

Patients say 'no thanks' to risky medical treatments

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A recent study suggests that increasing patient responsibility for making medical decisions may decrease their willingness to accept risky treatment options. Details of this proof-of-concept study appear in the December issue of *Arthritis Care & Research*, a journal published by Wiley-Blackwell on behalf of the American College of Rheumatology.

According to the Centers for Disease Control and Prevention (CDC) nearly 1.1 billion visits to physician offices and hospital outpatient and emergency departments were made in the U.S. in 2006. A novel approach to doctor-patient interactions has emerged where both a patient and health care professional share information and jointly decide on course of treatment for the patient. This approach called shared-decision making (SDM) has been used in clinical settings to improve the quality of care for patients. Past studies have shown that increasing patient participation in decision-making decreases utilization of risky procedures. Other studies indicate that risk perception is increased under conditions that emphasize choice.

Liana Fraenkel, M.D., M.P.H., from Yale University School of Medicine and Ellen Peters, Ph.D., from Decision Research enrolled 216 participants in their medical decision making study. A demographic profile of the subjects showed that 70% were Caucasian, 62% were female, and the mean age was 59 years. Participants attending outpatient clinic appointments were asked to view a video in which a physician described the availability of a new medication associated with a rare risk of a serious side effect.

Video A discussed a new medication to prevent heart disease where patients have the rare risk of developing jaw necrosis. Video B described a new medication to treat chronic pain where there was a risk of progressive multifocal leukoencephalopathy relevant to patients with rheumatic diseases. Participants were provided 2 consecutive sets of instructions following the video viewing. The first set of instructions was designed to minimize choice, "The doctor decides that you should take this medication and she writes you a prescription for it." The second set of instructions maximized choice: "The doctor tells you that it is completely up to you whether or not you take this medication and then asks you to make a decision."

"We found that highlighting the perception of having a choice increases patients' worry about the risks of adverse events and decreases their willingness to accept treatment," said Dr. Fraenkel. Results showed the willingness of patients to take the proposed medication was lower (mean \pm SD 4.2 ± 3.7 versus 5.3 ± 3.7) and their worry about the risk of the adverse event was greater in the high compared with the low involvement condition (mean \pm SD 6.1 ± 3.7 versus 5.5 ± 3.8).

"Clinicians should be aware that promoting increased patient responsibility for decisions involving their health care may be associated with lower uptake of risky procedures or interventions," advised Dr. Fraenkel

More information: "Patient Responsibility for Medical Decision Making and Risky Treatment Options." Liana Fraenkel and Ellen Peters.

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