

This is not Only a Question, But Also an Invitation; Are Infectious Disease Specialists "Choosing Wisely"?

Oğuz Abdullah Uyaroğlu¹ , Ömrüm Uzun² 

¹ Department of Internal Medicine, Division of General Internal Medicine, Hacettepe University School of Medicine, Ankara, Turkey

² Department of Infectious Diseases and Clinical Microbiology, Hacettepe University School of Medicine, Ankara, Turkey

Dear Editor,

In 2012, the American Board of Internal Medicine (ABIM) Foundation launched a health initiative campaign named *Choosing Wisely* to advance a national dialogue on avoiding unnecessary medical tests, treatments, and procedures. Subsequently, each specialty society developed evidence-based recommendation lists about tests and treatments that were overused and did not provide meaningful benefit for patients. Today, the *Choosing Wisely* campaign has partnered more than 70 societies involving over one million clinicians (1) in the US, Canada, Australia, and Europe. The Turkish Society of Internal Medicine (TSIM) has been working with the European Federation of Internal Medicine (EFIM) within the frame of the *Choosing Wisely* project since 2017 (2).

Infectious diseases are one of the biggest health problems of the community. Any physician -family doctor or a specialist in any medical field – is faced with infections in their clinical practice. Rational use of antimicrobials has long been a major concern for infectious diseases (ID) physicians, and antimicrobial stewardship programs has become a hot topic in Turkey recently. The increased toll of COVID-19 pandemic on healthcare globally reminded us once more that we should use limited health care resources wisely.

There is a common ground with efforts to optimize antimicrobial use and *Choosing Wisely* campaign. Why not extend these efforts to prudent use of diagnostics and patient collaboration for a better outcome to overcome the current challenges in clinical practice? Why not combine our power for a wider influence and positive change?

The starting point could be to define the most common wrong practices in terms of overuse – although underuse could also be a problem – of diagnostics and therapeutic interventions in order to choose wisely. As a positive example, The Infectious Diseases

Corresponding Author:

Oğuz Abdullah Uyaroğlu

E-mail:

oguzuyaroglu@hotmail.com

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Society of America (IDSA) had five recommendations for physicians and patients should question that is given below (3):

1. Don't treat asymptomatic bacteriuria with antibiotics.
2. Avoid prescribing antibiotics for upper respiratory infections.
3. Don't use antibiotic therapy for stasis dermatitis of lower extremities.
4. Avoid testing for a *Clostridium difficile* infection in the absence of diarrhea.
5. Avoid prophylactic antibiotics for the treatment of mitral valve prolapse.

The top 5 issues may change in time, place as well as specific medical practice fields. Solution to these problems require active and organized efforts including the healthcare workers as well as the patients.

We personally believe it is time to start an awareness for *Choosing Wisely* campaign in the field of ID. The Infectious Diseases Societies should take the initiative to launch a *Choosing Wisely* campaign in ID. We would like to start discussion of this topic with a question: In this context, what are the top five problems in your opinion?

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