

## **Author's response to reviews**

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

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**Author's response to reviews:** see over

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

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### **Responses to reviewers**

Volk's critique:

We are grateful to Volk for recognising that this is a timely article, in that there is a need to draw a distinction between tools which are fundamentally 'persuasive' from those which are designed to guide a neutral deliberation process.

Volk's main point is that we should make greater emphasis on how should 'equipoise' be recognised, by both patient and clinician. We agree and have amended the text as follows:

*Yet we need to immediately recognise that the acceptance of 'equipoise' remains one of the most difficult issues in medical practice and for patients to comprehend. The decision for a man to be tested for the prostate specific antigen is accepted to be preference-sensitive and where decision support interventions are advocated here [1-3]. But in practice, neither patients nor medical practitioners act accordingly: the public perception, abetted by media campaigns, seldom if ever promotes the concept of equipoise around this decision and so the role of decision support interventions, their provenance, and their promotion becomes even more controversial and vital in determining the best course of action.*

Volk also suggests that we make wider reference to the difference between effective and preference-sensitive care. We agree and have added reference to the work of the GRADE Working Party. The GRADE classification is particularly important, signaling the way for the need for decision support where the evidence quality leads to 'weak' rather than 'strong' recommendations. .

*Guyatt GH, Oxman AD, Vist G, Kunz R, Falck-Ytter Y, Alonso-Coello P, and Schünemann HJ for the GRADE Working Group, Rating quality of evidence and strength of recommendations GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ, 2008. 336: p. 924-926.*

Other changes are made to wording around mastectomy mortality equivalence.

Bekker's critique:

We thank Bekker for raising the three issues and they are helpful in that they guide us to address misunderstandings. We note that Bekker does not really have any argument with

the thesis – that interventions to address behaviours versus decisions are different and require different conceptualisations.

1. That the article is misleading. I don't think we are misleading the reader – our contention that decision support interventions designed for use by patients have only really been in place for the last decade stands up to scrutiny and cannot be contested. However, we cite Bekker's review, and add the contextualising comment that that: *Although interventions to support decision making have been developed in decision science for over 50 years, it is only over the last decade or so that we have seen a significant interest in interventions specifically designed for patients.*

2. That the article is doctor-centric. We also disagree with Bekker that this article is doctor-centric. We of course accept that people make decisions regarding their own behaviour when it comes to enacting decisions – adherence to medicines etc. Indeed, the low adherence rates found are probably a reflection of such low shared decisions – i.e. of actual willingness to see the need for medical regimes. Our contention is that the move to design decision support interventions is part of a shift in medicine to accept that patient preferences are a key component – and one which was not previously well accepted. We do not think this is a doctor-centric perspective. We think this is a statement of the cultural shift in society that accepts that a more democratic relationship should be in place between professionals and their clients. The fact that a power dynamic, an asymmetry exists, cannot really be contested and it is in the professional gift to allow a shared decision making encounter to be facilitated and for decision interventions to be introduced. To make this clearer we have amended the sentence:

*At the heart of this shift is the recognition that decisions in medicine need to accommodate two key issues that reflect societal shifts in how expertise is viewed.*

And recognise this issue by inserting the following sentence:

*Medical practice is increasingly recognising patient agency as one of the most important factors.*

3. That the work is a-theoretical. We do not agree with this statement. Elwyn, working with Durand, has reviewed the theories so far used in the design of decision tools and has found that the whole field is struggling to find theory useful [4]. Some theories are capable of informing some decision support components – i.e. there are cognitive theories which inform discrete decisions – but the important point in our view is that behavior support interventions will need to draw from a different group of theories, namely theories of behavior and behavior change. We have clarified and expanded this point in our paper to make this distinction clearer than it was in the initial version of our manuscript, however to address these theories in detail is beyond the scope of this paper. .

1. Evans R, Edwards A, Elwyn G, Watson E, Austoker J, and Grol R, *'It's a maybe test': men's experiences of PSA testing in primary care*. BJGP, 2005. In submission 2006.
2. Frosch DL, Bhatnagar V, Tally S, Hamori CJ, and Kaplan RM, *Internet patient decision support: a randomized controlled trial comparing alternative approaches for men considering prostate cancer screening*. Arch Intern Med, 2008. 168: p. 363-9.
3. Evans R, Edwards A, Brett J, Bradburn M, Watson E, Austoker J, and Elwyn G, *Reduction in uptake of PSA tests following decision aids for patients: systematic review of current aids and their evaluations*. Patient Education and Counseling, 2004. 58: p. 13-26.
4. Durand MA, Stiel M, Boivin J, and Elwyn G, *Where is the theory? Evaluating the theoretical frameworks described in decision support technologies*. Patient Educ Couns, 2008. Jan 30; [Epub ahead of print]