

# Patients as decision makers: inevitable or impossible?

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The 1970s was a time to declare 'love not war' and to experiment with drugs and new concepts. It was inevitable that during this period new ideas emerged about the nature of professional medical practice. With the benefit of hindsight we now see that the interest in the medical consultation was connected to both the mood of that era and also to opportunities afforded by audiotape to analyse the interactions in more detail. The consultation moved from being an accepted, almost invisible, feature of professional practice to being a process that could be objectified, and moved to a stage where new models of professional practice could be advocated and debated. The arrival of video recording techniques provided added impetus. Since this time, clinical interactions have been analysed in increasing intensity and with a wider range of tools and methods [1, 2]. These studies have also revealed that the patient is typically not at the centre of the communication process. This paper describes this realisation and tracks a steady movement away from a professional practice based on paternalism towards the importance given to individual autonomy, to working with the increasing diversity of information sources and accepting that patients should and can act as decision makers. The paper argues that, taken together, these signals indicate our arrival at the difficulty of the post modern clinical consultation, where the contemporary condition of increasing diversity, contested evidence sources and informational fragmentation meet [3]. However, and by virtue of the same processes, technological solutions are gradually appearing that can help patients and support clinical practitioners trying to grapple with these challenges.

Attempted solutions have been twofold: firstly, to suggest that practitioners share decisions, communicate risk with patients and develop tools that help with the most time consuming part of involving patients: the exchange of information about harms and benefits and the exploration of personal value systems [4, 5]. Secondly, the development of decision support technology for patients and practitioners [6, 7]. For medical decisions with more than one reasonable option, patient participation in decision making is often necessary to optimally match management decisions with patient preferences. Patient decision aids are designed to facilitate shared decision making by helping patients and their physicians choose among reasonable clinical options.

The leading centres involved in developing and studying the impacts of decision support technologies are based in Boston, USA [8], Ottawa, Canada [9] and Cardiff, UK [10]. Perhaps the

future is based on a further modification of these innovations, on an electronic patient record that links individual patient data with personally specified and tailored decision technology support, where information could be viewed before, during and after consultations. It may also be necessary for the institution of medicine to accept that it has a responsibility to develop a different relationship with information production processes and with the media, to develop and market trustworthy sources of information that can be integrated into decision support technologies [11], use new channels to legitimise trustworthy sources and to go beyond traditional public health campaigns to find novel ways of involving patients in decisions. For clinicians, this poses the greatest challenge of all – to accept that the 'grand narrative' of medical paternalism has gone – and adopt the multiple roles of problem solvers, interpreters of symptoms, information navigators, and where relevant, facilitators of decision preferences in a the complex multi-authored context of the post modern consultation [12].

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