Society For Risk Analysis Annual Meeting 2016
Session Schedule & Abstracts

W4-F
Health Risk Assessment and Decision Analysis
Room: Nautilus 1 3:30 pm–5:10 pm
Chair(s): Yun Lu Yun.Lu@fda.hhs.gov

W4-F.1 3:30 pm From evidence based to preference based medicine. *Eisinger FA*; Paoli-Calmettes*
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Abstract: After years of authoritative decision making by presumed knowledgeable doctors for uninstructed patients, followed by the reign of Evidence Based Medicine (EBM) used by doctor to pave a therapeutic way with the patient, we are now facing the emergence of "preferences based medicine" where patients feel sufficiently informed to make their own decision. The emergence of EBM was, not only a shift from intuitive decision making toward more scientifically approved decisions, but also affected the doctor-patient dynamics, moving from a paternalistic physician toward a shared decision. Indeed three "actors" take part in the medical decision process: the patient, the physician and the "knowledge system». Until the early nineteens physicians were entitled to make decisions based on their acquired experience. Later knowledge production shifted from case reports (experiential) towards comparative prospective surveys (experimental).
Besides this evolution of knowledge production and access we also face a sociological transformation of the legitimacy of the medical choices. There's a growing modification of the current balance between the doctor and the patient as the 'knowledge system' can be directly accessed by virtually anyone; moreover, there's conversely the emergence of direct-to-patient marketing. Patient empowerment moves what constitutes the right decision from being based on "why" one should do something towards "who" shall decide. It is now widely accepted and promoted that the person seeking treatment should decide if and which one he wants.
It is easily acceptable when options lead to small outcomes' differences, but may be harder to accept when the patient choose counterproductive interventions. To help increase preparedness for the emergence of this preference based medicine, we must first address three issues: Who is the owner of the body? Is a health a good like any other? In countries with a collective funding is there a collective voice for decision making?