CORRESPONDENCE

Decision Aids for Patients

by Dr. phil. Matthias Lenz, Susanne Buhse, Dr. phil. Jürgen Kasper, Ramona Kupfer, Tanja Richter, Prof. Dr. med. Ingrid Mühlhauser in volume 22-23/2012

Finding Information by Quality Providers Is an Issue

The International Patient Decision Aid Standards Collaboration (IPDAS) and other networks have shown how to respond to the dearth of good-quality information for patients: by cooperation and qualification. In this spirit, the *Gute Praxis Gesundheitsinformation* (good practice health information) initiative was founded in Germany (1): under the umbrella of the German Network for Evidence Based Medicine (2), information providers have formulated requirements that health information should meet and have committed to implementing and further developing these. If we want to improve the information landscape, we will have to establish evidence based practice on the one hand and simultaneously create a network of providers that have signed up to implementing this criterion. An important task for this network will be to offer further support to those who are seriously on their way to evidence based activities.

At the same time we should ensure that patients can actually find the information provided by quality providers. We can only counteract the enormous amount of information biased by financial or intellectual interests if we stand united. It would be inadvisable to leave information seekers alone until an "optimum" has been reached. We think the better alternative is for the "quality" providers (good, not optimum) need to cooperate and jointly seek further qualification. Doctors are important partners in disseminating quality information as they have direct contact with patients. And the need for evidence based information among doctors is great. The opportunity to familiarize doctors with "good practice" should not be missed by *Deutsches Ärzteblatt*.

DOI: 10.3238/arztebl.2012.0802a

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Conflict of interest statement

The German Agency for Quality in Medicine has signed up to the "Good practice health information" (GPGI) initiative and runs the internet portal www.patienten-information.de. Klaus Koch is co-author of the GPGI; IQWiG runs the internet portal www.gesundheitsinformation.de.

In Reply:

The department of patient information within the German Network for Evidence Based Medicine (EBM) provides an ideal platform for the dissemination of EBM and evidence based patient information (EBPI) (www.ebm-netzwerk.de). We agree that without doctors, sustained provision of EBPI seems unlikely to be successful. In order to develop EBPI, methodological expertise is crucial, as is specialist expertise. Methodologists for EBPI should set out the information in collaboration with medical experts and patients, on the basis of agreed criteria. The medical specialty societies should adopt this as a core responsibility, for example, by setting up specific working groups. User-friendly communication of scientific data from clinical studies is another requirement. Thus far, for example, guidelines are not set out in a format that enables immediate use of their information for EBPI (1, 2). Essential data are either not extracted from the original sources or not presented in a user-friendly format. Implementation of medical guidelines in patient guidelines is an important first step (3), but they so far cannot be used for informed decisions by patients (1, 2). The Association of Scientific Medical Societies in Germany (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften, AWMF) is called upon to develop guidelines, with support from methodological experts for patient information, in such a way that information from these is then available for a parallel setting-out of EBPI and decision aids.

Comprehensible communication of EBPI is the prerequisite for patients' participation in medical decisions. Structural adjustments are essential. We suggested including health professionals who are not doctors, similar to the way in which the transfer of competences for self-management is done for some chronic diseases (3).

DOI: 10.3238/arztebl.2012.0802b

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Conflict of interest statement

The authors declare that no conflict of interest exists.