HEALTH BASICS

Wise health decisions

Wise health decisions compare reliable evidence with your needs, goals, and preferences.

WHAT IT IS
A practical way to compare health care choices

WHERE IT COMES UP
Tests, treatments, screening, medicines, and care planning

WHY IT MATTERS
Helps choices fit evidence, goals, and acceptable trade-offs

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Clinician, pharmacist, or relevant health service

HOW IT IS CHECKED
No single test; review the decision and its evidence

Overview

A wise health decision is an informed choice about your care. It brings together the best available medical evidence, the clinician's knowledge, and what matters to you.

This is not a disease or diagnosis. There is no single "wise" answer for every person. Two people with the same health condition may reasonably make different choices because they have different goals, responsibilities, beliefs, or tolerance for side effects.

Wise care does not always mean choosing less treatment, the cheapest option, or the newest option. It may mean starting treatment promptly, choosing between treatments, waiting while monitoring a problem, or deciding against a test that is unlikely to help.

Many choices are suitable for shared decision-making . This means you and a clinician discuss the reasonable options and make a choice together. Some situations allow time to think or seek another opinion. Emergencies may require action before a full discussion is possible.

How it works

A health decision usually starts with a clear question. For example: Should I have this screening

test? Do I want to start this medicine? Is surgery or non-surgical care a better fit for me?

The next step is to identify the reasonable options. These may include treatment, a different treatment, or monitoring without immediate treatment when that is medically safe. "Doing nothing" can mean different things, so ask whether it involves planned follow-up, repeat testing, or action if something changes.

Each option can then be compared by looking at:

Risk numbers can be presented in misleading ways. Ask for absolute numbers , such as how many people out of 100 are affected. A change from 5 in 100 to 3 in 100 is an absolute decrease of 2 in 100. Saying the risk fell by 40% describes the same example but may sound much larger.

The time period also matters. A benefit over ten years is different from a benefit expected within weeks. Ask whether a number describes people like you and whether it refers to avoiding a test result, an illness, hospital care, or death.

Your priorities complete the decision. You may care most about symptom relief, independence, avoiding certain side effects, reducing future risk, fertility, pregnancy, work, caregiving, or the number of appointments required. These are legitimate parts of medical decision-making.

- Likely benefits and how soon they may occur
- Possible harms, side effects, and burdens
- What may happen without the test or treatment
- How certain the evidence is
- How well the evidence applies to you
- Cost, travel, recovery time, and effects on daily life

Why it matters for your health

Tests and treatments can offer benefits, but they can also cause harm or lead to further care. A clear decision process helps you understand both sides rather than focusing only on the hoped-for result.

It may also help you set realistic expectations. A treatment may reduce risk without removing it, while a test may lower uncertainty without giving a definite answer.

Your preferences can affect whether a plan is practical. A medically reasonable option may not work well if you cannot take it consistently, attend repeated appointments, afford it, or manage

its effects on daily life. Raising these concerns is part of good care, not a failure to follow advice.

Decisions may need to be revisited. New symptoms, test results, evidence, life circumstances, or goals can change the balance between benefit and harm.

What can go wrong

Incomplete or poorly explained information can make comparison difficult. Medical language, rushed appointments, inaccessible materials, or lack of an interpreter may prevent you from taking part fully.

Information can also be framed in ways that influence your choice. Hearing that a treatment helps 90% of people may feel different from hearing that it does not help 10%, even when both statements describe the same result.

Tests can produce false-positive results , which suggest a problem that is not present, or false-negative results , which miss a problem. Screening may also find an abnormality that would never have caused harm. This is called overdiagnosis . It can lead to more tests or treatment without improving health.

Scans sometimes find unrelated changes called incidental findings . Some need investigation, while others do not. Ask what follow-up is recommended and what uncertainty remains.

Medicine decisions can be affected by interactions, duplicate ingredients, allergies, pregnancy, kidney or liver problems, and the use of non-prescription products. A pharmacist or prescribing clinician can review an up-to-date list of everything you take.

Routine follow-up is appropriate when you need more information, want to reconsider a stable plan, have a non-urgent concern, or notice a mild side effect without rapid worsening. Ask when and how the decision should be reviewed.

Do not delay emergency care to research options or wait for a routine appointment. Call your local emergency service for severe trouble breathing, loss of consciousness, signs of stroke such as sudden facial drooping or difficulty speaking, severe chest pressure, or a severe allergic reaction involving breathing or collapse. Seek urgent medical advice for rapid deterioration, a serious medicine reaction, or symptoms your care team told you require prompt assessment.

What you can do

Before an appointment, write down the decision you believe you are facing. Note what you hope to achieve and what concerns you most. Bring a current list of medicines, supplements, allergies, diagnoses, and relevant test results.

Useful questions include:

For a screening test, ask what condition it looks for, who is most likely to benefit, and what happens after a positive or unclear result. Ask about false-positive and false-negative results.

For medicines, ask what the medicine is intended to do, how you will know whether it is helping, and when it should be reviewed. A pharmacist can check for duplicate ingredients and interactions. Do not stop a prescribed medicine suddenly unless a clinician has advised this or emergency instructions tell you to do so.

A patient decision aid is a tool that compares options using evidence and helps you consider your preferences. Use one produced or reviewed by a reputable health service, government body, professional organization, or academic centre. A decision aid supports a conversation; it does not replace individual medical advice.

If the choice is complex or preference-sensitive, you can ask for time to think, written information, an interpreter, or a second opinion. You can also bring a trusted person, with your permission.

There is no test that proves a decision is wise. Keep a brief record of the options discussed, the reasons for your choice, unanswered questions, and the planned review date. If there is only one medically reasonable option, ask why alternatives are unsuitable.

- What are my reasonable options, including monitoring if safe?
- What benefit could each option provide, and over what time?
- Can you explain the benefit and harm in absolute numbers?
- What are the common burdens and important possible harms?
- What is likely to happen if I wait or choose no treatment?
- How certain is the evidence, and does it apply to me?
- What follow-up would each option require?
- What changes would need urgent or emergency care?

Common questions

Does shared decision-making mean I must decide alone?

No. You can say how much involvement you want. You may ask a clinician for a

recommendation and still discuss the reasons, uncertainties, and how the option fits your priorities.

Is the newest treatment usually best?

Not necessarily. A newer option may offer advantages, but it may also have less long-term evidence, different side effects, or higher costs. Ask what is known compared with established care.

Can I change my mind?

Often, yes. Some decisions are reversible, while surgery and certain procedures may not be. Ask when a decision becomes difficult or impossible to change.

What if evidence is uncertain?

Ask what is known, what remains uncertain, and whether waiting for more information is safe. Your comfort with uncertainty may influence the choice.

Should cost be part of the discussion?

Yes. Costs, insurance coverage, travel, missed work, and caregiving demands can affect whether a plan is realistic. Ask whether medically reasonable lower-cost options exist.

Sources

- National Institute for Health and Care Excellence. Shared decision making . NICE guideline NG197, 2021.
- Agency for Healthcare Research and Quality. The SHARE Approach: A Model for Shared Decisionmaking .
- US Food and Drug Administration. Communicating Risks and Benefits: An Evidence-Based User's Guide , 2011.
- US Preventive Services Task Force. Grade Definitions and Suggestions for Practice .
- National Academies of Sciences, Engineering, and Medicine. Improving Diagnosis in Health Care . National Academies Press, 2015.