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Editorial

What do patients really want?

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Those who read the research on the outcomes of treating back pain would be all too familiar with a finite number of outcome measures recommended by expert researchers in the field.[1] These include pain scores, measures of disability such as the Roland–Morris Disability Questionnaire, and measures of general health status and satisfaction with care. From these measures 'minimum clinically important differences' can be derived to define the threshold for clinically significant changes and thereby the success or failure of the intervention, at least in the eyes of the researcher. However to the individual patient, this threshold has little meaning or relevance. What is it that matters to them? What is it that they really want or expect from clinicians whom they consult for their back pain? This question should be of interest to physicians who are keen to build rapport with their patients and thereby improve patient outcomes. Fortunately, there is a growing body of research that helps to answer this question.

It may be no surprise to clinicians that most of all, they want pain relief. This is what motivates them most to seek treatment.[2,3] In patients still at work, functional improvement is rated second in importance followed by increase in strength and range of movement, acquired knowledge, a positive shift in attitude. However in patients out of work, returning to work comes second after pain relief in their expectations of treatment.[3] The extent of pain relief required by patients undertaking demanding injection treatments becomes quite low as the pain becomes very chronic – as low as 1% improvement with a median improvement of only 25%.[4]

A high priority for patients is to be treated with respect.[2] They desire an accurate diagnosis and for this to be explained clearly and confidently. This helps legitimize their pain. Patients believe that adequate physical examination and investigations are needed for them to gain this confidence. How often have we heard our patients complaining about the previous doctor that 'He didn't even examine me!' Although the limitations in the reliability and validity of the musculoskeletal examination are well documented,[5] physical examination is very important for the doctor's credibility.

There is a tension between guidelines which recommend more judicious use of investigations and patient expectations of more investigations and information. Patients with low back pain often expect X-rays. Those who do not order investigations for low back pain do so at their own peril, even though pain and function outcomes are either no different or slightly better when X-rays are taken.[6,7] However, satisfaction and depression levels are slightly worse without X-rays. This tension needs to be managed with careful explanation. What is needed here is extra time in educating the patient to reduce the expectation of X-rays.[8]

However, there is also considerable dissatisfaction with failure of diagnostic tests to explain their pain as they feel their pain is not validated.[9] Patients want to be believed and to be listened to. Patients want certification of their disorder or pain as social legitimization of their inactivity. Pain cannot be easily seen.

They expect clear advice about management and for this management to be comprehensive.[2] This is often not the case. Many, but not all, want involvement in decision-making processes.[10]

This issue includes a most interesting and important paper by Amonkar and Dunbar on the differences in perceptions between patients and doctors about the management of low back pain. This strongly supports the existing evidence that patients value physical examination, X-rays, and specialist referral much more highly than their general practitioners do. This is a salutary reminder to doctors to understand their patients' beliefs and expectations if they wish to reduce their risk of having disgruntled and maybe even litigious patients.

Other notable papers in this issue provide insights into how doctors perceive guidelines for the management of patients with low back pain and the evidence base for ultrasound therapy for soft tissue injury and 'exercises for rotator cuff/impingement problems. Read on!

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