

Editorial

PERCEPTIONS MAKE A DIFFERENCE. We all have perceptions based on information at hand, our gender, education, culture, history, values, likes and dislikes. Based on our perceptions, we formulate opinions and make decisions (or don't make decisions) that affect us and others around us. Our perceptions influence everything from our personal matters such as our friends and partners to purchasing decisions, to our health and even who we vote for in public office.

Related to health, perceptions impact our reactions to clinician advice, diagnosis and treatment decisions and our ability to communicate what we need and desire. Likewise, the perceptions of health care providers impact the decisions they assist us to make regarding our care. There are countless articles on "perceptions" of care and how perceptions have an impact on decision making and outcomes. Results from a study on African American perceptions of clinical care conveyed that the majority of people wanted the clinician to know them as a person and that through better awareness and insight, the doctor would be able to communicate better and give more personalised advice for treatment. Thus, they wanted "relationship-centred care" and for clinicians to acknowledge "one's sense of personhood".¹ Another study looked at perceptions of treatment decisions for cancer patients and found that many patients gather information from formal and informal networks yet they rely heavily on direct information from doctors.² A further study looked at shared decision making in clinical practice and found that there are barriers and facilitators. Barriers included time constraints as well as a doctor's perception of a lack of applicability due to patient characteristics and the clinical situation. The facilitators for shared decision making were a clinician's motivation to include others and realising a positive impact on the clinical process or patient outcomes.³ A study researching adolescents and parents perceptions of shared decision making discovered that the majority of both adolescents and parents pre-

ferred passive decision making compared with active or shared decision making.⁴ Regardless of whether an individual patient or family wants an active part in decision making for care treatment, it is important to gauge needs, values and preferences. Without this foundation, the perceptions people have are often misguided. This also applies to health professionals who must acknowledge the impact of their own perceptions and others'.

If we accept that our perceptions have a large impact on the decisions we make, it is not surprising that the leader of the United States of America, Barack Obama, was voted into office late last year. The common perception (at present) is that he is an individual with worldly experience offering hope to a nation full of challenges including a global economic crisis, a war that has not been won and, not to mention, a country which has about 40 million people without basic access to health care. Time will tell whether he will make an impact in these crises and a host of others. Utilising the "perception" theme, the Models of Care article for this issue of AHR looks at two American health insurance plans and compares them on a range of factors and then examines which factors are similar to the Australian system. The article is entitled "Becoming Australian? Two different approaches to health care reform in the United States" by Roydhouse (*page 303*). A range of funding models is being proposed in the USA amidst an increased number of people without health coverage and an ever-growing national deficit. The author points out similarities among the two countries, including vocal medical groups and a long history of private insurance, that impact future reform. Current discussion taking place puts the USA a step closer to universal coverage within a mixed public/private system, but there is considerable reform to occur before that could be realised. Many people in Australia consider the USA's system as "frightening" (as the author puts it). This is certainly a common "perception"

of many people here. However, there are aspects of all systems of care which can be useful for comparison. With the current health care reforms taking place in the USA and Australia (with the recently released National Health and Hospitals Reform Commission interim report entitled "A healthier future for all Australians"), we would be wise to base our perceptions on a range of factors. Perhaps, then, any policy or practice decisions made will make a more sustainable and positive difference.

Deborah Yarmo-Roberts
Editor, Models of Care

References

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- 2 O'Brien MA, Whelan TJ, Charles C, et al. Women's perceptions of their treatment decision-making about breast cancer treatment. *Patient Educ Couns* 2008; 73 (3): 431-6.
- 3 Legare F, Ratte S, Gravel K, Graham ID. Barriers and facilitators to implementing shared decision-making in clinical practice: update of a systematic review of health professionals' perceptions. *Patient Educ Couns* 2008; 73 (3): 526-35.
- 4 Knopf JM, Hornung RW, Slap GB, et al. Views of treatment decision making from adolescents with chronic illnesses and their parents: a pilot study. *Health Expect* 2008; 11 (4): 343-54. □



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