

Choosing to avoid poor-quality healthcare

Scientific knowledge evolves. The data accumulated over time sometimes show that a drug does not meet, or no longer meets, the criteria that would justify its use. They may reveal its efficacy to be uncertain or inferior to other options, or clarify its adverse effect profile, thus altering its harm-benefit balance. Sometimes a drug's harm-benefit balance has been uncertain or unfavourable from the time it was first marketed, and subsequent data may simply confirm this original assessment.

Healthcare does not necessarily mean additional interventions. We can also care for patients by deciding not to use a particular intervention or drug. There may be a reluctance to "deprescribe" an existing treatment because of a bias towards seeing "healthcare" as providing treatments, not discontinuing them. Avoiding an intervention that is more harmful than beneficial is a valid act of healthcare, and one that is in the interest of patients.

For the second year running, *Prescrire* has published a review of drugs that are more dangerous than useful and should therefore be avoided (see p. 161). Avoiding these drugs will protect patients from serious and preventable adverse effects caused by drugs of unproven efficacy, give patients the opportunity of benefiting from a more effective or less harmful treatment, and prevent drug-related deaths and morbidity.

The first step in avoiding poor-quality healthcare is to sort the good from the bad, to determine which treatments have the best harm-benefit balance in a given clinical situation, a task regularly carried out by *Prescrire's* editors. This task is unfortunately not performed systematically by health authorities, which rarely rank treatment options. Drug regulatory agencies frequently grant marketing authorisations for drugs that have not been compared with best-assessed treatments, without paying sufficient attention to their foreseeable harms, and without demanding a convincing assessment of their harm-benefit balance. And they take far too long to act on pharmacovigilance data: years, and sometimes even decades, can go by before they decide to withdraw a drug that should clearly no longer be on the market.

Patients and healthcare professionals would do well to avoid these drugs, without waiting for health authorities to remove them from the market, and to choose proven treatments instead.

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