Choosing Wisely means choosing equity
Belinda J Loring, Sue Ineson, Derek Sherwood, David Tipene-Leach

O vertreatment and unnecessary care, and the consequences for patient safety and health system sustainability, are issues of increasing concern. Choosing Wisely is an international campaign that aims to promote a culture where low value and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations about treatment options, leading to better decisions and outcomes. Since 2016, the Council of Medical Colleges’ members and other specialty societies in New Zealand have issued over 150 recommendations of low-value tests, treatments or procedures that should be questioned, and health professionals, district health boards (DHBs) and primary health organisations (PHOs) are being encouraged to implement these recommendations in hospitals and primary care settings.

There are marked health inequities experienced by Māori and Pacific peoples in New Zealand, and new interventions are known to exacerbate inequity as they are taken up first by those in society with the most resources and the least need. Choosing Wisely activity must then avoid making these inequities worse, moreover, it should aim to reduce inequity. So how can we ensure that the Choosing Wisely campaign and other efforts to reduce unnecessary care do not fall into this trap?

Choosing Wisely concern around unnecessary care is based on improving the shared decision-making between patients and health professionals, but very little is known about who gets unnecessary care in New Zealand. For instance, while data around polypharmacy in older people is clear (ie, more common in Māori aged 65–74 years and European New Zealanders over 85 years), data on other areas of low value care relevant to Choosing Wisely recommendations, like inappropriate prescribing of antibiotics and unnecessary urine testing in hospital, are not available by gender, ethnicity or other equity stratifiers.

Much of the focus of routine data, such as the Health Quality and Safety Commission’s Atlas of Healthcare variation, is on variability in necessary care and we know that Māori receive fewer tests, prescriptions and referrals than other ethnic groups and subsequently, less treatment. Pacific people and other groups of low socioeconomic status are also less likely to receive the healthcare that they need. But there is, however, overseas evidence that underserved ethnic groups also experience overtreatment, and the health sector needs to understand how the issue of low-value and inappropriate care affects different ethnic and social groups. Choosing Wisely, in the effort to reduce overtreatment, needs to make sure that the message “more is not necessarily better” does not inadvertently worsen the undertreatment for Māori and other groups who do not receive enough of the care that they need.

The formulating of recommendations for the entire population is unlikely to be appropriate, or may even be contraindicated, for certain groups. For example, a Choosing Wisely recommendation not to prescribe antibiotics for acute upper respiratory tract infections (URTIs), may sound reasonable given the majority of URTIs are viral and antimicrobial resistance is a rising concern. However, for Māori and Pacific children in New Zealand, who experience high rates of rheumatic fever, sore throats should be swabbed and treated with antibiotics presumptively until swab results are available. New Zealand colleges and specialty societies therefore have a responsibility to evaluate the potential impact on health inequities of their recommendations and be very clear when communicating where recommendations should not be applied for all population groups.
Choosing Wisely depends on promoting shared decision-making, built on good communication and understanding between health professionals and patients, and promoting health literacy. Māori whānau were consistently and significantly less likely to get answers that they could understand when they had important questions to ask, and they were less likely to have had their condition adequately explained to them or feel that doctors or nurses listened to what they had to say. Given this, the Choosing Wisely encouragement to patients “to ask more questions” may not be addressing the real obstacles for Māori. The improvement of shared decision-making for Māori requires health professionals, when reviewing care options, to focus on barriers and facilitators to open communication and to be able to work with patient values and preferences. In addition, Choosing Wisely patient resources need to be informed by the views and needs of Māori and other underserved groups.

It would seem then, prudent to improve the cultural safety of Choosing Wisely in New Zealand. For this reason, Choosing Wisely New Zealand is partnering with Te Ohu Rata o Aotearoa—Māori Medical Practitioners Association (Te ORA)—a partnership that is intended to bolster the governance, the design and the implementation of the Choosing Wisely campaign. The evaluation of the campaign should address gaps in knowledge about ethnic, gender and other inequities in the provision of unnecessary care/overtreatment as it will routinely include a range of equity variables.

Many of the strategies identified for the Choosing Wisely campaign can apply more broadly to other health behaviour change campaigns in New Zealand. The process of proactively scoping potential unintended consequences on health inequities should be routine for all health promotion campaigns, and many of the approaches identified are not unique to Choosing Wisely or efforts to reduce unnecessary care. The need to improve equity in shared-decision making is an issue which involves the entire health sector in New Zealand and reinforces the need for broader efforts to improve the cultural safety of both health professionals and organisations.

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Anna Adcock, Research Fellow, Centre for Women’s Health Research, Victoria University, Wellington.

**Author information:**
Belinda J Loring, Consultant Public Health Physician, Council of Medical Colleges, Wellington; Sue Ineson, Choosing Wisely Facilitator, Council of Medical Colleges, Wellington; Derek Sherwood, Council of Medical Colleges, Wellington; David Tipene-Leach, Research Professor, Faculty of Education, Humanities and Health Sciences, Eastern Institute of Technology.

**Corresponding author:**
Dr Belinda J Loring, Consultant Public Health Physician, Council of Medical Colleges, Wellington.
belinda.loring@cmc.org.nz

**URL:**


