Communicating comparative risk information

An ongoing debate

Reading Group Statistics Communication
October 12, 2021
Prostate cancer
Decision aid

How do I compare to the average person’s risk?

Personalized risks of urinary incontinence after surgery
“If I’m better than average, then I’m ok?”: Comparative information influences beliefs about risk and benefits☆

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Comparative Risk: Good or Bad Heuristic?

Peter H. Schwartz, Indiana University
Table 1. Scenario read by participants

Imagine that based on family and medical history, your risk for developing breast cancer in the next 5 years is 6%. In addition, imagine that the average woman’s risk is 3%, meaning that your risk is higher than the average woman’s risk.

Now suppose that there is a pill that would reduce your risk of developing breast cancer to 3%, if you took it every day. If the average woman took this pill, her risk would be reduced to 1.5% or 6%.

Women who take this pill, however, commonly report side effects. All women report having hot flashes several times each week, and most have them every day for at least ten minutes. A small number of women have more serious side effects. The pill causes about 1–2% of women to develop cataracts and less than 1% of women to have stroke or heart attack.
Results
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- Most respondents thought that comparative information is helpful (62% rated the helpfulness of comparative information as a four or five on a five-point scale, only 15% rated the helpfulness as one or two).
Should I provide comparative risk information?

NO, YOU SHOULDN’T!!!!!

I DISAGREE!
You should provide comparative risk information because:
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• It is impossible to determine what heuristics are at play in a specific situation
So now what?