

Values-based practice in breast surgery: an innovative approach to clinical decision-making



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Introduction:

Clinical decision-making in breast surgery may be influenced by the values of many different people: the patient, their friends and family, clinicians, members of the multidisciplinary team, society or the Trust.

Evidence-based practice enables us to make a clinical decision based on the best available evidence but evidence may be equivocal, not applicable to an individual situation or simply not exist.

We assume that we know what patients value: breast conservation; aesthetics; life. However, values-based practice encourages us to recognise our own values and their role in our clinical decision-making and then to ask our patients 'What is important to you?'

Practical exercise:

You are diagnosed with a fatal disease. NICE recommends two treatments:

Treatment A: this offers you a 50/50 chance of 'kill or cure'.

Treatment B: the disease will be in remission for X months or years, after which you will die from it.

Question:

how long would X have to be in order for you to choose treatment B over treatment A?

Our results:

Amongst a group of similar individuals, answers varied from 18 months to 25 years. Within this group, we had assumed that we had similar professional and personal values due to shared professional and personal backgrounds.

If our answers within a group of 20 similar-minded individuals varied to such a degree, how much variation might there be in our patients' values and what they want?

The exercise above shows how VBP should work *with* evidence-based practice and is not an alternative to evidence-based practice.

Discussion:

We often assume we know what our patients value: survival; morbidity; aesthetics. Pressurised clinics and the role of pattern recognition in medicine contribute to our assumptions. We also make assumptions about the values of our colleagues, the Trust and society.

However, our seminars have demonstrated that, even within a group of similar individuals, values vary significantly and lead us towards different clinical decisions.

Values-based practice (VBP) is a novel means of clinical decision-making that we have introduced to surgery for the first time through a series of seminars and workshops.

Methods:

The Values-Based Practice in Surgery group has delivered a number of seminars in various surgical specialties, including Breast, Plastics, Vascular and ENT.

Consultants, trainees, multidisciplinary staff, medical students, patients and relatives were invited to the seminar on breast surgery. A series of exercises asked attendees to identify their values in certain situations. The VBP framework was applied to case studies to highlight how we can explore values in our own practice to aid decision-making.

Attendees were asked to provide online, anonymous feedback following the seminar, including as to whether they thought that the seminar would change their clinical practice.

Conclusion:

Ask your patients (and your colleagues) 'What is important to you?' – you may be surprised by the answer.