

The gamble

The decision whether or not to prescribe a particular treatment, and the patient's decision to accept or refuse this treatment, is something of a gamble. There is a chance of winning and a risk of losing.

But just who is placing the bet? What are they betting on? What are the stakes? And who wins the pot?

When started during the acute phase of ischaemic stroke, thrombolysis improves the clinical outcome of some patients but can trigger fatal haemorrhagic stroke in others. The decision to use thrombolysis in a given case represents a gamble that it will protect the patient from the serious sequelae of stroke without provoking intracranial bleeding.

In situations in which the benefits generally outweigh the harms, thrombolysis is usually a winning bet. But if they are to place their bets wisely, patients and healthcare professionals need solid, unbiased and transparent assessment data.

When a treatment has not been thoroughly evaluated, the prescriber and the patient are both betting in the dark. This is currently the case for high, escalating doses of *baclofen* for alcohol dependence. Faced with the most severe forms of this disease, some healthcare professionals and patients are willing to take a gamble on what they see as a "last resort" treatment, despite its inadequate evaluation.

But they should realise that the stakes are high: this treatment carries both known and unknown risks, and its benefits are uncertain.

Another example is the use of continuous antiretroviral prophylaxis by persons at high risk of HIV infection: it is only partially effective, the risks are not fully understood, and the treatment is expensive (see page 178). The stakes are high and taking a gamble is risky.

At the heart of this issue is the question: who organises the game and who gets back part of their stake? Is it those who market the drug or have an interest in promoting it? Or those who need to justify the existence of their specialised unit? Or those who want to propose a solution and continue to gamble when others have left the table? Clearly, the patient's interests are not the only thing at stake here.

Everyone needs to be clear about their motivations for taking a gamble, so that patients and healthcare professionals can be fully aware of the stakes before deciding whether or not to place a bet. After all, in this game, it is always the patients who suffer the consequences of a lost bet.

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