

# TESTING TREATMENTS

## Chapter 12, 12.1

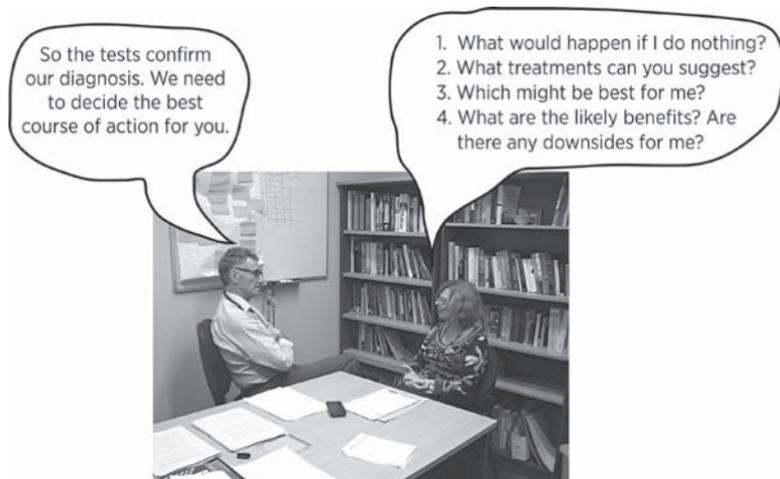
MAKES FOR BETTER HEALTHCARE?

illustrate below. Importantly, patients can be led to feel involved in their care when they are treated as equal partners, whatever the level of involvement.

### WHAT MIGHT THE IDEAS IN THIS BOOK LOOK LIKE FOR YOU?

Although no two consultations are identical, the guiding principles for how to arrive at the best possible decision, as set out in this book, are the same. The goal is that both patient and health professional leave the consultation feeling satisfied that they have worked things through together in the light of the best available relevant evidence. Patients consult their doctors with a wide range of health problems – some short term; some long-term; some life-threatening; others just ‘troublesome’. Their personal circumstances will be infinitely variable, but they will all have questions that need to be addressed so that they can decide what to do.

To illustrate this, we begin with a consultation between patient and doctor concerning a common problem: osteoarthritis (‘wear and tear’ arthritis) of the knees. We then go on to address some fundamental questions about using research evidence to inform



**Dialogue between doctor and patient and some questions to ask.**

practice – questions that patients with a wide variety of conditions might want answered when they consult a health professional, and those that readers of this book might well pose after reading earlier chapters.

## SHARED DECISION-MAKING: A CONSULTATION FOR A COMMON CONDITION

*Doctor:* Well, you have moderate osteoarthritis of the knees, which is common as people get older. It's often referred to as 'wear-and-tear-arthritis'. The usual course is for this condition to fluctuate – get better or worse – but with a slow progression over the years or decades. How is it currently troubling you?

*Patient:* Well, if I overdo things, my knees get quite painful and can stay that way for hours and make sleeping difficult. Recently, the pain has got worse, and I was worried I would need a knee replacement.

*Doctor:* Knee replacement is certainly an option but we usually

reserve that for when simpler measures have failed.

*Patient:* So what else can you suggest?

*Doctor:* Well, simple analgesics such as paracetamol or other NSAIDs can help, and special exercises to strengthen the muscles around the knee can help maintain function and decrease the pain. Would you like to know more about those?

*Patient:* Those drugs upset my stomach, so I'd like to hear more

about the exercises.

*Doctor:* Exercises give you a handout that explains some of our the physiotherapist. Meanwhile, you can safely take paracetamol regularly for the pain and stay active.

*Patient:* That's helpful, but aren't there more treatment options?

*Doctor:* There are further options available for severe osteoarthritis. But at this stage you could well find that you will experience a steady improvement as you build up the muscles with the exercises, sleep better because you have less pain, and can generally do more. You might