Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

SICP
Società Italiana di Cure Palliative®

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from the Italian Society of Palliative Care (SICP)

1	**Don't exclude nor postpone the oral or parenteral administration of opioids for the palliative treatment of dyspnoea in patients affected by chronic incurable illness with a limited life expectancy.**
	According to numerous systematic reviews, oral or parenteral opioids are effective in reducing distress caused by breathlessness in patients with advanced or terminal illness.
2	**Don't initiate or prolong artificial nutrition (enteral or parenteral) in late stage cancer patients with a life expectancy of less than a few weeks and a Performance Status <50.**
	Currently, there is no evidence from observational or experimental studies showing the effectiveness, in terms of increased survival or improved quality of life, of administering artificial nutrition to end-stage cancer patients with limited life-expectancy and poor performance status. Some studies highlight the complications caused by receiving enteral nutrition in this patient group.
3	**Don't combine drugs for which there is no documented evidence of compatibility and chemical and physical stability in devices for the continuous subcutaneous or intravenous infusion of medications (e.g. Elastomers).**
	In palliative care it is common practice to administer of a combination of drugs by elastomeric pumps for continuous subcutaneous infusion when patients are unable to take oral medication. Due to incompatibility, some combinations may produce chemical-physical reactions, this is often visible to the naked eye (precipitation, cloudiness, colour change) but it is often not perceptible. Non-compatibility causes a reduction in the effect of one or more of the combined drugs. Specific studies have established the drugs combinations that can be used safely in palliative care.
4	**When organizing a local palliative care network, don't omit the activation of II° level home care involving medical staff (doctors and nurses) with specialised training palliative care and team management.**
	As highlighted by a recent systematic review, the intervention of specialized multi-professional palliative care teams in the home is better for ensuring effective symptom management and supporting patient death at home than the more "traditional" home-care models.
5	**Do not postpone the start of a shared care planning with the patient, when the evolution of the disease makes it important to understand the expectations and desires of the sick person regarding possible choices at the end of life.**
	Shared planning of care is provided for by Law 219/2017 "Rules on Informed Consent and Advance Treatment Provisions". It allows the sick person, if desired, and the treating physician to align themselves on the goals of care, on futile or disproportionate treatments, on future choices even in the event of the patient's unconsciousness. In the literature, Shared Care Planning is known as Advance Care Planning.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

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How this list was created

At the outset of the project (June 2014) a letter outlining the project was circulated to the regional SICP Coordinators requesting them, together with other SICP members, to identify 5 procedures linked to palliative care that met the criteria defined in the Project.

Collection and analysis of feedback (October 2014)

Presentation and discussion of the results at the annual National Congress of SICP (October 2014), with particular attention to the importance of separating procedures for which there is no evidence of effectiveness from those that are proven to be ineffective.

Development of the final document (January 2015). Recommendation 5 was replaced in April 2021.

Sources

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Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better- Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

The Italian Society of Palliative Care (SICP - www.sicp.it) was setup in Milan in 1986 with the aim of diffusing the principles of palliative care. Palliative care addresses the complex needs that characterize advanced and terminal illness by providing continuous comprehensive clinical, psychological, social, spiritual and emotional support for the patient and family.

The SICP is a scientific society present throughout Italy with regional and inter-regional platforms to give a voice to healthcare staff working in palliative care. Embracing multi-professionalism that is typical of this field, the SICP provides information and support for all the professional figures who provide palliative care by organizing accredited regional training programs, a national annual conference, a scientific journal and distance learning (ODL).