



Choosing Wisely in Transfusion: Time to act?

What is Choosing Wisely?

Choosing Wisely UK is part of a global initiative aimed at improving conversations between patients and their doctors and nurses. By having discussions that are informed by the doctor, but take into account what's important to the patient too, both sides can be supported to make better decisions about care. Often, this will help to avoid tests, treatments or procedures that are unlikely to be of benefit.

Across the UK, there is a growing culture of overuse of medical intervention, with variation in the use of certain treatments across the country. For example, the prescribing of antibiotics can vary by as much as two and a half times between one part of the country and another.

Choosing Wisely was created in part to challenge the idea that more is better or, in the case of medical intervention: **just because we can, doesn't always mean we should.**

The Choosing Wisely principles encourage patients to get the best from conversations with their doctors and nurses by asking four questions:

1. What are the benefits?
2. What are the risks?
3. What are the alternatives?
4. What if I do nothing?

This is what healthcare professionals refer to as 'shared decision making'. This is also summed up by the phrase 'no decision about me, without me'.

Choosing Wisely UK brings together a range of patient- and health-related organisations from across the country and is hosted at the Academy of Medical Royal Colleges, the coordinating body for the UK and Ireland's 23 medical royal colleges and faculties.

Choosing Wisely's key aim is to change the culture when it comes to prescribing. This takes time, but it can work. In Italy, for example, Choosing Wisely is known as 'slow medicine'.



Five recommendations related to transfusion

Communicate the benefits and risks

Don't give a patient a blood transfusion without informing them about the risks and benefits (although do not delay emergency transfusions).

Give iron to iron-deficient patients

Don't transfuse red cells for iron deficiency anaemia without haemodynamic instability.

Save O D negative blood

Only transfuse O D negative red cells to O D negative patients and in emergencies for females of childbearing potential with unknown blood group.

Review after each unit

Use restrictive thresholds for patients needing red cell transfusions and give only one unit at a time except when the patient has active bleeding.

Chemotherapy? Transfuse when platelets are less than $10 \times 10^9/L$

Only consider transfusing platelets for patients with chemotherapy induced thrombocytopenia where the platelet count is $< 10 \times 10^9/L$ except when the patient has clinically significant bleeding or will be undergoing a procedure with a high risk of bleeding.

What can the transfusion community do to promote these?

Most of these recommendations are well recognised by 'Patient Blood Management' good practice, yet we can do more to spread the word to colleagues across medicine.

Choosing Wisely Canada is an excellent example of how we can promote Choosing Wisely's transfusion recommendations. It has used a very effective national campaign to encourage the adoption of recommendations in care settings and measurement of overuse.

Its campaign targeted patients, medical students (students and trainees advocating for resource stewardship – STARS) and clinicians via more than 70 specialist societies.

It also developed toolkits (including 'why give two when one will do?', which has demonstrated a 31% reduction in unnecessary transfusion). These are available at: www.choosingwiselycanada.org.