

Tests, treatments and procedures at risk of inappropriateness in Italy
that Physicians and Patients should talk about.

**Five Recommendations from the International Society of Doctors for the Environment –
ISDE Italian section FOR A GREEN GENERAL PRACTITIONER**

1	<p>Do not focus on illness: don't forget primary prevention and health empowerment.</p> <p>Health is substantially influenced by both the physical and social environment in which we reside, as well as the lifestyle choices we adopt. The General Practitioner maintains a privileged patient relationship, providing lifelong care. Each interaction thus presents an opportunity to assist the patient in adopting healthy lifestyle habits, both for their own well-being and for the environment. Such habits encompass aspects such as embracing a predominantly vegetarian diet, engaging in moderate physical activity, and cultivating a stronger connection with the natural world. It is advisable to engage in discourse with the public, furnish informative materials within the medical practice, and propagate awareness regarding environmental sustainability. Furthermore, efforts to advocate for and participate in networked initiatives such as the Italian Network of Sentinel Doctors for the environment.</p>
2	<p>Do not prescribe periodic examinations without a specific diagnostic hypothesis.</p> <p>Prescribing unnecessary tests is detrimental to both patients and the ecosystem, representing a lamentable waste of resources. With the exception of the three oncological screening programs endorsed by the Italian Ministry of Health (breast cancer, cervical cancer, and colorectal cancer), it is not correct to recommend periodic examinations without clinical correlation or a rationale grounded in case finding principles. The latter approach entails the physician postulating the presence of specific pathologies based on the patient's medical history, physical examination, and the identification of risk factors (age, gender, occupation, environment, etc.). This practice is founded upon at least three reasons:</p> <ul style="list-style-type: none"> • Statistical Grounds: the positive and negative predictive value of a test is related to the pre-test probability, whereby the disease prevalence. Administering tests indiscriminately serves to exacerbate false positive outcomes. • Ethical Considerations: each examination carries the risk of overdiagnosis and adverse events. Hence, only tests that confer tangible benefits to the patient should be prescribed. Furthermore, superfluous tests could delay necessary ones. • Environmental Impact: every diagnostic test contributes to greenhouse gas emissions, further exacerbating global warming trends and environmental degradation.
3	<p>Do not prescribe drugs first in many chronic illness but advise lifestyles modifications.</p> <p>Hypertension, diabetes mellitus, and dyslipidemia, three conditions frequently managed by the General Practitioner (GP), have significant benefits from an educative approach in both prevention and treatment phases, whether in conjunction with pharmacotherapy or independently. Moderate physical activity, an improved diet with a heightened emphasis on plant-based components, and vigilance towards a less polluted environment collectively reduce carbon footprint. This set not only enhances quality of life and survival rates, but also mitigates or eliminates the necessity for pharmacological intervention.</p> <p>The AIFA, the Italian authority on drugs, demands to GPs to advise lifestyle modifications in cases of moderate cardiovascular risk prior to resorting to pharmacological interventions, even with economical sanction for doctors.</p>
4	<p>Do not routinely prescribe metered-dose inhalers but dry powder inhalers.</p> <p>Asthma and Chronic Obstructive Pulmonary Disease (COPD) have therapeutic benefits from inhalation medications, available in two pharmaceutical formulations: metered-dose inhalers and dry powder inhalers. Consequently, the prescription preference should be directed towards the latter for three distinct reasons:</p> <ul style="list-style-type: none"> • Ease of Administration: dry powder inhalers obviate the necessity for spacers or specific maneuvers, thus affording simplified utilization. • Efficacy: powder formulations exhibit enhanced penetration into the distal airways compared to aerosol sprays, thereby optimizing therapeutic impact. • Environmental Sustainability: aerosol inhalers employ hydrofluorocarbon propellants, potent greenhouse gases, thereby bearing a carbon footprint over 40 times higher than that of dry powder inhalers. This environmental burden is so substantial that it is estimated to account for 4% of the entire healthcare sector's carbon emissions in the United Kingdom. <p>However, the choice must be shared with the patients and based on individual benefits and risks, also according to age and general conditions.</p>
5	<p>Do not use printed medical prescriptions but transmit prescriptions electronically.</p> <p>In Italy, the National Health Service (NHS) fully or partially covers the costs of medical services and medications for patients who possess a prescription from their General Practitioner (GP). On average, a GP prescribes over 20,000 prescriptions annually, which were previously exclusively printed. Now, physicians can transmit prescriptions electronically, increasing efficiencies in terms of time, expenses, and environmental impact. This transition mitigates resource consumption associated with paper, ink and the physical transportation of prescriptions.</p>

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.

How this list was created

The ISDE Young Working Group has formulated a set of proposed practices within General Medicine that are deemed susceptible to inappropriateness while exerting a substantial environmental impact, as envisioned within the Green Choosing Wisely Italy initiative. The coordinator of Choosing Wisely Italy has contributed to the development of this document.

Sources

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Slow Medicine ETS, an Italian Third Sector organization 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

ISDE (International Society of Doctors for the Environment) is an international association: its members, not only medical doctors, intend to defend the environment and protect the health, in the belief that environment-health is inseparable. The main activities of ISDE include: information, training, health education, lobbying towards decision makers, advocacy of citizens' requests, policy directives and Good Practices. The Italian section, ISDE-Italy, has national headquarters in Arezzo. For more details: www.isde.org; www.isde.it