Reviewer's report

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

Version: 1 **Date:** 20 March 2009

Reviewer: Robert Volk

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This manuscript presents arguments for differentiating preference-sensitive decisions from those characterized by effective care where there is one optimal option. The manuscript further differentiates decision support interventions – those appropriate for preference-sensitive decisions – from behavioral support interventions that recommend specific actions and lead to predictable outcomes. This is an important and timely discussion as patient educational interventions which are fundamentally persuasive are increasingly being described as decision support tools, including tools for chronic disease management.

Major Compulsary Revisions:

1. The concept of dual equipoise is offered as defining a preference-sensitive decision, where both the health care professional and patient agree that equipoise exists. Equipoise on the part of the clinician is based on objective assessment of the evidence. In a sense, this seems to be objective equipoise. For the patient, it is argued that equipoise must also exist for a decision to be preference-sensitive.

The main challenge with this conceptual distinction is despite objective evidence that the decision is one of equipoise, neither the clinician or patient may see it that way. There is substantial evidence that clinicians do not follow guidelines where preference-sensitive decisions are recommended (eg, screening for prostate cancer without discussing harms and benefits with patients). Similarly, patients may have strong preferences for a screening/treatment option without any understanding of the inherent uncertainty. For the clinician and patient, subjective equipoise may be quite different from dual equipoise determined by the scientific evidence. Yet, these situations are also appropriate for preference-sensitive decision making although the task may be far more difficult. The discussion might be extended to consider these situations, arguing for the role of preference-sensitive decision support tools and the unique challenges when either the provider or patient see no uncertainly in determining the course of action.

Minor Essential Revisions:

1. The distinction made between preference-sensitive decisions and effective care is similar to some of the arguments made by Whitney (Annals of Internal Medicine 2004; Medical Decision Making 2003 and 2008), where decisions are

classified by the number of choices (1 vs 2 or more) and whether the decision is preference-sensitive. Decisions are also described along dimensions of certainly (an evidence-based dimension), importance, and degree of risk for the patient. Some discussion of these similar models would strengthen the presentation regarding previous conceptual work.

2. In the first full paragraph on page 5, it should be clarified that only the mortality outcomes of mastectomy and breast conserving surgery for early stage breast cancer are equivalent. The sentence “Health professional recognize this decision as one where the outcomes are to a larger or greater extent equivalent…” should be modified to indicate the mortality outcomes are equivalent. Quality of life and the patient’s experience with the two treatments are very different.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests' below.