

Campaign to reduce the harms of too much medicine comes to the UK

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A US initiative to get doctors to stop using interventions with no benefit is being launched in the UK this week.

The Academy of Medical Royal Colleges, which represents all medical royal colleges in the UK, is launching a Choosing Wisely programme in partnership with specialty organisations, including *The BMJ*, to help tackle the threat to [human health](#) posed by overdiagnosis and the waste of resources on unnecessary care.

In *The BMJ* today, Dr Aseem Malhotra and colleagues set out the aims of the project and explain why doing nothing can often be the best approach.

Unnecessary care occurs when people are diagnosed and treated for conditions that will never cause them harm, and there's growing evidence that many people are overdiagnosed and overtreated for a wide range of conditions such as prostate and thyroid cancers, asthma, and [chronic kidney disease](#).

Participating organisations will be asked to identify five tests or procedures commonly used in their field, whose necessity should be questioned and whose risks and benefits should be discussed with patients before using them.

These will be compiled into lists, and the "top five" interventions for each specialty should not be used routinely or at all.

So far, more than 60 US specialist societies have joined the Choosing Wisely initiative, say the authors. It has also been adopted by other countries, including Australia, Germany, Italy, Japan, Netherlands and Switzerland - a clear sign that wasteful medical practices are a problem for all health systems.

A culture of "more is better," where the onus is on [doctors](#) to "do something" at each consultation has bred unbalanced decision making, argue the authors. "This has resulted in patients sometimes being offered treatments that have only minor benefit and minimal evidence despite the potential for substantial harm and expense."

This culture threatens the sustainability of high quality healthcare and stems from defensive medicine, patient pressures, biased reporting in medical journals, commercial conflicts of interest, and lack of understanding of health statistics and risk, they add.

Rather than focusing on a system of payment by results - which encourages doctors and hospitals to do more - they suggest that guideline committees "should increasingly turn their efforts towards the production of tools that help clinicians to understand and share decisions on the basis of best evidence."

They acknowledge that shared decision making "does not guarantee lower resource use" and that reducing wasteful and harmful healthcare "will require commitment from both doctors and patients, in addition to objective evidence of effectiveness."

But they say it is time for action "to translate the evidence into clinical practice and truly wind back the harms of too much medicine."

More information: Choosing Wisely in the UK: Academy of Medical Royal Colleges' initiative to reduce harms of too much medicine , The

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