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The project “*Doing more does not mean doing better*”

“Slow Medicine”¹, an Italian movement founded in 2011, opened to health professionals, patients and citizens and aimed at the promotion of a Measured, Respectful and Equitable Medicine, launched a project named “*Doing more does not mean doing better*” in Italy at the end of 2012, similar to Choosing Wisely² in the USA.

The focus of the project is overuse of medical resources, which is not only a leading factor in the high level of spending on health care but also places patients at risk of harm³.

Overuse of medical resources is large in Italy too⁴, although Italy ranked below the OECD average in terms of health spending per capita in 2011.

Examples of overuse in Italy include the number of MRI units, only lower of that of Japan and United States and far above the OECD average in 2011, and MRI exams, rates of caesarean delivery as a percentage of all live births, consumption of antibiotics.

The project “*Doing more does not mean doing better*” involves physicians as well as other health professionals in the responsibility for the appropriate use of medical resources.

The project, launched by Slow Medicine, is also promoted by:

- The National Federation of Medical Doctors’ and Dentists’ Colleges (FNOMCeO)
- The National Federation of Nurses’ Colleges (IPASVI)
- The Italian Society for Quality in Healthcare (SIQuAS VRQ)
- Change Institut, a training agency in communication and systemic counseling in Turin
- Partecipa Salute, a project established by IRCCS-Mario Negri, Italian Cochrane Centre and Zadig srl. aimed at participation of patients and citizens in healthcare
- Inversa Onlus, the Italian association of patients with hidradenitis suppurativa
- Altroconsumo, an Italian consumers’ association with 345.000 members
- Slow Food Italy, founder of and component of Slow Food International (100.000 members in 150 countries)

A steering group of the project with representatives of these associations was created in March 2013.

According to Brody⁵, each specialty society engaged in the project must develop a list of the top 5 tests and treatments in its field that are commonly ordered in Italy but whose necessity should be questioned and discussed because:

- they have been shown by the currently available evidence not to provide any meaningful benefit to at least some major categories of patients for whom they are commonly ordered
- they may cause harm to patients.



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To date the following National specialty societies and associations are involved in the project and created or are creating their lists of low-value services:

- The Italian Society of Medical Radiology – SIRM
- The Italian Society of Radiation Oncology – AIRO
- The Italian College of Chief Hospital Oncologists – CIPOMO
- The Cochrane Neurological Field in Italy – CNF
- Italian Specialty Societies of Nurses of: Operating Theater, Stomacare, Skin Ulcers, Hospital Medicine – AICO, AIOSS, AIUC, ANIMO
- The Italian Association of Hospital Cardiologists– ANMCO
- The Italian Society of Family Doctors – SIMG
- The Italian Association of Dietetics and Clinical Nutrition - ADI
- The Italian Association of Neuroradiology - AINR
- The Italian Association of Psicogeriatrics - AIP
- The Italian Association of Medical Diabetologists – AMD

The following National specialty societies and associations recently joined the project and other societies will add in the next future:

- The Italian Association of Hospital Dermatologists – ADOI
- The Italian Federation of Associations of Hospital Internal Medicine – FADOI
- The Italian Society of Human Genetics – SIGU
- The Italian Society of Allergy, Asthma and Clinical Immunology – SIAAIC
- The Italian Association for the Promotion of appropriate care in Obstetrics, Gynecology and Perinatal Medicine - ANDRIA

The following associations are involved in the project too and will help to disseminate it:

- The Association of Pediatricians of Primary Care of Liguria Region – APEL
- The Italian Federation of Pediatricians (FIMP) of Genoa
- The Study Center of Family Doctors in Padua - Keiron Veneto
- The National Union of Radiological Area.

As in Choosing Wisely, physicians and patients should have conversations and discuss the use of these tests and treatments, in view of wise and shared choices taking into account patients' values, expectations and desires.

The societies and associations promoting the project or involved in the creation of the lists will have a fundamental part in the information of health professionals about the project and about the tests and the treatments whose necessity should be questioned and discussed in Italy.



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They will also promote education and training of physicians and other health professionals focusing on Evidence Based Medicine, Medical Humanities and practices to improve the interaction and the relationship with patients.

Patients and citizens will have an active role in the project. They will collaborate with health professionals for the development of patient-friendly material about low value tests and treatments as well as in widely disseminating the culture that *“Doing more does not mean doing better”* and less health care can often result in better health.

The project aims at promote links among the various medical professionals and among them and patients and citizens, as to build up joint or consensual actions and choices for the future.

It is very important that everyone understand that the project is protecting patients’ interests and not “rationing” health care for cost-cutting purposes: treatments that will not help patients can cause complications, diagnostic tests that will not help patients produce not only direct harm but also false positive results and overdiagnosis, that in turn lead to more tests, treatments and complications⁶.

Primum non nocere becomes the strongest argument for eliminating non beneficial medicine⁷, towards a Measured, Respectful and Equitable Medicine.

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References

¹ <http://www.slowmedicine.it/>

² <http://www.choosingwisely.org/>

³ Cassel CK, Guest JA. Choosing wisely: helping physicians and patients make smart decisions about their care. JAMA. 2012;307:1801-2.

⁴ Health at a Glance 2013 - OECD Indicators - http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance_19991312;jsessionid=c1kqtr25h88af.x-oecd-live-02

⁵ Brody H. Medicine’s ethical responsibility for health care reform: the Top Five list. N Engl J Med. 2010;362(4):283-285

⁶ Brody H. From an Ethics of Rationing to an Ethics of Waste Avoidance. N Engl J Med 2012;366:1949-51

⁷ Welch WG, Schwartz L, Woloshin S. Overdiagnosed: making people sick in the pursuit of health. Boston: Beacon Press, 2011.