

TESTING TREATMENTS

Chapter 12, 12.3.1 MAKES FOR BETTER HEALTHCARE?

also consider going swimming, or walking the dog more often, which will not only strengthen the muscles but should also help you 'feel good', and help to keep your weight in check into the bargain! I think we can safely leave considering more drastic options until we see how you get on with the exercises and the pain relief. But don't hesitate to come back to me if you think you're disappointed with progress.

QUESTIONS ABOUT TRANSLATING RESEARCH EVIDENCE INTO PRACTICE

Question 1: Isn't anything worth trying when a patient has a life-threatening condition?

It can be tempting to want to try the latest 'wonder-drug', or follow the example of some high-profile celebrity who has made claims in the popular press about a treatment regimen that they've followed, perhaps involving 'alternative' medicine that has been well-marketed but not tested. Mainstream treatments can seem much less glamorous and promising, but most that are being used for life-threatening conditions will have been painstakingly tested to find out how effective and how safe they are. So, seeking out the best evidence at the start can save much time, heartache, and money.

Mainstream medicine, generally speaking, recognizes that there are degrees of uncertainty about the effectiveness and safety of the medicines on offer. It aims to reduce those uncertainties to an acceptable level by testing, and by constantly and systematically reviewing the evidence to improve the treatments on offer. Such improvements depend critically on the help of patients who come to see that this is the only way to make solid progress.

Understandably, patients with life-threatening conditions can be desperate to try anything, including untested 'treatments'. But it is far better for them to consider enrolling in a suitable clinical trial in which a new treatment is being compared with the current best treatment. Such a comparison will not only reveal what extra benefits the new treatment might bring, but also what harms it might cause. Life-threatening conditions can need powerful

treatments – and there is no treatment that does not have some side-effects. This makes it all the more important that a new treatment is tested thoroughly and fairly so that the findings can be recorded in a systematic way to see whether it is really likely to help patients.

Question 2: Although patients might want to know if a treatment ‘works’, suppose they don’t want all the details?

It is important to strike a balance between information overload and depriving people of enough information to help them make an adequately informed choice. It is equally important to remember that a person may well need some information initially and more later on as they weigh the pros and cons needed to reach a decision. During a consultation, both doctor and patient should feel satisfied that the patient has the amount of information needed to go ahead and select, with the doctor, what the current best course of action is. But it doesn’t stop there. If, after spending more time thinking about things, the patient has more questions and wants more details, the doctor should help the patient find out what they might want to know, and help clarify anything that is unclear.

Some choices involve difficult trade-offs; it may come down to choosing the lesser of two evils. For example, in Chapter 4 we discussed aortic aneurysm – the enlargement of the main artery from the heart – which may develop fatal leaks. Major surgery can correct the problem, but one or two patients per 100 will die from the operation itself. So there is a trade-off between the early mortality of the operation against the later risk of fatal rupture. Long term, an operation is the better bet, but some patients may reasonably choose not to opt for surgery, or at least delay it until after an important event such as their daughter’s wedding. So rather than diving blind into an ‘only hope’ solution, it is better to weigh up the risks and their possible timing.

Question 3: Statistics are confusing – should patients really have to look at the numbers?

The way that numbers are presented can be very daunting – or even downright misleading. But if you really do want to compare