



**Carolyn O'Shea**

MBBS, FRACGP, MMed, is Associate Medical Editor, Australian Family Physician, Senior Lecturer, Department of General Practice, Monash University, and a general practitioner, Greensborough, Victoria.

# In the eye of the beholder

■ **Risk is an individual business. Some people see skydiving as safe, thrilling and enjoyable; I see it as the stuff of nightmares! What about plane versus car travel? Is it more risky driving to the airport or getting on the plane? What do the figures show? What does our gut say? Why do we have these ideas? Part of the answer to these questions lies in what we hear about.**

A USA study analysed the summer hazards identified in an article published in the *New York Times*. The study reported that there were about the same number of USA news articles on the hazards of skin cancer and snake bites. Skin cancer had 102 news articles, annual odds of dying due to skin cancer: one in 29 500; there were 9559 deaths; meaning there was 0.01 article per death. Snake bites had 109 news articles, annual odds of dying from a snake bite: one in 19 300 000; there were 15 deaths; meaning there were 7.46 articles per death.<sup>1</sup> Given the information we receive, no wonder perceptions are not always based on facts.

Why is risk perception important for doctors to understand? Because risk and choice are intertwined. When we aim for patient centredness and informed choice, information on risk needs to be part of that process. Cancer screening, the theme of this issue of *Australian Family Physician*, is an area where risk is relevant.

There are a number of ways that risk communication has been observed to go wrong such as ambiguity, vagueness, underspecificity, or combinations of all these.<sup>2</sup>

So given the same set of data, why do we see the same issue differently? There are many reasons for this. Wang<sup>3</sup> proposed a framework based on research from the field of psychology. One element is framing – people make different selections dependent on whether it is a sure bet or a gamble. Framing in the positive and negative also influences us. The one in 1000 chance of benefit sounds a better choice than the 999 in 1000 chance of no effect.

A novice also makes different decisions on the same data as an expert, who brings with them their previous knowledge and experience. Choices can also be ambivalent such as, 'Neither appeals, I suppose I will read' or decisive, 'I want to finish this book' – the ambivalent choice is more susceptible to influence, such as discovering your friends are going to the movies and following the herd.

Choices can also be emotional or rational. A patient with a needle phobia may select the least effective, but only oral option, and cannot be moved by evidence, as the only critical issue is the absence of needles. The person who assessed all the evidence and then made a decision can be moved by new evidence to reassess their choice.

How we weight all of these is also influenced by our numeracy skills. Highly numerate people are more influenced by numbers. Less numerate people's decisions are more influenced by emotional and previous knowledge, experience and beliefs when making decisions.<sup>4</sup>

So how can we include this knowledge in our day-to-day practice? Practical suggestions include – when using similar populations when describing risk – communicating clearly, framing risks in both the positive and negative, and being aware of both rational and emotional elements of risk perception.<sup>3</sup> It is also important to realise that there is not a 'one size fits all' perception of risk, which is at the heart of being patient centred – familiar ground for general practitioners.

In this issue of *AFP*, the article by Emery and colleagues helps us proceed when the patient tells us: 'There's cancer in the family'. Foreman provides us with information about the current bowel cancer screening program, and who it will miss; and Trevena's article discusses issues around screening and choice, and includes research evidence that decision aids that allow patients to make a more informed choice do not decrease participation in cancer screening programs in Australia. She reports on the pragmatic idea of 'consider an offer', which may be the practical answer to individual differences in risk perception and choice.

## References

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