

Choosing wisely in emergency medicine

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Dear Editor,

Choosing Wisely is a global initiative that has been implemented worldwide, including USA, Canada, the UK, Australia and some European countries, including Italy.¹⁻³

The campaign aims at promoting a culture where low value and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations around their treatment options, leading to better decisions and outcomes. Unnecessary health care may indeed result in poor outcomes for the patient, because of the risk of false positive diagnoses, adverse reactions and waste of time and resources.

Choosing Wisely involves a number of professions including doctors, nurses, midwives, pharmacists and other professional groups. It also has strong consumer involvement, and works to enhance cooperation and communication between health professionals and the citizens.

In a first phase, Choosing Wisely was devoted to organizing the creation of *lists of five*. This was done asking Specialty Societies to identify at least five practices which their field may overuse. Many Medical Colleges and Specialty Societies have identified tests, treatments or procedures that may be unnecessary, following discussion with their members and based on the evidence. Hundreds of items have thus been identified in each of the participating countries.

More recently the Choosing Wisely campaign has started running educational programs for students and doctors to engage physicians in reducing their prescription. It is expected that in a near future it will be possible to verify and quantify the impact of the initiative on the quality of medical care.

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Conflict of interest: the author declares no potential conflict of interest.

Funding: none.

Received for publication: 14 June 2018. Accepted for publication: 15 June 2018.

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©Copyright D. Coen, 2018 Licensee PAGEPress, Italy Emergency Care Journal 2018; 14:7619 doi:10.4081/ecj.2018.7619 As to the field of Emergency Medicine, 10 inappropriate practices have been identified in the US by the American College of Emergency Physicians, 10 more in Canada, 5 in the UK and 6 in Australia. Appropriate statements have been issued for each of these concerning, among others, the inappropriate use of CT and other imaging techniques or the unnecessary prescription of antibiotics for minor respiratory tract ailments like sinusitis, otitis and acute bronchitis. It is useless to mention the advantages in terms of radiation exposure and development of bacterial resistance that could be brought about by a widespread acceptance of these indications.

Unfortunately, Italy is not on the list of Countries where the Specialty Societies of emergency physicians are actively involved in the campaign, and no *list of five* (or more!) has yet been produced for this relevant area of medicine, where millions of exams and treatments are performed each year.

In conclusion, I really hope that your journal may wish to play a significant role in promoting the culture of Choosing Wisely both among its Italian and international readers.

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