Question 2: Although patients might want to know if a
treatment ‘works’, suppose they don’t want all the details?
It is important to strike a balance between information overload
and depriving people of enough information to help them
make an adequately informed choice. It is equally important
to remember that a person may well need some information
initially and more later on as they weigh the pros and cons
needed to reach a decision. During a consultation, both doctor
and patient should feel satisfied that the patient has the amount
of information needed to go ahead and select, with the doctor,
what the current best course of action is. But it doesn’t stop there.
If, after spending more time thinking about things, the patient
has more questions and wants more details, the doctor should
help the patient find out what they might want to know, and help
clarify anything that is unclear.

Some choices involve difficult trade-offs; it may come down
to choosing the lesser of two evils. For example, in Chapter 4 we
discussed aortic aneurysm – the enlargement of the main artery
from the heart – which may develop fatal leaks. Major surgery
can correct the problem, but one or two patients per 100 will die
from the operation itself. So there is a trade-off between the early
mortality of the operation against the later risk of fatal rupture.
Long term, an operation is the better bet, but some patients may
reasonably choose not to opt for surgery, or at least delay it until
after an important event such as their daughter’s wedding. So
rather than diving blind into an ‘only hope’ solution, it is better to
weigh up the risks and their possible timing.

Question 3: Statistics are confusing – should patients really
have to look at the numbers?
The way that numbers are presented can be very daunting –
or even downright misleading. But if you really do want to
compare...