

# TESTING TREATMENTS

## Chapter 12

### 12 So what makes for better healthcare?

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In the preceding chapters we have drawn together many examples to illustrate why treatments can – and should – be based on sound research designed to address questions that are important to patients. Whether we are members of the general public, patients, or healthcare professionals, the effects of treatments touch the lives of all of us one way or another. Robust evidence from fair testing of treatments really does matter.

In this chapter we look at how such evidence can shape the practice of healthcare so that decisions about the treatment of individuals can be reached jointly by clinicians and patients. Good decisions should be informed by good evidence, which will tell us about the likely consequences of different treatment options. However, the meaning and value of those consequences will be different for different individuals. So, using the same evidence, one individual may reach a different decision from another. For example, a fully functioning finger may mean a lot more to a professional musician, a good sense of smell to a chef, and good eyesight to a photographer than they would to other people. They may therefore be prepared to make greater efforts or take greater risks to achieve the result that matters to them. The interface between evidence and decisions is complex, so most of this chapter will address some common questions on this issue.

However, before that, we consider ‘shared decision making’ more closely and illustrate what it might look like in practice. Sharing decisions in this way steers a middle course between

## SHARED DECISION-MAKING

'Shared decision-making has been defined as "the process of involving patients in clinical decisions". The ethos is one where professionals (should) work to define problems with sufficient clarity and openness so that patients can comprehend the uncertainties that surround most decisions in medicine and therefore appreciate that choices have to be made between competing options. The clinician's expertise lies in diagnosing and identifying treatment options according to clinical priorities; the patient's role is to identify and communicate their informed values and personal priorities, as shaped by their social circumstances.'

Adapted from Thornton H. Evidence-based healthcare. What roles for patients? In: Edwards A, Elwyn G, eds. *Shared decision-making in health care. Achieving evidence-based patient choice. Second edition.* Oxford: Oxford University Press, 2009, p39.

professional paternalism and abandoning patients to make up their own minds alone. Patients regularly complain about lack of information yet, quite naturally, they have different expectations of the responsibility they want to accept.<sup>1, 2</sup>

Some patients prefer not to have detailed information about their illness and treatment options and would rather leave things entirely to their professional advisers, but many are keen to learn more. For those who would like more information, there should be ready access to well-written material and to skilled health professionals who can advise how and where they can access it in a format that best suits them.

What constitutes an 'ideal consultation' can differ widely from one person to the next. Some people are content to adopt a dependent role while others prefer to lead. A more participatory role in coming to a decision – with the doctor's encouragement – can be the most rewarding approach and can become the preferred option once a patient experiences how this works. A simple question from a patient can open up the dialogue, as we

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.**