Evidence-based decision making: A critical realist design science agenda for social and health care reform

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Abstract

Evidence-based decision making (EBDM) has risen to the fore across many of the professions, not least the health and caring professions, as an espoused logic for improving the quality of decision processes and attendant outcomes, epitomized in medicine by the establishment of the UK's National Institute of Clinical Excellence (NICE). As stated on the NICE website:

"Since 1999, we have provided the NHS, and those who rely on it for their care, with an increasing range of advice on effective, good value healthcare, and have gained a reputation for rigour, independence and objectivity. In April 2013 we gained new responsibilities for providing guidance for those working in social care."

Adopting the well-established distinctions between descriptive, normative, and prescriptive accounts of decision making, in this talk I will argue that the failure to pay closer attention to these important distinctions has resulted in a series of unintended consequences for policy makers, social and healthcare professionals, and all stakeholders with a vested interest in enhancing medical and social care (i.e. everyone!), culminating in an illusion of rationality, a multilayered façade that masks fundamental differences of interpretation, purpose, and power among the diversity of stakeholders situated variously throughout the health and social care system. Efforts to improve the quality of social and healthcare provision predicated on cold cognition conceptions of decision making will, at best, only ever partially succeed, because the reforms ultimately required to the system necessitate a deeper understanding of and engagement with the emotional roots of the cognitive and behavioural challenges at hand.

In liberal democratic societies, rather than seeking merely to refine stakeholders' (mis)understanding of risks in statistical terms, designers of decision processes need also to address the emotional and political needs and wants of stakeholders situated variously within the social and healthcare system. An enhanced understanding the emotional roots of decision making, like increased statistical literacy, will enable the development of a better-informed system. Tools and processes for aiding decision making, from the highest levels of policy formulation to decisions affecting immediate patient/client care, need to be revisited accordingly.

The problems thus highlighted present a rich opportunity for social and behavioural scientists across a wide spectrum of disciplines (not least economics, political science, psychology, and sociology) to collaborate meaningfully with the full range of stakeholders in the pursuit of a far-reaching research agenda that seeks to develop new knowledge, both fundamental and applied, to inform the design and evaluation of practices that are better fit for purpose than those presently available.

Key Readings

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