The role of risk communication in shared decision making

First let’s get to choices

In this way a balance may be struck between the “high touch” and the “high tech” approaches.4–7

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Editorials

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1 Bellaby P. Communication and miscommunication of risk: understanding UK patients’ attitudes to combined MMR vaccination. BMJ 2003;327:725-8.
Interventions that stimulate patient questions result in more involvement. Patients have difficulty asking questions—and they attribute this mostly to doctors’ traits. They feel intimidated, are concerned about using the doctor’s time, and fear that assertiveness will jeopardise rapport. A patient’s question is a teachable moment. A testable hypothesis is that a doctor’s conscientious and judicious search for and offering of choices will stimulate questions from the patient and lead to better information exchange and more involvement, perhaps even a role for risk communication.

What would happen if “We have some choices and they are . . .” was in the doctor’s habitual script, and “What’s the evidence for that, doctor?” in the patient’s?

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Patients’ understanding of risk

_Enabling understanding must not lead to manipulation_

W ho would disagree that understanding risks in order to trade them off against potential benefits is a prerequisite for citizens or patients who need to make health decisions? But rational consideration of risk, even if graphically explained and understood, is neither straightforward nor sufficient. Rationality is not the only component in decision making.

Apparently irrational influences and considerations exert strong pressures. Individuals’ perceptions of risk, and attitudes to it, may lead them to choices that seem irrational to the health professional. Perceptions are built up over time, informed by personal experiences and social networks, and shaped by behavioural norms and media reporting. Fear of a disease, trust in technology, and the desire to take responsibility for health also contribute to decisions people make.

Research shows that avoidance of regret (that an intervention was freely available but was not taken up), a perceived right to access, and pursuit of equity are reasons given by men for accepting and recommending prostate specific antigen (PSA) testing for prostate cancer. Prejudices and preconceived judgments, culture, and the social context of a disease are powerful motivators, as are belief and tradition. American women's predilection for risk averse tactics in their choice of treatment for breast cancer can result in drastic therapeutic decisions (such as extremely toxic chemotherapy treatments) with only 1-2% possibility of effectiveness, in the name of their right to individual control.

The framing of risks, both numerically and linguistically, and the value individuals place on the various gains and losses perceived, have an effect on the choices that they make. This has considerable ethical implications for information providers if manipulation of individuals and populations is to be avoided.

Gain in the short term is often an attractive choice, even if it comes with later loss. For example, many women use hormone replacement because they believe that the relief from debilitating and persistent daily menopausal symptoms now is worth the increased risk of breast cancer later. Many have stayed with their decision, even after recent headline news in the media reporting new evidence that heightens the risk. This is in spite of the fact that women generally grossly overestimate their risk of getting breast cancer and of dying of it.

Good quality information and graphics are needed to explain risks associated with medical conditions and options—for patients in consultation with their doctors, but increasingly also for members of the public attempting to take responsibility for their own health. Pressures from many sources advise individuals to strive for health and prevent disease by various stratagems, from supplements to screening. Sometimes a series of risks, contingent on possible different courses of action, has to be considered and traded off against likelihood of possible benefits, both near term and long term. Each possible course of action will contain its own trade-off of harms and benefits. Research has shown that consultations in which doctors have been trained in the use of decision aids sharpened the focus of the consultation, changed the content, and resulted in greater perception of decisions actually being made.

Even if patients have received the benefit of a clear explanation about a particular risk, their expectations and attitude to that risk will affect their perception of it: what one patient will deem acceptable, another will not. Patients may alter their opinion at different stages.