The importance of choice

When I was a kid, my family would stay at my grandparents’ farm in Indiana for a few weeks every summer. The farm was on 160 acres—half in verdant forest and half under the plow, growing mostly corn, but also supporting some soybeans and a handful of dairy cows. I remember it being an idyllic scene of heartland America, with a 2-story white farmhouse, huge red barn, chicken coop, and milking shed.

I also remember something about creamed corn. Grandma fed her brood well, but one infamous day she dished up some creamed corn that was … well, vile. Something had gone terribly wrong with the recipe, but no one would admit it. My siblings and I refused to eat the ghastly stuff. Our parents, probably wanting to demonstrate to grandma that they had raised “good” kids, would not let us leave the table until we ate up. We had no choice. But I tell you, the more they insisted, the more vile that creamed corn became.

All of which reminds me of a study about the importance of having choices in colon cancer screening. Nearly 1,000 patients of multiple ethnicities were randomized to 1 of 3 presentations about colon cancer screening. One group was told about colonoscopy only. One group was told about fecal occult blood testing (FOBT) only. The last group was told about both colonoscopy and FOBT and kindly given the opportunity to choose 1 or the other procedure.

In the group given no choice but colonoscopy, only 38% followed through on colon cancer screening. In the group given no choice but FOBT, 67% had colon cancer screening. Curiously, in the group allowed to choose their screening method, 69% of patients had colon cancer screening. They weren’t all FOBTs either—nearly half actually chose colonoscopy.

So it seems people are willing to make a tough choice so long as they are given some choice. Perhaps if my parents had offered us kids a choice of creamed corn or beets, someone would have eaten the creamed corn that was . . . well, vile. Something had gone terribly wrong with the recipe, but no one would admit it. My siblings and I refused to eat the ghastly stuff. Our parents, probably wanting to demonstrate to grandma that they had raised “good” kids, would not let us leave the table until we ate up. We had no choice. But I tell you, the more they insisted, the more vile that creamed corn became.

All of which reminds me of a study about the importance of having choices in colon cancer screening. Nearly 1,000 patients of multiple ethnicities were randomized to 1 of 3 presentations about colon cancer screening. One group was told about colonoscopy only. One group was told about fecal occult blood testing (FOBT) only. The last group was told about both colonoscopy and FOBT and kindly given the opportunity to choose 1 or the other procedure.

In the group given no choice but colonoscopy, only 38% followed through on colon cancer screening. In the group given no choice but FOBT, 67% had colon cancer screening. Curiously, in the group allowed to choose their screening method, 69% of patients had colon cancer screening. They weren’t all FOBTs either—nearly half actually chose colonoscopy.

So it seems people are willing to make a tough choice so long as they are given some choice. Perhaps if my parents had offered us kids a choice of creamed corn or beets, someone would have eaten the creamed corn. Peace restored, we might all have just relaxed and had dessert.