

## **Reviewer's report**

**Title:** Dual equipoise shared decision making: definitions for decision and behaviour support interventions

**Version:** 1 **Date:** 19 March 2009

**Reviewer:** Hilary Bekker

### **Reviewer's report:**

The authors have written an article that claims to propose new and separate definitions for interventions to help people arrive at high quality decisions and maintain behaviours which lead to improved outcomes. It seems to be written for physicians, a way of helping them understand the need for interventions to facilitate patient decisions and behaviours, and realise that there are differences in decisions and behaviours. There are a number of issues that need to be addressed:

1. it is misleading:

a) it suggests Annette O'Connor was the first to use the term decision aids. However, Stephen Pauker used decision analysis and talked about aiding decisions in practice in the 1980s, and Richard Lilford and Jim Thornton in the early 1990s. More importantly, behavioural scientists have been using the term decision aids for around 50 years - a technique to facilitate decision making and de-bias the environment, and been applying it to health for about 30 years.

b) It suggests that the issues the authors are raising are new. In fact, many issues have been discussed in previous publications from other authors, including a broader description of decision aids in Bekker's 1999 HTA Review of 547 interventions that 'supported' patients' decision making.

c) It suggests that it is only recently people are realising there is a difference between health behaviours and decisions. Actually the interest in decisions is the 'new' application emerging from about 15 years of interventions to understand and change patient behaviour - an area of work that is still being developed in parallel with the work on decision aids.

2. it is doctor-centric:

a) the patient decision is defined from a clinical perspective - a point where there is clinical equipoise rather than a person having to make a decision. This is possibly OK if dumbing down the complexity of these issues for those 'in the field' who need a snapshot of the area but the point of the article then needs to make this explicit.

b) the patient is portrayed as being passive in health and illness until recently. Patients have always 'behaved' and made 'decisions' about their health and illness it is only recently that medical education has acknowledged this.

3. it is a-theoretical:

Without being aware of the theoretical underpinnings of 'behaviour' or 'decisions' and acknowledging the needs of interventions to facilitate these issues, any definitions produced are not going to be able to be operationalised and/or useful in driving the next phase of development / integration in this area.

**Level of interest:** Reject as not of sufficient priority to merit publishing in this journal

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.