

LESS IS MORE - = + MEDICINE

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There are a lot of terms being used to describe or explain the movement towards more appropriate, effective, well-chosen care.

Plus, doctors love jargon. And acronyms! Use this glossary to decipher some of the vocabulary of Less is More.

The origin is in [brackets] if known.

Appropriateness (in Health Care) - *noun* It is the right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care. / The Canadian Medical Association believes that fiscal benefits and cost savings of exercises in accountability and appropriateness in clinical care are a by-product rather than the primary focus of these exercises. ([Canadian Medical Association, Resolutions from GC 2013](#)) [Canadian]

Choosing Wisely - *verb* the act of encouraging physicians, patients and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances can cause harm; as in [The Choosing Wisely Campaign](#) [US]

Deprescribing - *verb* the act stopping or reducing medications that are no longer necessary, causing more harm than benefit, were for treating risk rather than symptoms, or are no longer consistent with a patient's goals. "Optimizing medication through targeted deprescribing is a vital part of managing chronic conditions, avoiding adverse effects and improving outcomes." ([Deprescribing.org](#))

Disinvestment - *noun* the development and application of epidemiological, economic, ethical and policy appraisals of existing health care interventions that are cost-ineffective or inappropriately applied within health care, leading to displacement of these practices to make way for resource re-allocation towards practices and programs offering greater benefit ([Adelaide Health Technology Assessment](#)) [Australia]

Evidence Based Medicine (EBM) - *noun* the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients (from [Wikipedia](#)) [Canada]

"Goldilocks" Care - *noun* the idea that there is a 'just right' amount of care, not too much or too little; originates from the "[Goldilocks and the Three Bears](#)" story

High Value Care - *noun* health care that involves improving effectiveness of care and health, while reducing unnecessary interventions and cost to patients and the system. The American College of Physicians has a [task force dedicated to this pursuit](#), and the United States uses several approaches to attempting to achieve this kind of care, including Accountable Care Organizations (ACOs), bundled payments, patient-centred medical homes, and pay-for-performance (P4P). Also known as: **Value-Based Care**, meaning "better care, better health, and lower costs." in accordance with [The Triple Aim](#) (see below). The idea is that patients should receive the best value through achieving the best outcomes at lowest cost ([Harvard Business Review](#)).

Iatrogenesis - *noun* preventable harm resulting from medical treatment or advice to patients (from [Wikipedia](#))

Medicalization - *noun* "the best [noun] we have for describing how common emotions and traits are turned into treatable conditions. Bad breath becomes halitosis, for example, and impotence erectile dysfunction. Even overdoing plastic surgery gets a brand-new name: body dysmorphic disorder. To put it bluntly, this process of pathologizing has gotten out of control. It's become a juggernaut that no one seems able to stop." (Christopher Lane, quoted in a [Harvard Magazine article On the Medicalization of Our Culture](#))

Medical Reversal - *noun* a phenomenon that "occurs when a new clinical trial – superior to predecessors by virtue of better controls, design, size, or endpoints – contradicts current clinical practice." In the [initial paper and book](#), Dr Vinay Prasad explains the harms that come from the wide approval and adoption of medical "advances" that are subsequently found to be unsafe or ineffective. The flood of dangerous and useless health care interventions into common practice can be avoided if we attend seriously to conflicts of interest among researchers, employ more robust and systematic evaluation methods for clinical practices that are already in place, and use greater scrutiny for new drugs and technologies. Solid science, rather than emotion, habit, or industry pressure, should inform practices in health care so that patients aren't harmed as their therapeutics fall in and out of favour, and so that trust in the medical system can be maintained. [USA - Vinay Prasad]

Minimally disruptive medicine (MDM) - *noun* refers to the practice of medicine that seeks to design effective treatment programs for patients while minimizing the burden of treatment. This should lead to treatment programs that fit with patients' goals and contexts and that therefore patients can make a 'normal' part of their life. (from [MDM website](#)) [USA - Victor Montori]

Number Needed to Treat (NNT) - *noun* the average number of people who must undergo a test, treatment or intervention in order to prevent one bad outcome; often used in epidemiology to explore or compare efficacy of medication or other interventions (check out [TheNNT](#) to find quick summaries of EBM)

Overdiagnosis - *noun* - "Overdiagnosis happens when people get a diagnosis they don't need. It can happen when people without symptoms are diagnosed and then treated for a disease that won't actually cause them any symptoms, and it can happen for people whose symptoms or life experiences are given a diagnostic label which brings them more harm than good . . .

One common way overdiagnosis can happen is when healthy people who attend screening programs or receive tests during check-ups are diagnosed and subsequently treated for the early form of a disease which would never in fact have harmed them. With breast cancer screening for example, a systematic review of studies published in the [British Medical Journal](#) suggests that up to one in three of the cancers detected via screening may be overdiagnosed . . .

Another way in which overdiagnosis can happen is when the definitions of diseases are broadened so much that people with very mild problems, or people at very low risk of future illness, are classified as being sick, given a label, and then offered treatments which may do more harm than good. For example there are suggestions some children are being overdiagnosed with Attention Deficit Hyperactivity Disorder." ([Preventing Overdiagnosis](#))

See the video for a 3 minute explanation or [see this paper for more detail](#).

Patient-centred care - *noun* healthcare that supports active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment. The IOM (Institute of Medicine) defines patient-centered care as: "Providing care that is respectful of and



responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions." ([Wikipedia](#)) It may be most commonly understood for what it is not—technology centred, doctor centred, hospital centred, disease centred ([BMJ](#))

Prudent Care - *noun* A style of practice that involves not providing treatment where it is unlikely to benefit the patient, or could do harm. This is not about rationing; instead it aims to deliver health care that fits the needs and circumstances of patients and that actively avoids wasteful care that is not to the patient's benefit. (from [PrudentHealthcare.org.uk](#)) [Wales]

Quality of Life - *noun* the perceived quality of an individual's daily life, that is, an assessment of their well-being or lack thereof. This includes all emotional, social, and physical aspects of the individual's life. ([Wikipedia](#))

Quaternary Prevention - *noun* Action taken to identify a patient or a population at risk of overmedicalisation, to protect them from invasive medical interventions and provide for them care procedures which are ethically acceptable. Essentially, a process that considers and enables avoidance of iatrogenic harm. ([Primary Health Care Classification Consortium](#)) [Belgium, Marc Jamouelle]

Realistic Medicine - *noun* An approach to health care in Scotland encouraging "doctors to take a fresh look at their practice and consider if patients are being harmed by overmedicalisation," outlined in an annual report by then Chief Medical Officer of Scotland, Catherine Calderwood. "[The report](#) suggested care could be improved by practising what Calderwood described as realistic medicine,' an approach based on doctors spending more time listening to what patients want in order to avoid unnecessary treatment." A follow up report, [Realizing Realistic Medicine](#) is available also. [Scotland, Catherine Calderwood]

Right Care Alliance/Movement - *noun* a movement of clinicians, patient advocates, community leaders, and patients who see that overtesting, overdiagnosis, and overtreatment are endemic to modern health care – they are built into the culture of modern medicine. They see overuse as the flip side of the coin of undertreatment and lack of access, and a major cause of harm to patients. The movement grew out of the Avoiding Avoidable Care conference, in April 2012. ([Lown Institute](#)) [Lown Institute, USA]

Shared Decision Making (SDM) - *noun* a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences. SDM honours both the provider's expert knowledge and the patient's right to be fully informed of all care options and the potential harms and benefits. This process provides patients with the support they need to make the best individualized care decisions, while allowing providers to feel confident in the care they prescribe. (from [Informed Medical Decisions](#))

Slow Medicine - *noun* a movement, modelled after the 'slow food movement' in Italy. Started around 2002, it aims to create a return to medicine that is Sober (avoiding excess), Respectful, and Fair. A slower paced approach to care would have patients experiencing a gentler, less burdensome approach to achieving health and good living ([Slow Medicine](#)) [Italy] ([Learn more about the origins and expansion of Slow Medicine](#))

Social Determinants of Health - *noun* the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (from [World Health Organization](#))

Thinking Twice - *noun* name of the campaign at The University of Toronto that would become Choosing Wisely Canada ([Thinking Twice/Choosing Wisely](#))

Treatment burden - *noun* the challenges associated with everything patients do to care for themselves, such as visits to the doctor, medical tests, treatment management, and lifestyle changes. Patients with chronic conditions find it difficult to integrate everything asked of them by their healthcare providers in their everyday life (between work, family life and/or other obligations). Treatment burden is associated, independently of illnesses, with adherence to therapeutic care and could affect hospitalization and survival rates. (from [Wikipedia topic on Minimally Disruptive Medicine](#))

Triple Aim - *noun* a framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the "Triple Aim":

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care. ([IHI](#))

Value-based Care (see High Value Care, above)

Are there some terms not listed that need explanation? *E-mail your thoughts or tweet them to [@LessIsMoreMed](#)*
