

Editorial

Choosing Wisely in Endocrinology

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With immense honor and privilege, we extend a warm welcome to the esteemed readers of the Colombian Journal of Endocrinology, Diabetes and Metabolism, supported by the Colombian Association of Endocrinology, Diabetes and Metabolism (ACE for its acronym in Spanish). Within this edition, the journal unveils several recommendations and resources designed to ensure high-quality care and to stimulate the communication between physicians and patients in their decision making about appropriate use of treatments and diagnostic tools. Join us in exploring these insightful perspectives and their impact on the Endocrinology practice (1).

Choosing Wisely (CW) is a clinician-led campaign committed to help patients and medical practitioners to engage in conversations about unnecessary care. It has raised awareness of the problem of overuse or low-value interventions in diagnostic procedures and medical treatments. This international movement began in the United States in 2012 and in Canada in 2014. The campaign engages physicians and other health

care professionals, including nursing, dentistry, lab medicine, and pharmacy among others. It also engages with medical students to help them establish good practices early in their careers. Nowadays, the campaign has spread over to 35 countries, including Brazil, Colombia, and Argentina, who joined in October 2023.

In Colombia, under the leadership of the Colombian Association of Scientific Societies (ACSC for its acronym in Spanish), 11 scientific societies, including ACE, have joined "Decisiones Acertadas" since its inception. The list of recommendations of unnecessary tests and medications that ACE has released supports strong evidence that low-value care may lead to adverse events or further testing, which may increase anxiety for patients and caregivers and increase the likelihood of false-positives or other preventable harms. For example, ACE recommends that Vitamin D levels should not be routinely ordered in the general population, because this measurement does not change management. Other recommendations relate

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to overuse of thyroid ultrasound, basal insulin measurement, and bone markers in osteoporosis as well as limiting the utility of prescribing Vitamin D to patients with specific risk factors of deficiency.

These recommendations offer an additional opportunity for physicians to facilitate conversations with patients about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care. Taking the time to let them ask four basic questions (i.e., do I really need this test, treatment or procedure? what the downsides are? are there simpler, safer options and what happens if I do nothing?) can foster meaningful conversations, preventing unwarranted and potentially adverse medical interventions and examinations that may not align with an individual's preferences and objectives.

We take pleasure in congratulating ACE for formulating these recommendations, urge its members to integrate these guidelines into their daily practices, and engage in collaborative treatment decision processes with patients, considering both the benefits and risk of available options.

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Wendy Levinson: Conceptualization, Writing – original draft, Writing – review & editing; Manuel

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