Reviewer's report

Title: Rationality versus Reality: The Challenges of Evidence-Based Decision Making For Health Policy Makers

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Reviewer: Katherine Fierlbeck

Reviewer's report:

That evidence-based medicine must be an integral part of health policy reform has been a standard expectation for some time now; and the assumption that evidence-based decision-making is a concomitant aspect of evidence-based medicine has been accepted all too readily. The authors are certainly correct to point out that the genesis of this assumption lies in the hegemony of rational choice theory throughout a number of disciplines, and has permeated public policy through the continued dominance of "new public management". There is a growing, but limited, body of literature disputing the expectation of rationality in health policy decision-making; and I welcome the contribution made by these authors to explain in more depth why the intuitively persuasive idea that policy must be based on rational evidence is a much more complicated and problematic exercise than one might assume.

My major criticism of the article is not that it is erroneous, but rather that it is too limited. Its arguments and insights are, I think, correct and useful; but it could be a richer and more nuanced article were it to place its argument in a wider context. Well before phrases like "cognitive information processing," "trait affect", and "memory bins" came into being, philosophers engaged in quite a lively discussion about the possibility ever of coming to conclusions free of any sort of intellectual bias. What widely became known as the debate over the "fact-value distinction" was most famously discussed (generally throughout the 1950s and 1969s) by social philosophers such as Peter Winch, Ruth Putnam, and Charles Taylor. Thus what the authors have to say on this point is not really new. This is not to say that it is irrelevant: every new wave of positivism requires a new response, and authors are, again, quite right to point out that there is once more a facile tendency in certain disciplines to accept the assumption of neutrality in decision-making.

A second, and related, criticism returns to the assumption (which the authors challenge) that policy makers simply tend to make determinations based upon a clear calculation of costs and benefits. The authors argue that this perception must be balanced by an account of the cognitive processing of decision information, and they make a good case for this. But, again, something important is left out. Public policy - and health policy is a case in point - is probably more stringently influenced by overt political factors than by cognitive processes. Evidence-based policy making - sorting through options for the best possible policy - is continually undermined by political obstacles as much, if not more,
than the more subtle biases of the decision-makers themselves. This becomes especially relevant when one reviews the suggestions made by the authors on how to improve health policy making; for "understanding the process" and "clarifying the goals" will not make a considerable difference if decision-makers still have entrenched reasons for coming to the conclusions they do. Policy decisions on mental health care or the number of doctors or rationing are not often not made on the basis of "the best evidence", but rather are based on the political terrain. Interestingly, the authors do make reference in their bibliography to papers making this argument, but do not explicitly address it.

In sum, this paper is useful as a critique of the tendency to view the idea of evidence-based decision-making as an unproblematic aspect of health policy. They offer a reasonable explanation of why this is so, and they do so in a lucid and persuasive manner. The problem (and this is not uncommon in health policy, which is to a large extent an interdisciplinary amalgamation of fields) is that it is written in the idiom of business psychology, and as such will likely only be of real interest to those with a similar background. To expand the argument, to place it in a wider context, may make the argument more interesting to a wider audience. I do not insist that this kind of revision be made; merely that the authors think carefully about what they want this piece to be. As it stands, it is a nicely-crafted, well-written, tidy essay on cognitive information processing. It could be a broader and more effective argument about the limitations of evidence-based decision-making per se, but this is a more difficult and ambitious task. This is, then, essentially a discretionary choice; but one which the authors should carefully consider. It's a nice piece, but it has the potential to be a tremendously powerful one.

Minor revisions: please note the need for some syntactical and grammatical corrections on page 22 (eg, points #4 and #5).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.