Words Matter

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INTRODUCTION

Choosing Wisely aims to promote conversations between clinicians and patients that will help patients to choose care that is “supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.”¹ With the goal of improving how patients and doctors communicate on these topics, we sought to understand what words resonate most with the public to describe use of services where the likelihood of harm exceeds the likelihood of benefit.²

METHODS

As part of an online survey about cancer screening, we queried individuals 65 years and older from the KnowledgePanel, a product of Knowledge Networks.³ KnowledgePanel is a probability-based web panel with more than 55,000 members that is designed to be representative of the US adult population.³ Panelists are sent emails three to four times a month inviting them to participate in online surveys. Participants responded to our invitation and were then randomized to respond to one of two clinical scenarios. One scenario described use of plain film x-rays for subacute low back pain in an older person without worrisome symptoms; the other described the use of antibiotics in a healthy, non-smoker with a chest cold. We chose these two examples because they have been named by multiple professional societies as services where harms from use outweigh the benefits.¹ The participants were then further randomized to answer whether the described service was or was not (1) “inappropriate,” (2) “wasteful,” (3) “medically unnecessary,” or an (4) “overused test/treatment.” Each participant saw only one of these four phrases. We also asked, when answering the question, whether they considered the cost and harms of the test or treatment.

RESULTS

Of the 1272 panel members asked to respond, 881 (69.3%) completed the questions in November 2016. Survey weights were used to adjust for nonresponse and oversampling of African Americans. The mean age of participants was 73.4 years of whom 55% were women. In the low back pain scenario, despite our stating that x-ray is not considered to be informative, most participants did not classify the test as being “inappropriate” or “wasteful.” A significant majority (63%), however, did agree that the x-ray was “medically unnecessary,” and slightly more than half thought the test was “overused” in this scenario (Fig. 1). In the antibiotic scenario, the term “overused treatment” resonated most with the participants with 71% agreeing that this describes the usage portrayed in the scenario. Only a slight majority thought that the antibiotic use was “inappropriate,” “wasteful,” or “medically unnecessary” (Fig. 2).

Only 34% of the participants said that they took cost into consideration in responding to the question about the x-ray scenario, with 5% not responding. Participants who agreed that the test was unwarranted were slightly more likely than not to say that cost was a consideration when presented with the terms “wasteful” or “medically unnecessary.” This was not so for the people seeing the words “inappropriate” or “overused test.” Forty-seven percent of participants considered the harms of x-ray when responding. The harms particularly motivated those who affirmed that the x-ray is an “overused test.” In the antibiotic scenario, only 9% of participants took the costs of the antibiotic into consideration, while 68% considered the harms of antibiotics when responding. The majority of participants who agreed that the antibiotic was unwarranted said they were motivated by harms—regardless of which phrase they saw.

DISCUSSION

We conclude that words matter. The precise word choice we use to discuss interventions where the harms outweigh the benefit may affect patient understanding, perception, and subsequent acceptance of the recommendations. The

Figure 1 Responses to different phrases describing the X-ray scenario ($n = 469$).

Figure 2 Responses to different phrases describing the antibiotic scenario ($n = 412$).

preferred word choice in our study to describe interventions where harms outweigh the benefits differed depending on if diagnostic test or treatment was involved. Results suggest that phrases with more clinical association, such as “medically unnecessary,” may be more preferred than other commonly used terms. Limitations of the study include focus on older adults and use of hypothetical scenarios. Further research is needed to better understand why the responses differed importantly across these scenarios.

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Compliance with Ethical Standards:

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