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Title: Should UK Physiotherapists Choose Wisely?

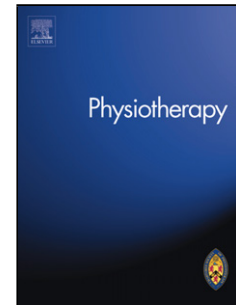
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Title Page:

“Should UK Physiotherapists Choose Wisely?”

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In 2012 the Choose Wisely campaign was launched in the United States in order to address concerns regarding medicalisation, over diagnosis and medical consumerism. The campaign has now spread internationally and includes a number of countries including Canada, Australia, New Zealand and Germany. The primary aim of the campaign is to facilitate healthcare professionals and patients to question the overall utility of medical interventions. Professionals through their professional organisations identify at least five commonly used interventions or tests, within their areas of speciality, which they feel provided no or little benefit to patients.

This paper provides the background to the Choose Wisely campaign. The paper reviews the concepts of medicalisation, over diagnosis and medical consumerism, before considering the utility of the campaign in the UK alongside other forms of governance such as NICE. The paper goes on to consider distributive justice as the principal ethical issue related to the campaign. The paper concludes by asking if UK based Physiotherapists should Choose Wisely.

Contribution of the paper:

This paper

- Opens the debate about low value care within physiotherapy in the UK
- Provides background information to the Choose Wisely campaign
- Considers the ethical issues for UK based Physiotherapists being involved in the Choose Wisely campaign

KeyWords: low value care; Choose Wisely; Evidence-based practice; Physiotherapy

Set against a backdrop of increasing concerns about the sustainability of healthcare funding, a campaign has begun which aims to encourage healthcare professionals to think carefully about the clinical and cost effectiveness of the investigations and interventions they use. Titled Choose Wisely, the campaign was initiated in the United States and has spread to a number of countries including Canada, Australia, Japan, Germany and France (1). This paper aims to provide an overview of the Choose Wisely campaign, including the key concepts, which underpin its development. In addition, it will provide a critical discussion of the ethics of the campaign within a UK context with the aim of initiating debate around the question “Should UK Physiotherapists Choose Wisely?”

The Choose Wisely campaign can be traced back to 2009 (2). The National Physicians Alliance, a US based organisation promoting professional integrity and health justice, supported volunteers from three primary care specialities to identify at least five commonly used interventions or tests, within their areas of speciality, which they felt provided no or little benefit to patients (3). In 2012 the Choose Wisely campaign was launched and professional organisations in a number of countries have subsequently developed lists of tests or interventions which they feel offer no significant medical benefit, or that offer similar outcomes to other less expensive options. Low value care is the term commonly used to describe such procedures (4). The primary aim of the Choose Wisely campaign is to facilitate healthcare professionals and patients to question the overall utility of medical interventions. As a result, once lists have been developed, they are disseminated to patients via what has been termed “consumer partners”; in the UK this dissemination is currently via the BMJ (1).

The Choose Wisely campaign has come about in part because of three key concerns. These are medicalisation, over diagnosis and medical consumerism, and they have been brought to the fore by a number of publications produced over the past 10 years (5; 6).

Firstly, there is a growing awareness of the effects of medicalisation and how these processes influence society's and individuals' views of health and illness. Medicalisation is a term used to describe the processes through which non-medical elements of life are turned into medical problems.

Sociologists have been interested in the role medicine plays in society for some time and have shown that, over the years, a number of social phenomena have come to be seen as medical conditions and alternatively some have not. There are also contested illness, where sufferers claim they have symptoms yet there is disagreement as to the legitimacy of these claims from a medical perspective, examples of these include chronic fatigue syndrome and fibromyalgia (7). The interplay between medicine and society has and continues to be fluid and dynamic. Medicine has a role in legitimising or refuting social roles, as Illich (8 p. 53) describes, "disease takes its features from the physician who casts the actors into one of the available roles", sick or not sick. Of importance in the context of the Choose Wisely campaign is the recognition that the processes of medicalisation are now not the sole remit of medical professionals and that there is growing evidence of medicalisation by biotechnology industries, insurance companies and consumer groups (9).

The second concern driving the Choose Wisely campaign is termed over-diagnosis (10). Over diagnosis has been defined as "diagnosing a biomedical condition that in the absence of testing would not cause symptoms or death" (11). Within the context of Choose Wisely, over diagnosis has been expanded to include the use of tests or investigations which add little to

the overall management of a condition (12). Moynihan et al (10) have presented evidence suggesting the over diagnosis of a number of conditions ranging from breast cancer (13) to asthma (14). In addition, Moynihan et al (10) have identified several drivers for over diagnosis in contemporary healthcare. These include technological advancements, which mean that small and often benign abnormalities can now be identified and thus treated (even if they may not actually require treatment), financial incentives for patients (for example insurance claims) and professionals (in non-state funded health economies) and/or health systems where there is a fear of litigation.

In the context of Physiotherapy, the use of imaging for patients with non-specific low back pain has been cited as an example of over diagnosis as the results will invariably have little or no effect on the subsequent intervention(s) (15; 16).

A final concept which has prompted professional organisations across the globe to sign up to the Choose Wisely campaign is medical consumerism (17). It could be argued that medicalisation and over diagnosis are symptoms of the broader concept of medical consumerism. In some areas of the world there is over consumption of healthcare. Healthcare is an economy and the role of pharmaceutical and medical equipment companies in the development of new, and maintenance of existing, markets is well documented ( 17). In addition (and perhaps as a result of), contemporary society's attention to the body and health as a form of social capital has fuelled in part the perceived need for individuals to access medical products that prolong what is considered a "good" body and "good" health. Good meaning young, active and free from conditions associated with old age.

In order to tackle the issues of medical consumerism, over diagnosis and medicalisation, Choose Wisely is asking clinicians to produce lists of at least five tests or interventions which

they feel offer little or no benefit and/or are not cost effective. Within Physiotherapy the American Physical Therapy Association (18), and the Australian Physiotherapy Association (16) have adopted the campaign. Both professional organisations, following the recommendations of the Choose Wisely campaign have, through consultation with their members and a review of the available empirical evidence, identified tests and interventions, which they feel constitute low value care. The two lists are not identical in content and vary in their use of language. The APTA has produced a list of 12 interventions and tests which they feel offer little or no value and have presented these as a “don’t use” edict. Examples from the APTA’s list are “Don’t use (superficial or deep) heat to obtain clinically important long term outcomes in musculoskeletal conditions” and “Don’t use ultrasound to reduce swelling, promote joint healing, or achieve long-term pain relief for musculoskeletal conditions” (18). In contrast, the APA’s list comprises 6 recommendations, and is presented in parts in a less dictatorial fashion. Their list contains the term avoid as well as don’t, for example “Avoid using electrotherapy modalities in the management of patients with LBP” (16). As mentioned, the lists are not identical, which Traeger et al (16) have suggested may be a reflection of “international differences in scope of practice, international differences in which low-value interventions are used, a lack of consensus on the most important low value physiotherapy practices to address, or differences in the way that lists are developed between countries.” The lists are not without criticism, for example, the use of electrotherapy for common conditions such as low back pain is something that remains contested (19).

The primary aim of the Choose Wisely campaign is to reduce or eliminate “low value care”. Brody has suggested that when considering items to be included in any recommendations for de-implementation, practitioners should identify interventions or tests which are “commonly ordered, are among the most expensive, and have not been shown by evidence to provide

meaningful benefit to at least some major categories of patients” (20, p. 284). Although this definition has been largely adopted by the Choose Wisely campaign, it has been criticised as being too superficial (21), for example, what is common, how expensive does something have to be in order for it to be considered costly and finally what is meant by evidence of effectiveness?

In order to expand upon these points Blumenthal-Barby (21) has furthered the definition of low value care by asking a series of questions in relation to frequency, cost and evidence. For example, it may be that an intervention has an underdeveloped evidence base; however, it is low cost or the only option available and therefore would not equate to low value care. Unpacking the concept of low value care as defined within the Choose Wisely campaign brings familiar issues within Physiotherapy practice to the fore, namely evidence of cost and clinical effectiveness.

Although difficult to measure (22), and define (23) the cost effectiveness of interventions has traditionally been assessed based on the amount spent against the resulting quality-adjusted life years (QALYs) gained (24). The value of an intervention is therefore seen as its actual or potential outcome relative to its overall cost. A difficulty for Physiotherapy is that our contribution to the patient’s overall health outcome is often as part of a process of care as opposed to a singular intervention and as a result the costs involved are often elusive.

A more accessible source of information from which to determine the value of a test or intervention is to look at its supporting evidence base (25). The value of “evidence” in determining clinical decisions remains contentious (26), arguments around the leverage of evidence, the devaluing of tacit knowledge and a lack of patient centeredness continue (27). In addition there is the recognition that some of the drivers behind the Choose Wisely

campaign, namely over diagnosis and medicalisation, are in part as a result of the evidence based movement (27).

In the UK context the National Institute of Health and Clinical Effectiveness (NICE) advises clinicians on best practice through the production of clinical guidelines. The primary focus of NICE therefore is to inform practitioners, commissioners and the general public, what tests or interventions should be done not what should not be done. Almost as a by-product of its review of the evidence base NICE does however, produce recommendations about interventions and tests which should not be offered. An example is the current NICE guidance on the management of low back pain and sciatica, in which it is recommended that acupuncture, electrotherapy and traction should not be offered to patients (28). Although NICE makes recommendations as to which interventions or tests not to offer this is not its primary focus and as such differs from the Choose Wisely campaign whose primary intent is to identify what not to do.

Aside from the debates about evidence-based practice, there are two important areas, which need further discussion. The first are the potential political issues regarding the identification of procedures, which we feel, are of no value, and the second are the moral implications of being involved in the campaign.

In the UK, the Choose Wisely campaign is being co-ordinated by the Academy of Medical Royal Colleges. Although the evidence is limited there are suggestions that the Choose Wisely campaign could be utilised by professional groups as a means of professional protectionism (3) and potential attack. Analysing the lists produced by the medical societies in the US, Morden et al (3) identified variation with regards to the costs and potential impacts of the types of procedures identified across the different medical specialities. Strikingly, Morden et



al (3) identified that most societies generated lists containing procedures or tests commonly done by other specialities as opposed to their own and as such utilised the exercise to identify low value care within the work of competitive specialities. What the work of Morden et al (3) highlights is the political and perhaps financial drivers behind decisions related to healthcare resource allocation.

Underpinning the political issues regarding the campaign are the moral implications of being involved. Choose Wisely is asking professionals, through their professional organisations, to identify procedures which they feel are of low value. At an individual level when working with our patients, we make decisions regarding the value of an intervention for a particular patient on a daily basis. This is reflected in our professional and regulatory body's standards of practice. We have a responsibility as autonomous practitioners to ensure the quality of our practice ( 29; 30) and we do this by making a judgement based on our assessments as to what treatment would work "best" for our patients. The Choose Wisely campaign, however is not asking us to make decisions about the value of the care we offer individual patients, rather it is asking professionals to make judgements about the value of interventions and tests at a population level (macro-allocation). These two decisions are not the same and therefore require further exploration.

Decisions made at the micro allocation level reflect a process close to that described by Kerridge et al (31) in that as practitioners we draw on a diverse knowledge base and where possible, aim to involve the patient as much as possible in the process. The ethical principle of autonomy (the patients) is given primacy in such a process (32). As a result some have argued that it would be unethical to consider the wider social needs related to healthcare

resource distribution (33). Acknowledging this, however, Wolfson et al (4) make the argument that as healthcare professionals we have a moral and professional responsibility to promote “the just distribution of finite resources”, and as such have a moral and professional responsibility to engage with a campaign such as Choose Wisely (34).

Making decisions about which treatments should be available and which should not at a population level brings clinicians directly into conversations about resource distribution specifically and justice generally. When we consider the concept of justice, it is important to make it explicit that within health care, we are primarily concerned with resource allocation or what has been termed “distributive justice” (35). This differentiation is important as the types of decisions made, and the normative factors considered, may differ if we were considering for example legal justice.

Although there is no agreed definition (35) one interpretation of justice is that it represents a moral agreement based upon the consideration of competing criteria. As a concept justice is temporal and contextual (based upon normative criteria) however, it should be seen to be fair i.e. mutually agreed (35).

There are a number of ethical theories of justice, however in the context of Choose Wisely only three will be considered as these are seen as the most pertinent to the discussion. It is important to recognise that the Choose Wisely campaign is asking healthcare professionals to answer two questions, what treatments should not be made available and who should not receive them.

Egalitarian (which takes the view that all people are equal) interpretations of justice aim to maximise the overall good and as such the “standard of justice depends on the principle of utility” (the usefulness of the action/decision for the majority) (36, p. 231). A major criticism of this approach is that by focusing on the best outcome for the majority we neglect individual liberties (35). For example, some patients may benefit psychologically from electrotherapy for their low back pain, but by placing it on a list of “Don’t use”, then we could be seen to be infringing on their freedom of choice. Libertarian (advocating free will) theories in contrast focus on an individual’s autonomy. An important contributor to this set of theories is Robert Nozick (37), who, through the development of what is termed “entitlement theory”, suggests that a just society is one that protects an individual’s liberty. With freedom, an individual has opportunity, and with this can make social gains for example healthcare. Again, by placing an intervention on a list, which makes it unavailable for patients, you are as before affecting their individual liberty. Finally, Rawls theory of Justice (38) attempts to combine egalitarianism with libertarian interpretations of justice. Although Rawls did not write specifically about healthcare distribution Daniels (39) has interpreted his theory of justice in the context of health. Daniels argues that in order for there to be equality of opportunity i.e. liberty then individuals have to be free from ill health as the latter can prevent the former. Inequalities in health can only be tolerated if they are because of factors other than socio-economic factors. Both Daniels and Rawls acknowledge however, that even in the most egalitarian societies decisions have to be made about resource distribution. In order to address the ethical issues presented by healthcare resource distribution (rationing), Daniels and Sabin (40), drawing on Rawls work, developed the concept of “accountability for reasonableness”, a concept which requires decision making to be open to “democratic deliberation”.

NICE, in the construction of its guidance, draws on accountability for reasonableness principles in order to ensure that the decisions made with regards to resource distribution have moral validity. Unfortunately, the lists developed as part of the Choose Wisely campaign lack such transparency, although recent developments are addressing this (41).

As mentioned, the Academy of Medical Royal Colleges is leading the campaign in the UK. In the development of lists the Academy recommends that members utilise NICE guidance in order to cross-reference any recommendations identified within their do not do lists. An importance question for UK based Physiotherapists considering joining the Choose Wisely campaign is, therefore, does it offer anything different to what we already have through our current governance mechanisms? The answer is yes and no. No because NICE already (indirectly) offer guidance about interventions that lack evidence of effectiveness; and yes because the focus of NICE is too broad and focuses on value as opposed to low value.

The moral utility of the Choose Wisely campaign is open to question and in the UK we have some governance mechanisms which review the effectiveness of common healthcare interventions. With this said, however, the Choose Wisely campaign offers practitioners through their professional organisations, the opportunity to focus on specific areas related to their practice and more importantly to look critically at the value of the interventions they offer. The Campaign is growing internationally (42), taking the points raised in this paper, it would be prudent to ask the question “Should UK Physiotherapists Choose Wisely?

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