

Communicating Risks: Let's Talk Numeracy


Understanding numeracy will make your risk conversations with patients more effective.

In the last issue of *FPM*, I proclaimed how family physicians are great communicators. (See "Physician-Patient Communication: A Family Medicine Strength," *FPM*, September/October 2018, <https://www.aafp.org/fpm/2018/0900/p4.html>.) But I added that there is always room for improvement. An article in this issue, "Five Ways to Communicate Risks So That Patients Understand" (page 28) by Sarina Schragger, MD, underscores that there is definitely room to improve.

Good communication combines both excellent delivery and receipt of a message. When it comes to communicating the concept of risk, failures can occur at both ends. Risk is an inherently mathematical concept involving percentages, fractions, or simple frequencies. To understand risk, individuals need to have good numeracy skills – the ability to understand and work with numbers. Unfortunately, many of our patients don't have such skills.

Schragger outlines five strategies for presenting risks to patients so that they will understand: 1) remind the patient that all options confer some risk, 2) use absolute risk rather than relative risk to reduce bias, 3) be careful about the way you present numbers (read the article to find out how to do this right), 4) use visual aids, and 5) use plain language.

It turns out that we as physicians have some bad habits. We tend to overestimate the risk of a condition and underestimate the risk of treatment.¹ Additionally, we often present differences in risk as relative risk rather than absolute risk. This can be misleading. For example, if X cuts your risk of Y by 50 percent, that sounds compelling. But it could mean reducing your risk of Y from, say, 40 percent to 20 percent, or it could mean reducing your risk of Y from 2 percent to 1 percent. I don't know about you, but I'd be much less likely to take on the risk of a treatment to receive an absolute risk reduction of 1 percent as opposed to an absolute risk reduction of 20 percent.

Communicating risks in a clear and effective fashion is a fundamental component of both informed consent and shared decision making. Understanding numeracy principles adds yet another arrow to your communication quiver. 



Kenneth G. Adler, MD, MMM, Medical Editor
fpmedit@aafp.org

1. Hoffmann TC, Del Mar C. Clinicians' expectations of the benefits and harms of treatments, screening, and tests: a systematic review. *JAMA Intern Med.* 2017;177(3):407-419.



MEDICAL EDITOR

Kenneth G. Adler, MD, MMM

EXECUTIVE EDITOR

Leigh Ann Backer

SENIOR EDITOR AND WEB CONTENT MANAGER

Brandi White

SENIOR ASSOCIATE EDITOR

David Twiddy

EDITORIAL ASSISTANT

Samantha Moores

ART DIRECTOR

Christine Schneider

EDITORIAL ADVISORY BOARD

Arnold Cuenca, DO, CAQSM, FAAFP,
Ladera Ranch, Calif.

Troy Fiesinger, MD, FAAFP, Houston, Texas

Sumana Reddy, MD, FAAFP, Salinas, Calif.

Peter C. Rippey, MD, Bluffton, S.C.

Sumi Sexton, MD, Washington, D.C.

CONTRIBUTING EDITORS

Cindy Hughes, CPC, CFPC

Kent J. Moore

Betsy Nicoletti, MS, CPP

David Rebedew, MD

DIRECTOR OF JOURNAL MEDIA

Stephanie Hanaway

DIRECTOR OF OPERATIONS

Darren Sextro

ADMINISTRATIVE COORDINATOR

Marilyn Harvey

DIRECTOR OF ADVERTISING

John Payne

DIRECTOR OF ADVERTISING SALES

John Molluso

NATIONAL ACCOUNT MANAGER

Mickey Cotter

ADVERTISING SALES OFFICE MANAGER

Stefanie Valenzano

ADVERTISING SERVICES SPECIALISTS

Frances Spitsnogle, Linda A. Porter

SUBSCRIPTION MANAGER

Susi Cordill

SUBSCRIPTION STRATEGISTS

Alan Fagen, Rebecca Harp

DATA MANAGEMENT & MARKET INSIGHTS MANAGER

Tiffany M. Long

DATA MANAGEMENT & MARKET INSIGHTS SPECIALIST

Melissa Lavenborg

PRODUCTION DIRECTOR

Bret Taylor

PRODUCTION GRAPHICS MANAGER

Stacey Herrmann

SENIOR GRAPHIC ASSOCIATE

Bryan Colley

GRAPHIC ASSOCIATE

Randy Knittel

DIGITAL PRODUCTION SPECIALIST

Evan Palmer

EXECUTIVE VICE PRESIDENT

Douglas E. Henley, MD, FAAFP

SENIOR VICE PRESIDENT FOR EDUCATION

Clif Knight, MD, CPE, FAAFP