

## The Theory

### 1st Principle of VBM

All decisions stand on two feet, on values as well as on facts, including decisions about diagnosis

### 2nd Principle of VBM

We tend to notice values only when they are diverse or conflicting and hence are likely to be problematic

### 3rd Principle of VBM

Scientific progress, in opening up choices, is increasingly bringing the full diversity of human values into play in all areas of healthcare

### 4th Principle of VBM

VBM's "first call" for information is the perspective of the patient or patient group concerned in a given decision

### 5th Principle of VBM

In VBM, conflicts of values are resolved primarily, not by reference to a rule prescribing a "right" outcome, but by processes designed to support a balance of legitimately different perspectives

## The Practice

### 6th Principle of VBM

Careful attention to language use in a given context is one of a range of powerful methods for raising awareness of values

### 7th Principle of VBM

A rich resource of both empirical and philosophical methods is available for improving our knowledge of other people's values

### 8th Principle of VBM

Ethical Reasoning is employed in VBM primarily to explore differences of values, not, as in quasi-legal bioethics, to determine "what is right"

### 9th Principle of VBM

Communication skills have a substantive rather than (as in quasi-legal ethics) a merely executive role in VBM

### 10th Principle of VBM

VBM, although involving a partnership with ethicists and lawyers (Equivalent to the partnership with scientists in EBM), puts decision-making back where it belongs, with users and providers at the clinical coalface

'Adapted from Fulford, K.W.M. (forthcoming) Values-Based Medicine: Effective Healthcare Decision-Making in the Context of Value Diversity. Cambridge: Cambridge University Press.