



Shared Medical Decision Making

Kimberly Case, MD
4/13/2012

Objectives

Define shared medical decision making

Examples of when it is appropriate and how it is achieved

Discussion of times when it might not be appropriate



Sheila gave me a list
of suggestions....and
this one seemed
interesting

Definition(or lack of)

"Shared decision-making is increasingly advocated as the ideal model of decision-making in the medical encounter. Yet, it is by no means clear what shared decision-making really means."

➤ Cathy Charles, et al. Shared Decision Making in the Medical Encounter: What does it mean? (Or it Takes Two to Tango) ELSEVIER SCIENCE LTD 1997



PANIC

BUTTON

FOR EMERGENCY USE ONLY

Origins

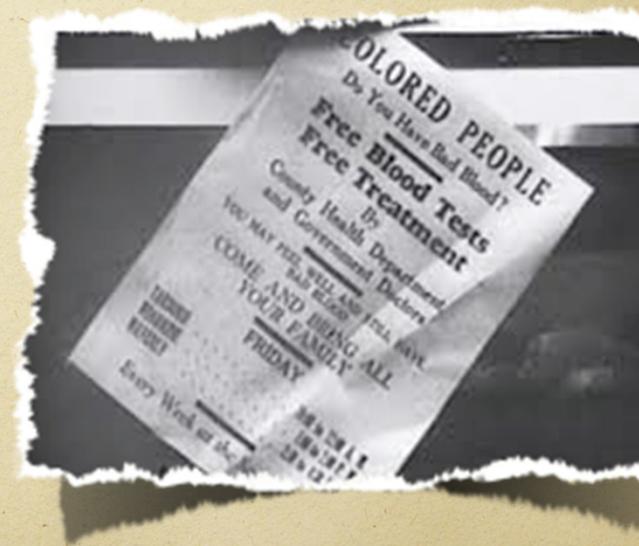
Need for informed consent started some of this (1970s)

- But this really didn't go beyond informing people about the options and the choice the physician made

The consumers rights movement changed the general way people thought overall

Changing nature of medical practice

- Moving from acute to chronic care
- Not just one right answer anymore



Other Models of Medical Care

Paternalistic Model

- Patient's only role is to give consent to treatment
- Physician works for patient's best interest

Informed Decision-Making Model

- Only information sharing is from physician to patient
- Patient makes all the actual decisions

Professional as agent Model

- Physician makes a choice based on what they feel the patient's choice would be
- Either based on information gathered in the past or assumption



The Shared Decision-Making Model

Shared decision-making offers an intermediate alternative for both physicians and patient. For the patient it offers some say without total responsibility, and for the physician, an opportunity to go beyond a role of transferring information to also participate in but not dominate, the decision-making process.

Key Characteristics

At least two participants, patient and physician

Both parties share information

Both parties take steps to build a consensus about the preferred treatment

An agreement is reached on the treatment to implement



Who wants to share?



Pretty much most people

Numerous surveys and studies have shown that allowing the patient input in the decision improves patient care

- Better patient satisfaction
- More reasonable patient expectations
- Better health outcomes

Implementation Barriers

Lack of applicability due to patient characteristics

Time constraints



Lack of applicability due to the clinical situation

Prior perceptions of the way patients want to make choices

Implementation Strategies

Shift in medical education

Development of Decision Aides

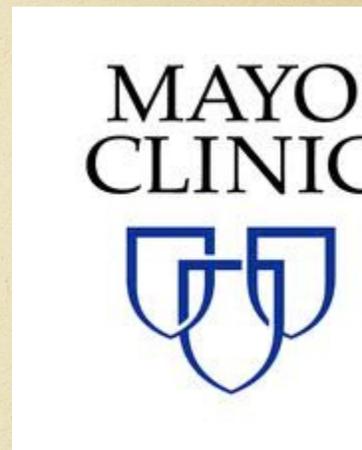
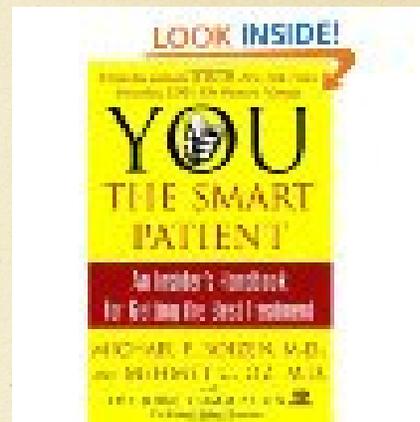
Integration into the informed consent laws

Incentives for implementation

➤ Pay for performance for example

Integration into EMRs

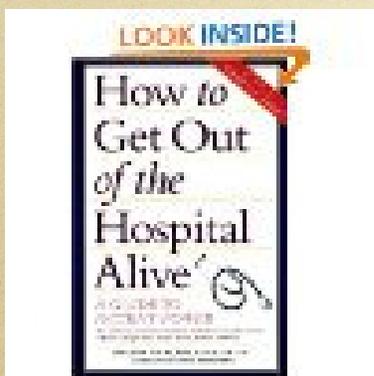
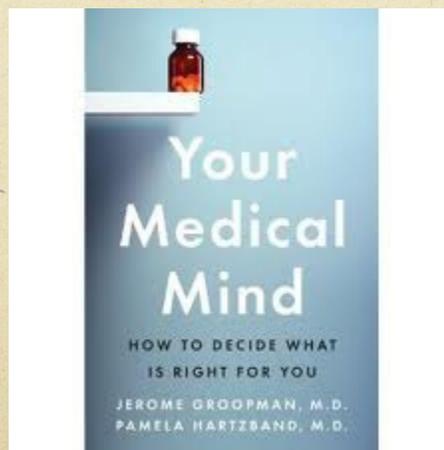
A PROJECT SUPPORTED BY
FOUNDATION FOR
INFORMED MEDICAL
DECISION MAKING

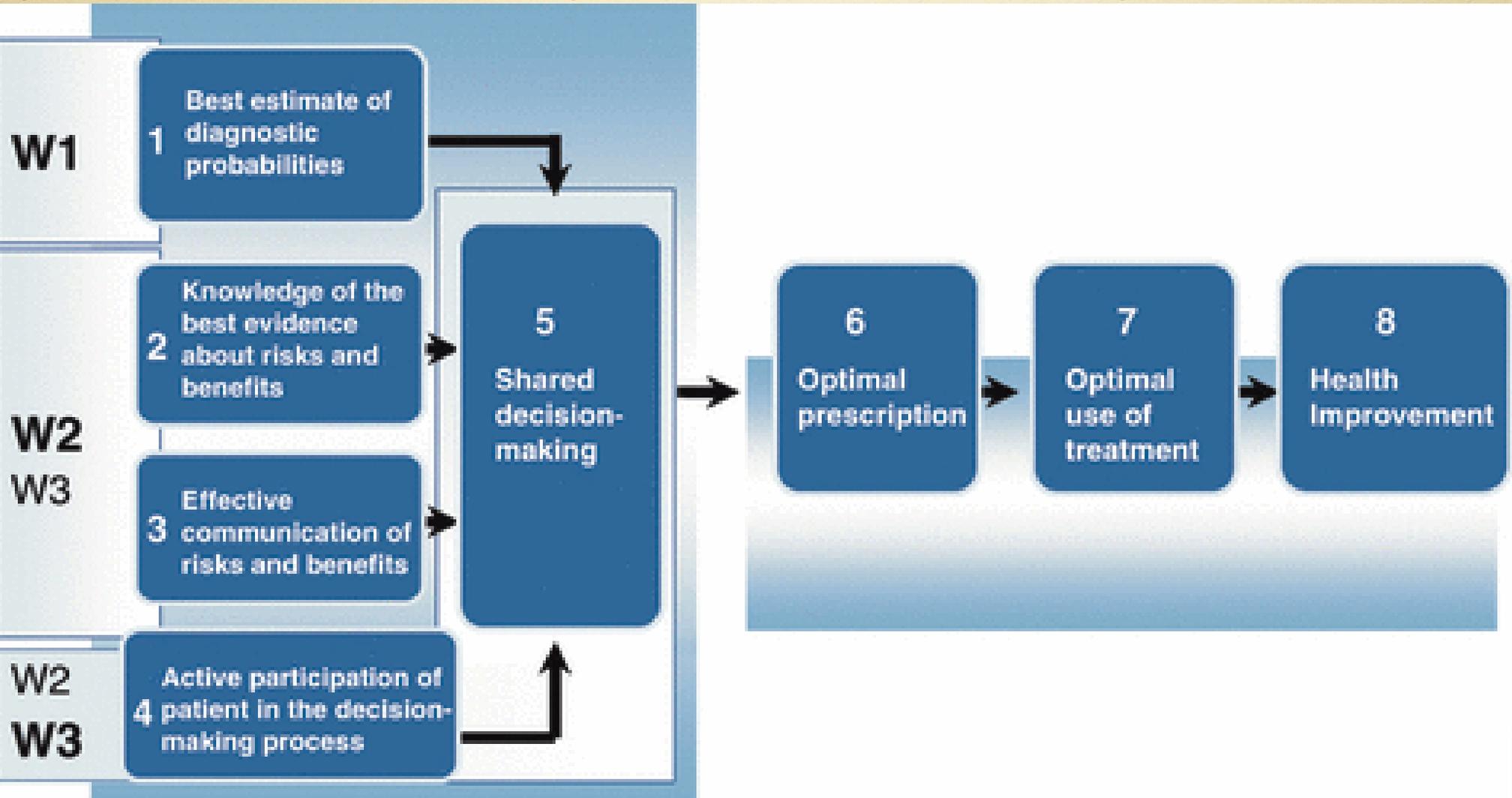


**Get More
Help Making Health Decisions**

Hill Physicians patients are partnering with their doctors
to make fully informed health decisions.

[Get More Information](#)





When to Use?

Assumption is that this model is just for the big choices-
mastectomy verses lumpectomy and radiation for breast cancer

But really it can be for any choice

- When to get screening-mammograms starting at age 40 or 50
- Minor interventions-antibiotics for “sinusitis”

Some exceptions

- Emergency surgeries-acute appendicitis needs appendix removed
- Clearly known effective treatments-bacterial meningitis needs antibiotics

In some research is using it in Palliative Care not a lot though

Paternalism-

Is there still a role?



Not all patients want to be involved

National survey of US households

Gathered democratic information and preferences about medical decision making (part of a larger study)

Some limitations: only English speaking households and not 100% response rate



Results



96% of participants wanted to be offered choices and be asked opinions

52% preferred to leave the final choice to the physician

44% relied on physicians for medical knowledge instead of seeking it out on their own

Women, more educated and healthier people wanted a more active role

African-American and Hispanic people more likely wanted physician to make choice

Up to age 45 the preference for an active role increased but then decreased after that

Discussion Time

