

# LETTERS

## HARMFUL MEDICAL OVERUSE

# Italy's "Doing more does not mean doing better" campaign

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Italy's campaign "Doing more does not mean doing better" (Fare di più non significa fare meglio) was launched by Italy's Slow Medicine ([www.slowmedicine.it](http://www.slowmedicine.it)), a movement of doctors, other health professionals, patients, and citizens.<sup>1</sup> It aims to promote measured, respectful, and equitable care.

Nine lists have already been published,<sup>2</sup> and many other societies of physicians and nurses are joining the project, as well as hospitals. The project's main goal is to protect patients' interests through a partnership between health professionals and patients and users, not to ration healthcare for cost cutting purposes.

Implementation of the project will require informing and training physicians and other health professionals, as well as facilitating dialogue among the various health professionals, particularly between GPs and medical specialists.

Organisational changes will be necessary too—for example, radiologists need to become more involved in decisions about imaging, which is often inappropriate.<sup>3</sup>

There will be many challenges, of course. Firstly, many doctors claim to prescribe unnecessary tests and treatments because they are worried about malpractice claims (defensive medicine). We need to show them that shared decision making would protect them from complaints and litigation more effectively.

Secondly, financial rewards for hospitals, even public ones, focus on quantitative results rather than qualitative ones. This hinders the drive towards reducing waste and increasing the appropriateness of testing and of treatment.

Also, the Italian media puts out the message that doing more is always better. Different ways of communicating with the public are therefore needed, starting from the institutional level, to deal with the problems of overtesting, overdiagnosis, and overtreatment.<sup>4</sup>

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- 1 Hurlley R. Can doctors reduce harmful medical overuse worldwide? *BMJ* 2014;349:g4289. (3 July.)
- 2 Slow Medicine. [www.slowmedicine.it/fare-di-piu-non-significa-fare-meglio/pratiche-a-rischio-di-inappropriatezza-in-italia.html](http://www.slowmedicine.it/fare-di-piu-non-significa-fare-meglio/pratiche-a-rischio-di-inappropriatezza-in-italia.html).
- 3 Cristofaro M, Busi Rizzi E, Schininà V, Chiappetta D, Angeletti C, Bibbolino C. Appropriateness: analysis of outpatient radiology requests. *Radiol Med* 2012;117:322-32.
- 4 Domenighetti G, Venero S. Fare di più non significa fare meglio. *Salute Internazionale*. info 8 maggio 2013. [www.saluteinternazionale.info/2013/05/fare-di-piu-non-significa-fare-meglio/](http://www.saluteinternazionale.info/2013/05/fare-di-piu-non-significa-fare-meglio/).

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