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Editor-in-Chief

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## Choose wisely

**F**our years ago, just prior to the 2016 presidential election, I mentioned the Choosing Wisely campaign in my *JFP* editorial.<sup>1</sup> I said that family physicians should do their part in controlling health care costs by carefully selecting tests and treatments that are known to be effective and avoiding those that are not. This remains as true now as it was then.

The Choosing Wisely campaign was sparked by a family physician, Dr. Howard Brody, in the context of national health care reform. In a 2010 *New England Journal of Medicine* editorial, he challenged physicians to do their part in controlling health

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care costs by not ordering tests and treatments that have no value for patients.<sup>2</sup> At that time, it was estimated that a third of tests and treatments ordered by US physicians were of marginal or no value.<sup>3</sup>

Dr. Brody's editorial caught the attention of the National Physicians Alliance and eventually many other physician organizations. In 2012, the American Board of Internal Medicine Foundation launched the Choosing Wisely initiative; today, the campaign Web site, [choosingwisely.org](http://choosingwisely.org), has a wealth of information and practice recommendations from 78 medical specialty organizations, including the American Academy of Family Physicians (AAFP).

In this month's issue of *JFP*, Dr. Kate Rowland has summarized 10 of the most important Choosing Wisely recommendations that apply to family physicians and other primary care clinicians (see page 396). Here are 5 more recommendations from the Choosing Wisely list of tests and treatments to avoid ordering for your patients:

1. Don't perform pelvic exams on asymptomatic nonpregnant women, unless necessary for guideline-appropriate screening for cervical cancer.
2. Don't routinely screen for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam. For men who want PSA screening, it should be performed only after engaging in shared decision-making.
3. Don't order annual electrocardiograms or any other cardiac screening for low-risk patients without symptoms.
4. Don't routinely prescribe antibiotics for otitis media in children ages 2 to 12 years with nonsevere symptoms when observation is reasonable.
5. Don't use dual-energy x-ray absorptiometry screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

In total, AAFP lists 18 recommendations (2 additional recommendations have been withdrawn, based on updated evidence) on the Choosing Wisely Web site. I encourage you to review them to see if you should change any of your current patient recommendations.

**JFP**

### References

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2. Brody H. Medicine's ethical responsibility for health care reform—the Top Five list. *N Engl J Med.* 2010;362:283-285.
3. Fisher ES, Bynum JP, Skinner JS. Slowing the growth of health care costs—lessons from regional variation. *N Engl J Med.* 2009;360:849-852.

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