

Use and misuse of diagnostic tests and interventions in obstetrics

A short introduction of our projects and why they are close to our hearts

A major concern of public policy in all countries is the responsible allocation of healthcare resources. Substantive and procedural justice requires that both, medical needs and healthcare resources are reasonably taken into account in decision-making processes¹. Low-resourced countries mostly suffer from underuse of health care due to "low resources". Sometimes they might be more creative to distribute the little they have "wisely". Mirroring their needs should increase our concern that in high-resourced countries patients meanwhile suffer from overuse or misuse of diagnostic and therapeutic measures mainly in private health care settings with false incentives or fear of malpractice. This is especially fatal in Maternal Fetal Medicine because we simultaneously deal with two patients, the mother and the fetus who do not control economic resources and political power to the same extent as adult men. Fetal patients even cannot speak for themselves to ask for or refuse certain procedures. We therefore feel a special responsibility to advocate for the interests of fetal, neonatal and pregnant patients in the process of decision making.

In the United States, the "choosing wisely team" became aware of diagnosis and procedures that might do more harm than good based on evidence-based medicine.

This has inspired the Society of Maternal Fetal Medicine (SMFM) to list "Choosing Wisely"² criteria in for our discipline. "Choosing Wisely" stands for "having the courage NOT to do something" and to explain this to physicians and patients.

This initiative exists for many medical disciplines. **Introducing "Choosing Wisely" criteria in Germany** has been discussed in the "Ärzteblatt"¹ and should be a major concern for our guidelines in the future, but has not been realized in daily thinking or acting of either specialists or health policy leaders. Increasingly, randomized trials and meta-analyses have published useless or even harmful effects of several therapies during pregnancy such as cerclage in multiple pregnancies, repetitive cycles of corticosteroids, antibiotics with intact membranes or long-term tocolytics. In all situations, interests of mother and fetuses have to be balanced and again, health care costs that both might (not) require has to be balanced within the health care system.

Unlike many European countries, postgraduate training in Germany is **not audited**. A survey of the "Deutsche Ärztekammer" demonstrated that evidence-based medicine is experienced as the most problematic gap by residents compared to their chairs². Positive and negative standards need to be discussed³. Therefore we want to determine to what extent choosing wisely criteria are already known or followed by use of a local survey. In addition, we evaluate in how far negative recommendations have been followed and applied within the Hessian Perinatal data base. Primarily, we are concerned with medical consequences. In a second step, we want to point out in how far financial resourced might be used in a more responsible way to save and improve health within the whole life span of mothers and future generations.



2009-10 St. Edmund's School in Canterbury, UK
2012 Allgemeine Hochschulreife, Apostelgymnasium, Cologne
Since 2012 Medical student, Philipps-University Marburg
2015 -2016 Cultural studies, Fernuniversität Hagen

Interests:
Playing piano and guitar, golf and skiing,
volunteer guide at the „Museum Anatomicum“
volunteer emergency paramedic
travelling and getting to know foreign cultures

LUISE SCHRADIN



2005-2006 Clovis East High School in Fresno, CA, USA
2008: Allgemeine Hochschulreife, Bohnstedt Gymnasium, Lukas
since 2009 Medical student at Philipps- University Marburg

Interests:
Sports such as gymnastics,
dancing and acrobatic
travelling to different countries

ULRIKE LAAS

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¹.Chervenak FA and McCullough LB, Healthcare Justice and human rights in perinatal medicine. Semin Perinatol. 2016; 22. Epub ahead of print

² Richter-Kuhlmann E. Choosing Wisely: Mut haben, etwas nicht zu tun, Deutsches Ärzteblatt, Jg. 112, Heft 44, 30. Oktober 2015

² Unschuld, P. Ware Gesundheit - das Ende der klassischen Medizin. C.H.Beck Verlag München 2014.

³ Shah N et al. Wisdom of the crowd: bright ideas and innovations from the teaching value and choosing wisely challenge. Acad Med. 2015 May;90(5):624-8.