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From Antithesis to Harmony: A Synthesis of Evidence-Based Medicine and Patient-Led Decision Making

In medical decision making, patient-led decision making is the ethical norm and evidence-based medicine is the clinical norm. The first of these antithetical approaches emphasizes the patient's informed choice, the second underscores the clinician's expert recommendation. Although the two approaches are rarely discussed together, both are powerful and each has its place in decision making. This talk describes a model of decision making that synthesizes both.

The fundamental tenets of each approach are quite different.

Patient-led decision making is an ethical ideal. Informed consent was an early success story in the attempt to empower patients to make their own choices; in the informed consent model, the clinician presents a proposed treatment, explains that treatment and any alternatives, but leaves the final decision with the patient. This approach is taken further in the patient-led decision making model. Here, the clinician no longer presents one option as better than the rest. Instead, the clinician informs the patient of all appropriate alternatives, educates the patient about each, and enables the empowered patient to make the decision based on his or her own values and preferences.

Evidence-based medicine is a clinical ideal, one that stems from a radically different view of the clinical world. It assumes that there is one best choice for a particular clinical circumstance and provides a system to help the clinician identify that choice. While patient preferences are mentioned, the assumption is that the clinician will tell the patient what is best and the patient will understand and agree.

I will discuss the underlying characteristics of decisions and show that some are more suitable for one approach, some for the other. I will discuss the power of examples to persuade (or mislead), and show how apparently irreconcilable approaches can be harmonized. My goal is to give clinicians a systematic approach that they can use with patients.

For informed consent in particular, this model explains why, despite the rhetoric about informed consent promoting patient choice, sometimes there is no choice at all. Clinicians who understand this will be more comfortable with these forced choice situations.

The power of this model derives from an explicit consideration of the competing, but ultimately not conflicting, importance of evidence and patient values.