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EDITORIAL

Choosing Wisely®: Things We Do for No Reason

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In this issue of the *Journal of Hospital Medicine*, we introduce a new recurring feature, *Choosing Wisely*®: Things We Do for No Reason. The series is based on a talk I have delivered for the past 4 years at the annual national meeting of the Society of Hospital Medicine, in which I highlight 4 diagnostic tests, therapies, or other clinical practices that are commonly performed even though they are of low value to our inpatients.

There are many reasons hospitalists order unnecessary tests or treatments, or employ unhelpful clinical practices. Unnecessary testing may occur when we are not familiar with the test itself—the actual costs of the test, the operating characteristics of the test, or the evidence supporting its usefulness in specific situations. Some tests are ordered unnecessarily because we cannot retrieve usable results from a different hospital or even our own electronic medical records. We may order tests or treatments due to patient expectations, a perceived need to practice "defensively," or economic incentives.

Finally, we may simply order tests because of our uncertainty in the absence of data or simply because they are traditional practices ("the way we've always done it"). Physicians often order tests and treatments and institute clinical practices learned in residency or fellowship training.[1,2] Local norms and practices influence physician behavior.

We created Things We Do for No Reason (TWDFNR) as a platform for provocative discussions of practices that have become common parts of hospital care but have limited supporting evidence, or even have evidence refuting or justifiably challenging their value. Each article in TWDFNR will describe why the test, treatment, or other clinical practice is commonly employed, why it may not be of high value, in what circumstances it may actually be valuable, and what conclusions can be drawn from the evidence provided. TWDFNR pieces are not systematic reviews or meta-analyses and do not represent "black and white" conclusions or clinical practice standards; they are meant as a starting place for research and active discussions among hospitalists and patients.

In many respects, the *Choosing Wisely*®: Things We Do for No Reason series is an extension of the *Choosing Wisely*® campaign created by the American Board of Internal Medicine Foundation. Like *Choosing Wisely*®, we are focusing on individual tests, treatments, and other clinical practices that are not beneficial and are potentially harmful to patients. Practices discussed may not cause significant physical or financial harm at the time they are used, but they may have significant downstream effects.

The *Choosing Wisely*® campaign has brilliantly identified 5 important hospital medicine low-value practices, and we hope to identify many more. We hope this series will serve as a grassroots effort to uncover more *Choosing Wisely*®-type practices. As institutions create their own high-value care committees, the *Choosing Wisely*®: Things We Do for No Reason series can provide possible agenda items, or provide the opportunity for sites to carry out analyses of their own practices to see whether any of the TWDFNR topics provide local opportunities for implementing higher-value practices.

Although we do not believe that reducing the low-value practices that will appear in TWDFNR will, alone, solve our wasteful practices, we hope that highlighting them will remind individuals, institutions, and systems that targeting low-value practices is a responsibility that we all must embrace. We accept that not everyone will agree that the practices we present are low value, but the conversation is important to have. We invite you to take part in the *Choosing Wisely*®: Things We Do for No Reason conversation. Let us know whether you think the practices highlighted are low value or whether you disagree with the conclusions. We welcome unsolicited proposals for series topics submitted as a 500-word précis. Send us your précis or ideas on low-value adult or pediatric patient practices that we should highlight in this series by emailing us at twdfnr@hospitalmedicine.org.

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