

Reasonable Patient 3

Reasonable Patient Care Survey

You are hospitalized in a large, urban, teaching hospital after being brought into its emergency room last night. The condition that brought you to the ER has been stabilized, but additional procedures may be necessary. The following 10 questions determine what you would like to know as a reasonable patient. The survey should take no more than 5 minutes.

- * 1. Would you like to know all your treatment choices, including alternatives and risks and benefits of each choice for a patient like you. Your choices may include invasive procedures (surgery, endoscopic procedures, insertion of a medical device), non-invasive treatments, and what happens if you do nothing?

1=definitely no

2=probably no

3=neutral

4=probably yes

5=definitely yes

- * 2. Drugs that have not been approved by the Food and Drug Administration for your condition are off-label for you. Drugs prescribed off-label are about twice as likely to cause serious side-effects as drugs prescribed on-label. Would you like to know if any drugs prescribed to you are off-label, and what their side effects may be?

1=definitely no

2=probably no

3=neutral

4=probably yes

5=definitely yes

- * 3. Drugs assigned a "black box" warning by the FDA pose an especially serious risk of harm. If you are prescribed such a drug, would you want to know the reasons for the black box warning and if there are alternatives before you take it?

1=definitely no

2=probably no

3=neutral

4=probably yes

5=definitely yes

- * 4. Decision aids are created to assist patients with complex medical decisions and to help them understand the risks and benefits of treatment options. If there is a decision-aid available for your illness, would you like to review it?

1=definitely no

2=probably no

3=neutral

4=probably yes

5=definitely yes

- * 5. If you are considering an invasive procedure, would you like to know who will be performing it, their skill level, and how trainee doctors, if any, will be involved?

1=definitely no

2=probably no

3=neutral

4=probably yes

5=definitely yes

* 6. Assuming you have decided on a procedure or treatment, would you like to know what your total, out-of-pocket costs will be?

1-definitely no	2-probably no	3-neutral	4-probably yes	5-definitely yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. You have a trusted family member that is willing to act as your advocate. Would you like for that person to be present during shared-decision-making about your medical care?

1-definitely no	2-probably no	3-neutral	4-probably yes	5-definitely yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. If you are well enough, would you like to be offered a chance to review and make entries in your medical records each day while you are hospitalized?

1-definitely no	2-probably no	3-neutral	4-probably yes	5-definitely yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 9. Before signing any documents permitting invasive, non-emergency procedures would you like to review these at least one full day in advance of the procedure?

1-definitely no	2-probably no	3-neutral	4-probably yes	5-definitely yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 10. If you are considering an invasive procedure, would you like to know your expected difficulties, recovery times, pain management, and restrictions after the procedure while hospitalized and after discharge from the hospital? This includes the risk of infection from the invasive procedure.

1-definitely no	2-probably no	3-neutral	4-probably yes	5-definitely yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>