

Five Things Physicians and Patients Should Question

1

Don't recommend daily home finger glucose testing in patients with Type 2 diabetes mellitus not using insulin.

Self-monitoring of blood glucose (SMBG) is an integral part of patient self-management in maintaining safe and target-driven glucose control in type 1 diabetes mellitus. However, daily finger glucose testing has no benefit in patients with type 2 diabetes mellitus who are not on insulin or medications associated with hypoglycemia, and small, but significant, patient harms are associated with daily glucose testing. SMBG should be reserved for patients during the titration of their medication doses or during periods of changes in patients' diet and exercise routines.

2

For asymptomatic adults without a chronic medical condition, mental health problem, or other health concern, don't routinely perform annual general health checks that include a comprehensive physical examination and lab testing. Adults should talk with a trusted doctor about how often they should be seen to maintain an effective doctor-patient relationship, attend to preventive care, and facilitate timely recognition of new problems.

Visit intervals should be based on specific concerns, chronic conditions, or prevention strategies based on the best available evidence, tailored to age and risk. A general health check may help to foster a trusting relationship between a doctor and patient. It may also provide an opportunity for preventive counseling and screening. However, it is not always necessary to have a general health check every year. In contrast to office visits for acute illness, specific evidence-based preventive strategies, or chronic care management such as treatment of high blood pressure, annually scheduled general health checks, including the "health maintenance" visit, have not been shown to reduce morbidity, hospitalizations, or mortality, and may increase the frequency of non-evidence based testing.

3

Don't perform routine pre-operative testing before low-risk surgical procedures.

The goal of the preoperative evaluation is to identify, stratify, and reduce risk for major postoperative complications. The crucial elements of this evaluation are a careful history and physical examination. Preoperative testing for low-risk surgical procedures typically does not reclassify the risk estimate established through the history and physical examination, may result in unnecessary delays, lead to downstream risk from additional testing, and add avoidable costs. Clinicians should not routinely order testing before low-risk surgery.

4

Don't recommend cancer screening in adults with life expectancy of less than 10 years.

Screening for cancer can be lifesaving in otherwise healthy at-risk patients. While certain screening tests lead to a reduction in cancer-specific mortality, which emerges years after the test is performed, they expose patients to immediate potential harms. Patients with life expectancies of less than 10 years are unlikely to live long enough to derive the distant benefit from screening. Furthermore, these patients are more likely to experience the harms since patients with limited life expectancy are more likely to be frail and more susceptible to complications of testing and treatments. Therefore the balance of potential benefits and harms does not favor cancer screening in patients with life expectancies of less than 10 years.

5

Don't place, or leave in place, peripherally inserted central catheters for patient or provider convenience.

Peripherally inserted central catheters (or "PICCs") are commonly used devices in contemporary medical practice that are associated with costly and potentially lethal health care-acquired complications: most commonly central-line associated bloodstream infection and venous thromboembolism. Given the clinical and economic consequences of these complications, placement of PICCs should be limited to acceptable indications (e.g., long-term peripherally compatible infusions, non-peripherally compatible infusions, chemotherapy, palliative care and frequent blood draws). PICCs should be promptly removed when acceptable indications for their use ends.

How This List Was Created

An ad hoc committee of the Society of General Internal Medicine (SGIM) was impaneled, taking advantage of the clinical expertise of members from the Clinical Practice Committee and Evidence-Based Medicine Task Force within the Society. Members of the ad hoc committee were then solicited to determine possible topics for consideration. The topics chosen were selected to meet the goals of the *Choosing Wisely*[®] campaign, utilizing the unique clinical perspective of members of the Society in ambulatory general medicine as well as hospital-based practice. The final topics were selected by a vote of committee members based on the strength of the existing evidence, the unique standing members of the Society have in addressing the clinical topics selected, as well as contributions the recommendations would make in terms of patient safety, quality and economic impact. The final recommendations were approved by the governing Council of SGIM.

For SGIM's disclosure and conflict of interest policy, please visit www.sgim.org.

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The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.



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About the Society of General Internal Medicine

The membership of the Society of General Internal Medicine (SGIM) consists of academic general internal medicine faculty practicing, teaching and conducting research in outpatient settings as well as in our nation's teaching hospitals. As leading teachers of the next generation of physicians, we are committed to moving the practice of medicine to a more evidence-based approach. We are deeply committed to using science to improve our knowledge-base so that our patients can receive the best treatments, the optimal prevention care and the highest quality of life. We believe that the *Choosing Wisely* campaign mirrors these same commitments to the evidence-based practice of medicine for the benefit of our patients.



To learn more about the SGIM, visit www.sgim.org.

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