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Letters

Patients' preferences need thinking through for the NHS

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EDITOR—Kennedy comments that a mature culture will settle on sharing power and responsibility, on a subtle negotiation between professional and patient about what each wants and what each can deliver.¹ But how will clinicians and health policy makers react to patients who want the least effective treatment, which may also be less cost effective for the health service in the longer term?

That this scenario could arise is indicated by the results of our pilot survey among patients with angina of their preferred treatment for coronary artery disease. Patients' views on the range of invasive to less invasive treatments were diverse. However, although surgical treatments (such as coronary bypass surgery) were generally perceived as effective, they were also described by respondents in negative terms, such as invasive and frightening, and were to be avoided altogether or delayed until they became unavoidable (until the condition becomes life threatening). This attitude was particularly prevalent in women and in older patients (aged 75 and over).

A larger study, including modelling the results on healthcare costs and outcomes, is required next, but the consequences for the NHS of large numbers of patients opting for treatments other than those that are clinically indicated need thinking through.

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The following are coauthors of this letter: Shah Ebrahim, professor of epidemiology of old age, Department of Social Medicine and MRC Health Services Research Collaboration, University of Bristol; Richard Thomson, professor of epidemiology and public health, School of Population and Health Sciences, University of Newcastle on Tyne; and Michael Laurence and Jamie Dalrymple, general practitioners, Norwich.

Footnotes

- Competing interests None declared.

References

1. Kennedy I. Patients are experts in their own field. *BMJ* 2003; **326**: 1276–7. (12 June 2003.)