

Slide 1: Addressing Tensions When Social/Family Support and Evidence-Based Care Collide

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Slide 2: A Constant Thought

“Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”

— Susan Sontag
in *Illness as Metaphor*

Slide 3: Making Decisions When You Disagree With the Doctor (1 of 3)

- Integrative medicine approaches
 - Since conditions such as chronic pain, depression, cancer, and gastrointestinal disorders are being successfully treated with integrative strategies, can caregivers create an atmosphere that encourages patients to raise questions of CAM use in the context of evidence-based health care?

Slide 4: Making Decisions When You Disagree With the Doctor (2 of 3)

- Second opinions
 - Usually the problem is that patients feel uncomfortable and disloyal when asking for a second opinion. How can caregivers make patients feel this is a viable and reasonable request and make sure the system covers it and enables it without feeling they are undermining the physician role?

Slide 5: Making Decisions When You Disagree With the Doctor (3 of 3)

- Siminoff’s conclusion: “Not all evidence-based choices are the right ones for all patients.”
 - The definition of evidence-based health care is the confluence of patient preference, evidence from well-designed research (preferably randomized controlled trials), and physician experience.
 - If these elements have been well explained and considered, shouldn’t the final shared decision be the “right one” for an individual patient?

Slide 6: Evidential Preferences and Who We Trust: Health Education and Decision Making (1 of 4)

- Anecdotes versus “mind-numbing statistics”
 - Anecdotes are powerful, but create a slippery slope away from evidence.
- There are ways to teach physicians how to explain risk, harms, and benefits.
- There are ways to engage patients in understanding the evidence behind them.

Slide 7: Evidential Preferences and Who We Trust: Health Education and Decision Making (2 of 4)

- Training, such as Project Lead the Way, is proof that lay people can acquire a sophisticated understanding of scientific concepts, develop critical appraisal skills, and contribute to the research enterprise and public education on health. The program asks provocative questions, keeps science grounded in solutions, and helps bridge the gap between science and the public to help patients make more informed choices.

Slide 8: Evidential Preferences and Who We Trust: Health Education and Decision Making (3 of 4)

Questions to ask when interpreting risks and benefits

- Risk of what?
 - Understand what the outcome is (getting disease, dying from disease, developing a symptom), and consider how bad it is.
- How big is the risk?
 - Understand the chance that you will experience the outcome. Explain the number of people with the disease, and always include “Out of how many?” to illustrate the chance of the disease. Also determine the time period of the risk (over the next year, 10 years, a lifetime).
- Does the risk information reasonably apply to the patient?
 - Is the information, message, advertisement based on people like the patient (people of similar age, sex, health)?
- How big is the change in risk?
 - Whenever discussing a change in risk (e.g., “42% lower”), always mention, “Lower than what?” In other words, “What happens to the patient’s risk if she does something versus not doing it?”
- Does the change in risk information reasonably apply to the patient?
- How does this risk compare to other risks?
 - Provide context so the patient can develop a sense of how big (o small) the risk really is.

Slide 9: Evidential Preferences and Who We Trust: Health Education and Decision Making (4 of 4)

“Women diagnosed with early stage breast cancer have a 98 percent 5-year survival rate.”

“Early breast cancer detection saves lives.”

- Why are risk statements like these misleading?
- What would give patients a better idea of the risks involved in breast cancer?
- How would you integrate the knowledge that there are many different kinds of breast cancer with different biological signatures and behaviors to give women a more realistic understanding of breast cancer risk?