Barriers and opportunities for shared decision making in clinical practice

SCHUITMAKER, T.J.; SCHEELE, F.

Athena Institute, Vrije Universiteit, De Boelelaan 1085, 1081 HV Amsterdam, the Netherlands

BACKGROUND & AIM

Shared decision-making (SDM): tool for improving quality and responsiveness of care through integration of knowledge and wishes of professional and patient in clinical encounters. Successful and sustainable implementation remains difficult.

Aim: contribute to meaningful implementation by analysing barriers and opportunities for SDM. Three elements:
1. overview of key characteristics of SDM,
2. overview of practical tools and how they fit with key characteristics SDM,
3. analysis of barriers and opportunities for implementation in clinical practice.

METHODS

- literature review on characteristics and tools,
- Interviews (83 interviews professionals & patients) and observations (13 applications tools & 3 moral case deliberations) in four departments of hospital in Amsterdam: neurology, psychiatry, emergency obstetrics and oncology.

Includes focus on intercultural differences and competences needed by professionals for applying SDM.

RESULTS

1. Shared Decision Making: existing definitions focus on a process in which the physician and patient go through multiple phases of decision-making in which they share preferences and reach an agreement on treatment. SDM holds the middle ground between a paternalistic and an informed decision making model, overcoming informational asymmetry between the physician and patients.

2. SDM Characteristics & Four groups of decision tools

<table>
<thead>
<tr>
<th>SDM Characteristics</th>
<th>Tools</th>
<th>Option Grids</th>
<th>GP training programs</th>
<th>Individualized Care Plan</th>
<th>Web-based decision tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information sharing</td>
<td>Not necessarily</td>
<td>Yes</td>
<td>Yes</td>
<td>Partly</td>
<td></td>
</tr>
<tr>
<td>Check understanding</td>
<td>Yes</td>
<td>Not necessarily</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Discuss pros and cons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Joint decision</td>
<td>Yes</td>
<td>Not necessarily</td>
<td>Yes</td>
<td>Not necessarily</td>
<td></td>
</tr>
<tr>
<td>Reflection meeting</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

CONCLUSION

Meaningful implementation of SDM can be improved by:
I. addressing lack of consensus between professionals on: what SDM means in practice, appropriate tools for implementation, whether proposed benefits might be applicable to specific treatment types.

II. Train competences (knowledge, attitude, skills) through: including competences for dealing with patient feedback in medical training, aligning with existing moral case deliberation practices.