People today are deluged by healthcare information. They know they have treatment options, and they want to be involved in choosing the one that is best for them. However, according to a recent article by Steven Woolf et al., while information has never been so plentiful and the demand for it so great, our healthcare system is unable to help people make confident decisions.

In “Promoting informed choice: Transforming health care to dispense knowledge for decision making,” the authors explore why the demand for informed choice is growing and why the system, as it is now organized, can’t meet the demand. They provide a range of models that might help patients make good choices but conclude only a redesign of our healthcare system will significantly improve the quality of support available to people facing major health decisions. Knowledge transfer professionals, particularly anyone involved in patient-centred counselling, will find this analysis relevant as it focuses on their role as knowledge brokers in the care process.

A failing system in the age of informed consent

According to the authors, there are a number of reasons why patients no longer accept that the doctor knows best. First, cultural expectations have changed; consumerism encourages a more patient-centred approach to healthcare services. Second, the Internet has put the exploding number of treatment options, and their consequences, at a patient’s fingertips. Third, chronic disease is on the rise in Western society and requires a greater degree of self-management, which means patients have to better understand how to care for themselves.

Meanwhile, healthcare planners are more aware of the moral, economic and legal advantages of informed choice. They give more credence to patients’ personal values in choosing an intervention. And they are beginning to recognize that patients who are informed about possible complications and tradeoffs may choose less costly procedures and contest the quality of their care less often.

Despite a growing awareness of these factors, Woolf and his colleagues argue the healthcare system fails to deliver the help people need, particularly to those who need it most — those with literacy, numeracy and language barriers.

Part of the problem is that clinicians are strapped for time, frequently lack up-to-date data or counselling skills, or have difficulty distancing themselves enough to offer a balanced view of a patient’s options. Patients too are not always able, cognitively or emotionally, to process and screen the information they get to make confident, evidence-based decisions.
Potential solutions

The authors explore two different approaches to addressing the knowledge gap: better information resources; and information combined with individual counselling.

Decision-friendly information: Resources like decision aids, which are offered by several medical information clearing-houses, help people make decisions by bringing different types of evidence together — information about treatment options, the probability of various outcomes, and tools to help clarify values and weigh competing factors. These aids come in all shapes and sizes: from printed publications and audio and video guides to workbooks and decision boards. Research shows decision aids work; patients can study them, think about their preferences and return to their doctor for more discussion. Unfortunately, they require a high level of literacy, and their ability to personalize information is limited.

Information coupled with counselling: According to some experts, information needs to be coupled with counselling to be effective. The authors provide three different ways of doing that.

• **Counselling by clinicians **without informed-choice training: In this option, doctors refer patients to other staff for counselling. But because this staff seldom has counselling skills, the benefits to patients are inconsistent.

• **Counselling by clinicians **with informed-choice training: Clinicians trained in informed choice with developed communication skills can offer a powerful combination of counselling supported by knowledge of a patient’s history. On the down side, clinicians rarely benefit financially by using their time this way, so there is little incentive to do it.

• **Counselling by a trained third party:** This is the authors’ preferred option because it offers consistency, efficiency and quality control. In this approach, specially trained decision counsellors help patients understand their options and act as knowledge brokers between patients and clinicians. This new type of healthcare professional is still rare but does exist in some hospitals or external offices.

The need for system redesign to support informed choice

Ultimately, the evidence shows the success or failure of a given treatment is largely determined by what a patient understands. From this perspective, Woolf et al. argue the system needs to change to reflect that communicating with patients is equally as important as treating them. Their suggested changes include the development of services that link patients with the best resources and decision aids available, training for clinicians, and reimbursement schemes that reward longer appointments and use of decision counsellors.

This widespread transformation, the authors argue, can be justified on moral, economic and legal grounds. Morally, patients deserve to know more about their options and have their preferences taken into account. Economically and legally, more informed decisions generally result in less invasive, less costly and less frequently contested choices. There also may be little choice: the ballooning quantity of health information and treatment options will only heighten the need for system reforms. Knowledge transfer professionals figure prominently in this proposed rebalancing of our healthcare system.

Reference


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