

Regarding “Exploring patient involvement in decision making for vascular procedures”

We read with interest the paper from Corriere et al,¹ published in the *Journal of Vascular Surgery* in October 2015, in which the authors state that patients rely mostly on health care provider recommendations when involved in a decision-making process.

Although the authors write that few data exist on the willingness of patients to be involved in the approach toward a desired treatment, our study, published in the *European Journal of Vascular and Endovascular Surgery*,² shows a different attitude toward the involvement of patients in the decision-making process. In that study, we examined preferences of both patients and their caregivers through the technique of discrete choice analysis, which allows elicitation of preferences for health care interventions. We presented different hypothetical treatment scenarios to the patients through a written questionnaire and were able to evaluate which of the features of an open surgical procedure compared with those of an endovascular treatment. The rate of response was as high as 99% (patients, 98%; family caregivers, 99%), with 160 patients and 102 family caregivers entered into the study.

From the respondents' choice between the possible answers, we could calculate which treatment characteristics can affect the preferences of the target subjects, whether a characteristic was considered negative or positive (direction of preferences), and how much one characteristic was more important than the others. With that methodology, we could establish that the risk of major complications and the risk of reinterventions were considered the most feared characteristic of the intervention for abdominal aortic aneurysm, no matter whether the patient was undergoing open or endovascular procedure or had been already undergone either one. The hypothetical cost of the intervention was also a significant issue for the patient.

Our methodology and the aim of our work were different from those of the report by Corriere et al; however, we feel that our results should be taken into consideration when the attitudes of patients and their caregivers toward a vascular surgical procedure are analyzed. As a matter of fact, self-completion of the questionnaire, its extremely wide acceptance from both patients and caregivers, and the lack of a bias effect determined by a direct interview are important features of our study, which should be considered in future work on the subject. However, it is reasonable to hypothesize that the differences between the two studies might

be related to philosophical differences between the patients comprising the populations of the two different countries.

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