

Making Healthcare Decisions

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In this age of patient empowerment, patients are increasingly being urged to take charge of their care. While still reliant on the medical knowledge and skills of physicians, gone is the pedestal upon which they were placed in the mid 1900s.¹ Patient empowerment has taken different forms, one of which is a consumerist approach (heightened by the advent of managed care) whereby patients feel little ties to their doctors and easily leave one for another if they are dissatisfied.² An alternate approach to taking charge, one which has been shown to have a positive effect on outcomes of care,³ is where patients participate as partners with equal "say so" or, if agreement cannot be reached, the final "say so". This latter approach relies on a process of shared decisionmaking.

Shared decisionmaking, central to the collaborative model of the doctor-patient relationship described in the first issue of this publication (January 2001), refers to the process of arriving at treatment decisions. This process involves the sharing and discussing of relevant information by both doctors and patients. Doctors might explain the different treatment options, available to their patients, along with the known risks and benefits of each. They might also indicate which option they favor and why.

Things patients might share include what they know of their bodies' response to certain medications; how their personalities either do or do not lend themselves to following particular treatments the way they are supposed to be followed; and whether they are willing or able to make lifestyle changes required by one treatment option but not another. Decisions reached through such a process are said to have been "...informed by best evidence, not only about risks and benefits but also patient specific characteristics and values."⁴

Consider, a case where the effectiveness of a recommended treatment will be less than it could be if the patient is unable to pay close attention to details and take the medication on time. The patient knows, however, that he or she always has problems remembering details and often misses doses of medication. The doctor and patient would then discuss this and, perhaps, decide that another treatment option would be easier for the patient to follow and would be more likely to be effective.

Shared decisionmaking is not without its critics. One writer, David Carvel, is representative of those who view doctors, lawyers, and other professionals as experts whose knowledge and skill far outweighs that of people who seek their services. To Carvel and others, it makes no sense to seek the advice of a professional and then not take it. Furthermore, he says, talk of doctor-patient partnerships and shared decisionmaking is "political correctness gone too far."⁵

Carvel gives us food for thought. How can it possibly make sense for patients to question their doctors' recommendations when that's precisely why patients go to doctors? While answers to this and other questions must be sought by each individual -- what is right for one person may not be right for another -- the *Review* provides, below, one set of answers regarding shared decisionmaking. Agree or disagree, readers are encouraged to use these as a starting point for figuring out where they stand on the matter.

How can it make sense to question doctors? They are the medical experts.

Patients may understandably want nothing more than to place themselves in the hands of doctors and be cured -- or if cure is not possible, to be brought to a state of health that enables them to maintain an acceptable quality of life. But doctors can't always do that. Knowledge aside, there is still a lot of uncertainty in the practice of medicine. And doctors will be the first to admit that they are neither God nor mind readers. Patients who follow recommendations that haven't taken into account their own nonmedical characteristics, values and preferences, may find themselves in situations they might have chosen to avoid had they participated in discussions with their doctors.

Isn't it enough for me to tell doctors what my preferences are and just let them make their recommendations based on that?

It might be. But then, again, it might not. Sometimes what we think we want before we get more detailed information about risks and benefits is different from what we want after we get that information -- especially if the risks and benefits of the recommended treatment are compared with those of alternative treatments, or the option of no treatment. The exchange of personal and medical information that goes on in the shared decisionmaking process often helps patients discover what their preferences are -- what is really important to them. And that's a large part of what helps patients and their doctors decide on a plan of treatment.

Will questioning doctors' advice mean I don't value their professional judgment -- the judgment that causes me to seek them out in the first place?

Not if you believe that doctors' professional judgments should be informed by both their medical knowledge *and* relevant nonmedical knowledge about you that can only be discovered through conversation. By questioning and discussing recommendations, you are simply providing doctors with more complete sets of data to consider before arriving at their final judgments.

Will shared decisionmaking, based on both medical knowledge and relevant nonmedical knowledge about me ensure that things will turn out the way I want?

Unfortunately, there are no guarantees. There will always be a chance that a treatment's outcome turns out to be less than satisfactory. What shared decisionmaking does ensure is that you know, as best as you can, the possible outcomes (good and bad) of the treatment you've chosen.

Whose responsibility is it to initiate shared decisionmaking?

This question will undoubtedly spark much debate. It is the opinion of the *Review* that both doctors and patients share responsibility for initiating discussions but, *at this time*, doctors have a greater responsibility to do so. The historical authority of the physician makes it difficult for many patients to initiate discussions -- especially ones that might appear to question doctors' judgments. For this reason, doctors have a greater responsibility to invite discussions. At the same time, it seems to us that the claim, made by patients, of a right to make informed decisions also imparts a responsibility for them to seek information.

What if I just don't want to be involved in figuring out what I should do?

That is certainly your decision to make. The views presented above may not reflect your feelings on the subject. That is why each and every person should find their own answers to these and other questions about decisionmaking in healthcare. If you haven't already figured out what you want from your doctors, thinking about these questions may help you do so now. If you then share your expectations with your doctors, you will have taken an important first step towards building solid doctor-patient relationships.

¹Mark Holoweiko. "Good News -- the Pedestal is Gone." *Medical Economics* 75 (20): 54- (1998).

²Ibid

³Moira Stewart et al., "Evidence on Patient-Doctor Communication" *Cancer Prevention Control* 3(1):25-30 (1999).

⁴Angela Towle et al., "Framework for Teaching and Learning Informed Shared Decision Making," *British Medical Journal* 319 (7212): 766- (9/18/99)

⁵D. Carvel. "Patient-Partners May be Political Correctness Gone Too Far," *British Medical Journal* 319 (7212): 783 (9/18/99).

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