

illness is considered high or low risk. And, as we suggested earlier, also to ask what would happen if nothing immediate was done: how might the condition be monitored, and what would be the signal for action? Some doctors are relieved that patients don't want immediate treatment or tests. But other doctors fall into the labelling trap – label = disease = mandatory treatment – not realizing that the patient may be quite happy to wait and see if the problem gets better or worse by itself.

WHERE DO WE GO FROM HERE?

The issues discussed above – about individual concerns and values, about understanding statistics and how they apply to individuals, and about the concerns of extending effective treatments to increasingly milder degrees of disease – all speak to a need for better communication between patient and doctor, and between the health sector and the citizens it serves. So we will finish this chapter with the Salzburg Statement on shared decision making, which sets out an agenda for different groups to improve how we work together.^{6, 7}

Salzburg statement on shared decision making

We call on clinicians to:

- Recognize that they have an ethical imperative to share important decisions with patients
- Stimulate a two way flow of information and encourage patients to ask questions, explain their circumstances, and express their personal preferences
- Provide accurate information about options and the uncertainties, benefits, and harms of treatment in line with best practice for risk communication
- Tailor information to individual patient needs and allow them sufficient time to consider their options
- Acknowledge that most decisions do not have to be taken immediately, and give patients and their families the resources and help to reach decisions

We call on clinicians, researchers, editors, journalists, and others to:

- Ensure that the information they provide is clear, evidence based, and up to date and that conflicts of interest are declared

We call on patients to:

- Speak up about their concerns, questions, and what's important to them
- Recognize that they have a right to be equal participants in their care
- Seek and use high quality health information

We call on policy makers to:

- Adopt policies that encourage shared decision making, including its measurement, as a stimulus for improvement
- Amend informed consent laws to support the development of skills and tools for shared decision making

Why

- Much of the care patients receive is based on the ability and readiness of individual clinicians to provide it, rather than on widely agreed standards of best practice or patients' preferences for treatment
- Clinicians are often slow to recognize the extent to which patients wish to be involved in understanding their health problems, in knowing the options available to them, and in making decisions that take account of their personal preferences
- Many patients and their families find it difficult to take an active part in healthcare decisions. Some lack the confidence to question health professionals. Many have only a limited understanding about health and its determinants and do not know where to find information that is clear, trustworthy, and easy to understand