgery may be unnecessary.

The subject has raised concerns on all sides and from all walks of life. Are doctors and hospitals doing things “just to make money”? If a low amount of a treatment provides benefits, isn't more treatment likely to be even better? Doesn't all this new technology that's been developed in the last 20 years allow us to start curing problems that we used to think were untreatable? The vision of a doctor in “Star Trek” waving a “tricorder” over the patient and pronouncing that the patient is healed is very enticing.

As a result of all this uncertainty, the American Board of Internal Medicine began a campaign called “Choosing Wisely.” It is designed to educate both doctors and patients about how to best choose various medical diagnostic tests and treatments.

The campaign has gathered steam. More than 60 medical societies have made a list of at least five things that doctors and patients should question. They are not meant to say they should never be done, but rather to get doctors and patients to talk about their goals, values and how they want to take risks. There are, unfortunately, risks to every single medical study or treatment.

But how could a diagnostic test be risky? You'd be surprised! First, the test itself may be risky. For instance, any test that involves sticking something inside you can cause an infection or the substance injected can cause a reaction.

A more complicated risk is: What happens when the test comes back “positive”? Just because a test is positive does not mean that the problem is “really” there. But almost always, a positive test is followed by more tests, each of which have their own risks. And of course, any positive test is associated with some anxiety.

Or what if the test result is “negative” but the problem is really there (a so-called “false negative”)? The person may feel relieved but later have an even worse problem develop.

There also is the problem we call a “logical fallacy.” A good example is treatment of Type 2 diabetes. This is the kind that develops most commonly as people become overweight or who develop their diabetes as adults (as opposed to juvenile diabetes). Since we know that very high blood sugar raises the risk of heart attacks, strokes, kidney problems and other maladies, it's logical to think that if we controlled the sugar very well (called “tight control”) then the risk of those bad things would be reduced. Not so. Some very large studies have shown that tight control of Type 2 diabetes increases the death rate, especially in older people!

Similarly, if high blood pressure causes strokes, then getting it way down should help prevent strokes. Getting it down somewhat does help, but getting it too low actually increases strokes (again, more so in older people).

This blog will discuss items from different medical societies' “Choosing Wisely” lists. It's likely to be somewhat controversial – sometimes.

The goal is not to catch doctors “doing the wrong thing” but rather to help you become a smarter, healthier patient. If you are interested in looking at the lists yourself you can go to [www.choosingwisely.org](http://www.choosingwisely.org) (<http://www.choosingwisely.org/>).

Note: The opinions expressed in this blog are my personal considerations, based on 36 years of medical experience, and I am not speaking as a representative of the Florida State University College of Medicine.

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