Commentary: Is evidence based patient choice feasible?

Peter Cantillon

What could be more ordinary and humdrum (for a clinician) than a case of a woman with osteoarthritis of the knee? Yet a doctor's potential responses to her uncertainty about whether to take a non-steroidal anti-inflammatory drug (NSAID) or paracetamol has stimulated an interesting debate. Tugwell and colleagues have used this case to demonstrate the use of a decision aid as a tool in helping a patient to make an informed choice. The decision aid is clearly very patient centred. It asks the patient to consider exactly what needs to be decided and the pros and cons of different options using visual representations of risk and benefit. It also encourages the patient to decide who should have what role in making the decision. It is clear that such a tool could be of enormous benefit in helping patients make decisions where the balance of the relative benefits and risks of competing options is not obvious.¹

There are, however, clear sources of potential bias in the construction of decision aids. Are all the potential risks considered (in this case gastrointestinal bleeding was the only risk assessed for NSAIDs)? Were all the relevant sources of evidence appraised, and is the representation of the synthesised findings appropriate? Should decision aids aim to be more comprehensive? For example, should Mrs Patell be told about alternative therapies and about the other risks associated with taking NSAIDs? If a decision aid becomes more comprehensive will it be too

complicated for patients to interpret? Does a partial consideration of the benefits and risks constitute informed choice? Is there not an element of "framing" involved in selecting what to put into a decision aid and what to leave out?

I can see a clear value in using decision aids as tools for teaching students about the concepts of contextual complexity, shared decision making, informed choice, and the explanation of risk. They represent an excellent vehicle for explaining the relevance of numbers needed to treat, numbers needed to harm, etc. If doctors are to use such tools in practice, decision aids need to be readily available (internet or desktop reference), sufficiently flexible to meet different idiosyncratic patient values, and appropriately comprehensive to cover the main risks and benefits that a patient needs to consider. To interpret and explain a decision aid, doctors need to be statistically numerate,² and other visual means of communicating risk should be considered.³ Above all, doctors need to value the time required to help patients to make informed choices.

Competing interests: None declared.

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Commentary: Decision aids in clinical practice

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Decision aids can be a useful format to communicate evidence based information on harms and benefits of therapies to individual patients. When used as an adjunct to the consultation, decision aids can change the format of the consultation process; decision aids are designed to enhance communication and interaction between patient and practitioner—not to replace it. Decision aids are not indicated for each clinical decision or scenario and they may not appeal to all physicians. But trials evaluating decision aids in the United Kingdom concluded that they helped patients use information to clarify their values and preferences.¹⁻³

I have had the opportunity to use a decision aid in the clinical setting. This decision aid incorporates detailed information about self care and multiple therapies and has recently been adapted for use in a UK research project. I have found that exposing patients to the current evidence on efficacy, benefits, and harms enhances the consultation by focusing the discussion and ensures that consistent information is given to each patient.

Many respondents on *bmj.com* questioned the availability of such tools that include evidence based data and the plausibility of their use in everyday practice. New initiatives are making decision aids available on the web, which can be reviewed by patients in their own time or discussed with a nurse educator. If easily accessible and used correctly, decision aids can save time during the consultation. By helping determine the patient's preferred role for participating in the decision—for example, "doctor, what should I do?" or "I want to decide"—decision aids can help practitioners judge whether they can move quickly from facilitating the decision making process to planning treatment.

When introduced at the point of care, decision aids can be used to develop individual risk factor profiles. Treatment options can then be tailored according to the individual's risk. In this case, the physician knew that Mrs Patell had responded well to a non-steroidal anti-inflammatory drug; there was no question that Mrs Patell could be one of 94 who do not benefit.

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Incorporation of absolute numbers in a graphical format, in addition to an explanation of the risks and benefits, helps patients to understand the concept of number needed to treat. Use of absolute numbers can also result in a more realistic interpretation of the individual's risk profile and the potential harms and benefits of each treatment.

Decision aids enhance knowledge of available treatment and self care options and, by involving the patient, improve satisfaction with the decision making process. They have the potential to increase long term adherence with chosen treatments. Future priorities

include the integration of decision aids at the point of care and exploring the role of other team members to prepare patients for discussion with their physician.

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Commentary: Patients' view

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Osteoarthritis is a painful chronic disease that will not get better, only worse. As two people with osteoarthritis in various joints, we know that it can affect your outlook on life as well as quality of life.

Despite her disease, Mrs Patell wants to enjoy her evening cocktail and dinner wine as well as help her husband around the house. She did not present to her doctor with a complaint of pain and an interest in other treatments—she is likely to have been informed of these previously and tried them. Rather, Mrs Patell presents with information she received from her friend about possible harms of treatment that could be caused by alcohol consumption.

We have worked through similar decision making experiences around numerous treatment options. Making informed decisions about treatments has become a complex chore. Like Mrs Patell, we receive information from friends or our children, spouses, and neighbours. The media is another whole ball of wax. New drugs are announced regularly on the television and radio, in newspapers and magazines, as well as on the internet.

We are faced with a lot of treatment choices, and healthcare providers have to deal with all the informa-

tion that may relate to everything patients present with. Ideally, patients approach their physicians with their concerns and are given the best information physicians have at hand. But often patients are distracted by other questions they want to ask and do not always "hear" what is said. They may also forget to ask questions, only to think of them on their way home. Nervousness, shyness, or embarrassment from not understanding the information may lead people to say they understand when they do not. Having a research summary in a decision aid can help.

Value for patients

A decision aid is a good idea. It presents key research evidence concisely in a visual and narrative form that is easily understood and recognises different learning styles. We find the explanations much more meaningful than the "number needed to treat" concept. The decision aid helps to set the stage for further discussion of the various considerations and steps involved in the decision making process. It can be taken away and completed in the quiet of your home, when you feel mentally and emotionally ready to make a decision. You can then return to the physician better informed and with thought out questions, focusing a potentially unstructured conversation that occurs as part of other activities during the appointment.

One respondent on bmj.com questioned whether this tool was to "let the physician off the hook." On the contrary, we think it's important that the practitioner refer to the decision aid when speaking with the patient. Patients may want more information or want to clarify why the decision is important to make at this time. In the end, the information, values, and preferences have been analysed and discussed, truly opening the gate for communication between patients and practitioners. The use of decision aids allows people to make educated decisions about the most important thing in the world—their bodies.

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Balancing benefits and harms in health care

Webchat

At 4 pm local UK time, Thursday 8 July, the editors of this theme issue will be hosting a one hour webchat devoted to the topic.

Go to <http://quest.bmj.com/chat> to register and read the rules of engagement.