Reducing Unwarranted Variation in Clinical Practice by Supporting Clinicians and Patients in Decision Making

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Abstract

Variation in clinical practice in seemingly similar populations of patients has been described for more than seventy years. International collaboration to increase understanding of the sources of practice variation and respond constructively have spawned efforts to expand and better manage professional knowledge, and to elicit and accommodate the personal knowledge of patients about what matters most to them when they face medical decisions under conditions of uncertainty. The approach, which has come to be known as shared decision making, can move us toward assurance that patients receive the care they need and no less and the care they want and no more. The use of decision aids to support shared decision making can effectively address the limitations in statistical thinking among clinicians as well as patients and thereby help establish informed patient choice as a standard of practice and improve the quality of medical decision making and the efficiency of health care.

When Geography Is Destiny

In 1938, J. Allison Glover reported on the incidence of tonsillectomy among school children in England and Wales (Glover 1938). He meticulously documented peculiar increases and decreases in rates over the preceding 15 years as well as unexplained differences by age, gender, and social status. Most striking was a tenfold variation in tonsillectomy from one region to another. To explain these “strange bare facts of incidence,” Glover hypothesized that the conspicuous success of the operation in the occasional case had led to its adoption in many more doubtful cases, and he endorsed the earlier conclusion of a report from the Medical Research Council that there was a “tendency for the operation to be performed…for no particular reason and for no particular result.”