資料５

Choosing Wisely（賢明な選択）

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第2回高齢者医薬品適正使用検討会
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医療行為（検査、治療、処置）には ベネフィット（利益）とリスク（害）がある

ベネフィット（利益）

楽な治療で済む
後遺症を残さない
命が助かる

リスク（害）

さらなる（侵襲的）検査
費用・労力・合併症
過剰診断の可能性

Choosing Wisely（賢明な選択）とは

医療者と患者が、対話を通じて、

- 科学的な裏づけ（エビデンス）があり
- 既に行われた医療と重ならず
- 害が少なく
- 患者にとって真に必要な

医療（検査、治療、処置）の“賢明な選択”をめざす国際的なキャンペーン活動

Source: Choosing Wisely（http://www.choosingwisely.org/about-us/ ）

Choosing Wiselyの誕生

新ミレニアムにおける医のプロフェッショナリズム：医師憲章（2002年）

- 米国内科学会、米国内科専門医機構（ABIM）財団、欧州内科連合が主導
- 3つの基本的原則「患者の福利優先の原則」「患者の自律性に関する原則」「社会正義（公正性）の原則」
- 10か条の責務の7番目に「有限の医療資源の適正配置に関する責務」が含まれている

Source: Ann Intern Med. 2002; 136: 243-6.
週刊医学界新聞第2480号（2002年4月1日）

その後、ABIM財団主催のフォーラム毎年開催

2011年に「Choosing Wisely」という言葉が初めて登場

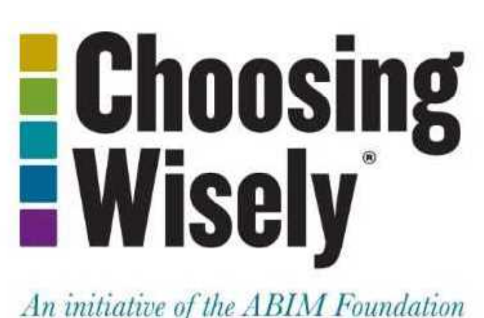
「5つのリスト」の提案byブローディ氏

Brody H. Medicine’s Ethical Responsibility for Health Care Reform: The Top Five List.   N Engl J Med. 2010; 362: 283-5.

オバマ政権の医療制度改革に協力し、医療費の高騰に歯止めをかけるため、保険会社、製薬メーカー、医療機器メーカー、病院などの医療業界が、その利益の一部を差し出すことに合意した。だが、医療専門職は、これまでに何もそうした約束をしていない。そこで私は、各学会に対して、患者の利益を損なうことなく医療費が節約できる“Top Five”リストを自ら作ることを提案したい

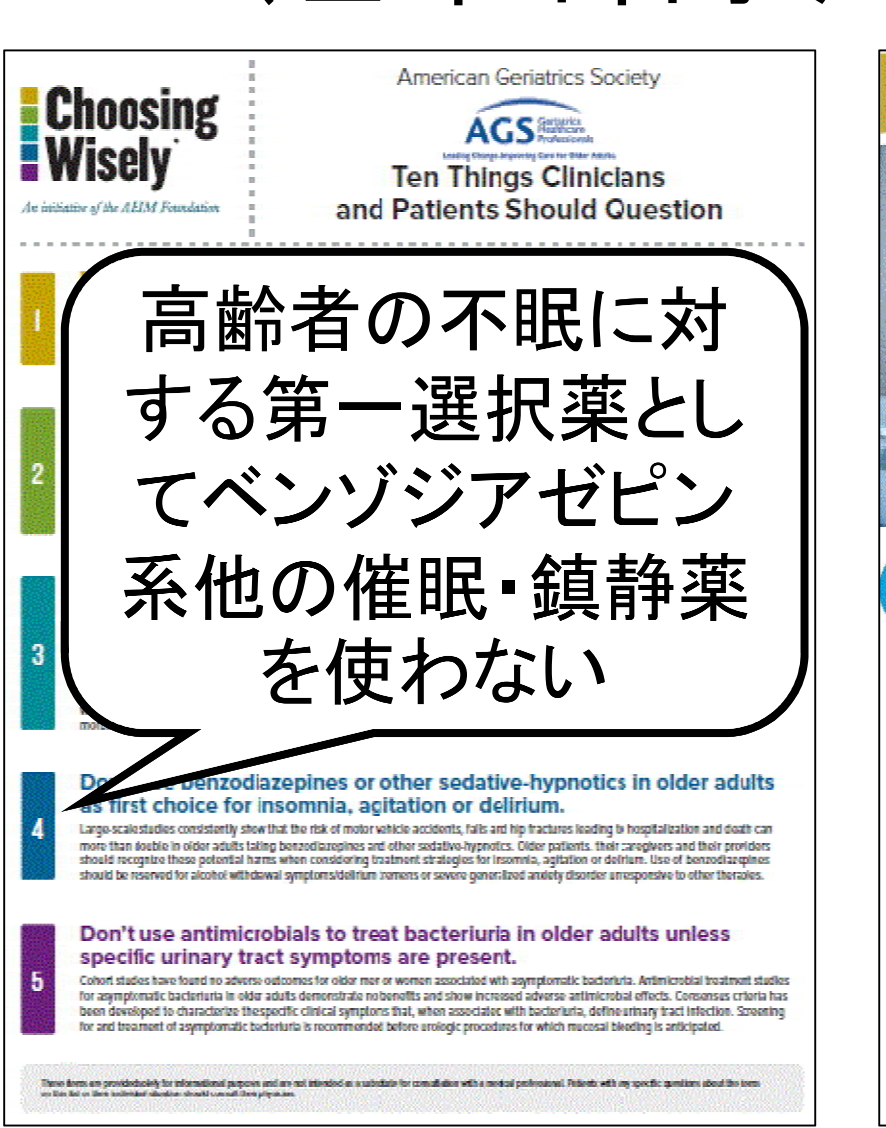
http://www.choosingwisely.org/

70超の学会が「5つのリスト」を公表



About Lists In Action Resources Videos

例：米国老年医学会の「10のリスト」
（左：医師向け　右：患者向け）



Sleeping pills can have risks for older adults

Try safer and better treatme…

Nearly 1 in 3 older people in the U.S. take sl…
But these pills have risks for older adul…
may not work so well.

The good news is that there are safer…
treatments for sleep problems. Befor…
give these a chance. (See "Advice fro…
Reports.")

Bad side effects

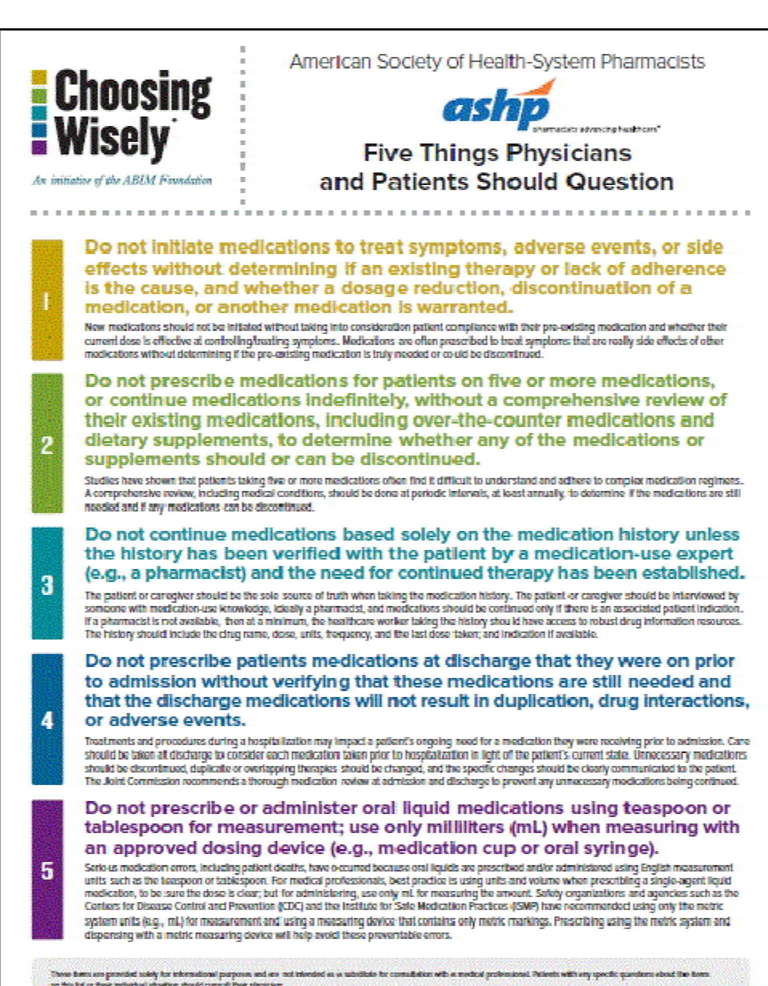
Sleeping pills can have harmful side…
adults. This is true even for non-pres…
and new "Z" drugs. Sleeping pills ma…
than younger adults. Plus, they may s…
longer.

Sleeping pills may cause confusion and memory problems. These problems can make you more likely to have a car crash. And they may make you twice as likely to fall or break your hip.

Other side effects

高齢者にとって睡眠薬にはリスクがあります

例2）薬剤師団体の「5つのリスト」
American Society of Health-System Pharmacists



Choosing Wisely

An initiative of the ABIM Foundation

American Society of Health-System Pharmacists

ashp

Five Things Physicians and Patients Should Question

1. **Do not initiate medications to treat symptoms, adverse events, or side effects without determining if an existing therapy or lack of adherence is the cause, and whether a dosage reduction, discontinuation of a medication, or another medication is warranted.**
New medications should not be initiated without taking into consideration patient compliance with their pre-existing medication and whether their current dose is effective at controlling/treating symptoms. Medications are often prescribed to treat symptoms that are really side effects of other medications without determining if the pre-existing medication is truly needed or could be discontinued.

2. **Do not prescribe medications for patients on five or more medications, or continue medications indefinitely, without a comprehensive review of their existing medications, including over-the-counter medications and dietary supplements, to determine whether any of the medications or supplements should or can be discontinued.**
Studies have shown that patients taking five or more medications often find it difficult to understand and adhere to complex medication regimens. A comprehensive review, including medical conditions, should be done at periodic intervals, at least annually, to determine if the medications are still needed and if any medications can be discontinued.

3. **Do not continue medications based solely on the medication history unless the history has been verified with the patient by a medication-use expert (e.g., a pharmacist) and the need for continued therapy has been established.**
The patient or caregiver should be the sole source of truth when taking the medication history. The patient or caregiver should be interviewed by someone with medication-use knowledge, ideally a pharmacist, and medications should be continued only if there is an associated patient indication. If a pharmacist is not available, then at a minimum, the healthcare worker taking the history should have access to robust drug information resources. The history should include the drug name, dose, units, frequency, and the last dose taken; and indication if available.

4. **Do not prescribe patients medications at discharge that they were on prior to admission without verifying that these medications are still needed and that the discharge medications will not result in duplication, drug interactions, or adverse events.**
Treatments and procedures during a hospitalization may impact a patient's ongoing need for a medication they were receiving prior to admission. Care should be taken at discharge to consider each medication taken prior to hospitalization in light of the patient's current state. Unnecessary medications should be discontinued, duplicate or overlapping therapies should be changed, and the specific changes should be clearly communicated to the patient. The Joint Commission recommends a thorough medication review at admission and discharge to prevent any unnecessary medications being continued.

5. **Do not prescribe or administer oral liquid medications using teaspoon or tablespoon for measurement; use only milliliters (mL) when measuring with an approved dosing device (e.g., medication cup or oral syringe).**
Serious medication errors, including patient deaths, have occurred because oral liquids are prescribed and/or administered using English measurement units such as the teaspoon or tablespoon. For medical professionals, best practice is using units and volume when prescribing a single-agent liquid medication, to be sure the dose is clear; but for administering, use only mL for measuring the amount. Safety organizations and agencies such as the Centers for Disease Control and Prevention (CDC) and the Institute for Safe Medication Practices (ISMP) have recommended using only the metric system units (e.g., mL) for measurement and using a measuring device that contains only metric markings. Prescribing using the metric system and dispensing with a metric measuring device will help avoid these preventable errors.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

- 用量変更や中止等で対応できるか確認せずに、副作用対策目的で新たな薬を処方しない
- 現在の薬を包括的にレビューすることなく、5剤以上を処方しない
- 専門家（薬剤師）が継続する必要性を確認していなければ、薬歴のみに基づいて薬を継続しない
- 必要性を確認することなく、入院前の薬を退院時に継続しない
- 液体の薬剤の量を示す際は「小さじ」「大さじ」ではなく「mL」を使う

Choosing Wiselyの啓発用動画

Source: YouTube https://www.youtube.com/watch?v=FqQ-JuRDkl8

検査・治療・処置を受ける前に医師に問うべき5つの疑問

過不足のない適正な量のケアを受けられるよう、医師に話しましょう。

1. 本当にこの検査や処置が必要ですか？
2. リスクはありますか？
   副作用/正確でない結果/より多くの検査や処置
3. よりシンプル、より安全な方法はありますか？
4. 何もしなければどうなりますか？
5. どのくらいの費用がかかりますか？

Source: Consumer Reports http://consumerhealthchoices.org/wp-content/uploads/2013/06/CWPosterGeneralSmall.pdf

Choosing Wiselyの6原則

1. **臨床医主導（clinician-led）**：政府や保険者主導ではない。このことは臨床医と患者の信頼を維持する上で特に重要

2. 強調すべき基本メッセージは、**ケアの質と有害事象の予防**であり、費用削減ではない

3. **臨床医と患者のコミュニケーション**：患者に焦点を当て、患者の関与を促す

4. **根拠(エビデンス）に基づく**：推奨は根拠に基づくこと、また継続的に見直すことによって、信頼性を保つ

5. **多職種連携**：可及的に医師、看護師、薬剤師、その他の医療職を含める

6. **透明性**：推奨作成プロセスの公開、利益相反の明示

Source: Levinson W, et al. BMJ Qual Saf. 2015;24:167–174.

Choosing Wisely Japan

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2015年

- 総合診療指導医コンソーシアムが日本で初めて「5つのリスト」を発表（Gen Med. 2015; 16: 3-4.）
- 医療の質・安全学会に「過剰医療とChoosing Wisely キャンペーン」ワーキンググループ設置

2016年

- Choosing Wisely Japanキックオフセミナーを開催（代表：小泉俊三佐賀大学名誉教授）

2017年

- 第151回日本医学会シンポジウム「医療における“賢明な選択”を目指して」を開催（6月1日）

医療専門職と患者･市民が、ともに Choosing Wiselyを実践することで 不要な害を被ることなく利益を増やす