

Five Things Physicians and Patients Should Question

1 Don't endorse clinically unnecessary absence from work.

There is substantial evidence to support the positive link between work and health (physical, mental and social health). Both employment and income are separate determinants of health and are used as health status indicators. Absence from work contributes to declining health, slower recovery times, and longer duration of disability. Maintaining and restoring working capacity is an important function of health services which improves function and can also impact upon recovery and prognosis. Supporting unnecessary restrictions or total disability (absence from work) creates disability which in turn negatively impacts upon health. When asked to provide an opinion on functional abilities to employers or insurers, the focus should be on abilities; restrictions should be objective, specific, and listed only when absolutely medically indicated.

2 Don't prescribe opiates for the treatment of acute or chronic non-cancer pain without first assessing side effects, work status, and capacity to drive a motor vehicle.

Increases in opioid prescribing have been accompanied by simultaneous increases in abuse, serious injuries, and deaths from overdose. Compared to those on no, or lower opiate doses, those prescribed higher opiate doses have increased disability risk and duration. The use of opiates can result in effects such as euphoria, drowsiness or inability to concentrate. Cognitive and psychomotor ability are essential functions for driving a motor vehicle and other complex work tasks. Those who prescribe opiates may be obligated to report a patient's inability to drive safely.

3 Don't order X-rays for acute low back pain in the absence of red flags.

Acute low back pain is a common health problem affecting between 50-90% of people over the course of a lifetime with less than 2% of cases representing potentially serious conditions requiring surgical or medical intervention. Red flags suggesting additional testing include such things as a history of significant trauma, cauda equina syndrome, symptoms suggestive of tumour or infection (fever, weight loss, history of cancer), steroid use, etc. However, the majority of acute low back pain episodes are benign, self-limited cases that do not warrant any imaging studies. Unnecessary imaging can be harmful due to the potential adverse health effects associated with radiation exposure and due to attribution of symptoms to unrelated incidental findings leading to prolonged disability.

4 Don't order blood mercury levels unless: dietary history suggests risk; the patient is pregnant or planning to become pregnant; and/or the patient is occupationally exposed to organomercury compounds.

Although clinically significant exposures may still occur in Canada, less than 1% of Canadian adults have total blood mercury concentrations above Health Canada's guidance value. As such, the large majority of individuals who present with concerns of metal toxicity do not actually have toxicity, and testing results in false positives (values above the reference range but not in the range of toxicity). Occupationally exposed workers and childbearing women are susceptible subgroups therefore testing in these populations is warranted in cases where a careful occupational and/or environmental history suggests a significant exposure. In the absence of clinical presentation and history indicating toxicity risk, testing should be avoided because it may lead to misinterpretation and unnecessary concern or interventions (dietary restriction, chelation) that may cause harm.

5 Don't repeat chest X-rays when screening exposed workers for asbestosis unless clinical indications are present.

Asbestosis generally becomes manifest clinically 15-20 years after the onset of exposure. High resolution CT (HRCT) is more sensitive than both chest radiography and conventional CT for detecting parenchymal fibrosis (asbestosis) but a normal HRCT scan cannot completely exclude asbestosis. Given the long latency between asbestos exposure and asbestosis and given that no effective treatment is available to improve the outcome, screening and early detection of asbestosis is unlikely to allow any remedial action to be taken in the workplace or to confer any health advantage on asbestos-exposed individuals. Repeated imaging exposes the patient to radiation, which is not without risk. Therefore, while it is appropriate to obtain a baseline X-ray at the time of first assessment, for screening purposes, radiation risk outweighs the benefit of frequent chest X-rays. Radiation exposure would also be a concern for repeated CT scans.

How the list was created

The Occupational Medicine Specialist of Canada (OMSOC) established its *Choosing Wisely Canada* Top 5 recommendations by consensus and literature review methods. The first step was to examine the list and references developed and provided to us by The American College of Occupational and Environmental Medicine (ACOEM). This list was used as a starting point for extensive survey consultation with the membership of OMSOC and also with the membership of The Occupational and Environmental Medicine Association of Canada (OEMAC). This process enabled input from a breadth of health care providers working in the field of occupational medicine, including both occupational medicine specialists as well as family medicine practitioners with a special interest in the field. The comments and topic suggestions that emerged from this consultation were qualitatively categorized by an OMSOC member with expertise in qualitative research. There was high initial agreement; the emergent topics fit into 6 categories overall, 5 of which are represented on the list. The excluded item was least consistent with a campaign to help physicians and patients engage in conversations about the overuse of tests and procedures because of its administrative nature. With the assistance of Health Quality Ontario, a small committee reviewed literature, identified clinical practice guideline repositories, and organizational and government statements to identify the supporting references. Draft list items, rationale statements, and references were provided to members of OMSOC and also made available to OEMAC for feedback. This resulted in minor modifications to specific wording but no changes to topics. The Board of Directors of OMSOC reviewed and approved the *Choosing Wisely Canada* list.

Sources

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About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.

For more information on Choosing Wisely Canada or to see other lists of Things Clinicians and Patients Should Question, visit www.choosingwiselycanada.org. Join the conversation on Twitter @ChooseWiselyCA.

About Occupational Medicine Specialists of Canada

Occupational Medicine Specialists of Canada (OMSOC) is a proud partner of the Choosing Wisely Canada campaign. OMSOC's membership comprises occupational physicians certified as specialists by The Royal College of Physicians and Surgeons of Canada or le Collège des Médecins du Québec as well as specialists from other medical and surgical specialties with an interest in occupational medicine. OMSOC provides a forum for advancing the practice of occupational medicine by facilitating dialogue amongst physician specialists and between occupational medicine practitioners and members of allied fields, notably government, industry, management, and the law.