“Dear neurologist, that’s not my spine. That’s a model on a table.”

How contextual factors contribute to decision making

Wieteke van Dijk, Phd. Candidate

Radboudumc

Wieteke van Dijk, MSc.
Marjan Faber, PhD.
Marit Tanke, PhD.
Prof. Gert Westert, PhD.
Prof. Patrick Jeurissen, PhD.

wieteke.vandijk@radboudumc.nl

Introduction

- Sciatica is a common back problem
- Treatment options are conservative treatment and surgery

- The Dutch trajectory for patients with consistent sciatica complaints:

- *What arguments are important in this aggregate decision?*

Results – summary

- Patients accept the ‘mechanical’ definition of their problem

- However, professionals and patients differ when it comes to:
  - Problem understanding
  - Diagnostic certainty
  - Perspective on time

- They reach agreement with the help of ‘non-clinical’ arguments:
  - Pain
  - Labour demands

Problem understanding

- Physicians and patients share a language on definition and diagnosis of sciatica

  “Trouble is, if you look at the entire process, like you say, of the therapist and neurologist, GP and neurosurgeon, there will undoubtedly be one practitioner who says: ‘It's a hernia’. While the neurosurgeon might say ‘That's a small bulge to me. I do not call that a hernia.’ ” (NS4)

(Translated from Dutch)

Diagnostic certainty

- Physicians prefer to rely on clinical diagnosis, patients prefer proof of it

  "Assessing whether it is a hernia [without a scan] is only speculating, of course. A scan says more than speculations. And that photo definitely showed that a bulge pushed against the nerve. Yes, very simply, any specialist can see and say that kind of radiating pain relates to that level." (P1)

(Translated from Dutch)

Shared arguments

- Physicians and patients find agreement with arguments about pain and labour demands, but do not value them equally important

  “I thought ‘well, okay, yes you can look at it that way as well’. I will just call my work: ‘guys, I’m not doing well, you will see me in about three months, or something’. So, um, well, that was a severe disappointment, as you can imagine.” (P11)

  “Yes, well, that’s the handicap of pain, it’s subjective.” (H2).

(Translated from Dutch)

Conclusions

- This study illustrates that treatment decisions are not only clinical but highly contextual and personal
- Individual patients and physicians are influential, and find each other in the management of the personal situation

- Social/societal arguments can drive medical decisions
- Overmedicalisation and overtreatment happen in a contextual setting


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Methods

- Semi-structured in-depth interviews (32) with:
  - Sciatica patients (10)
  - General practitioners (7)
  - Neurologists (6)
  - Neurosurgeons (6)
  - Physiotherapists (3)

- Thematic analysis, using Atlas-ti