


Shared Medical Decision Making

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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



Origins

- Need for informed consent started some of this (1970s)
 - But this really didn't go beyond informing people about the one 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

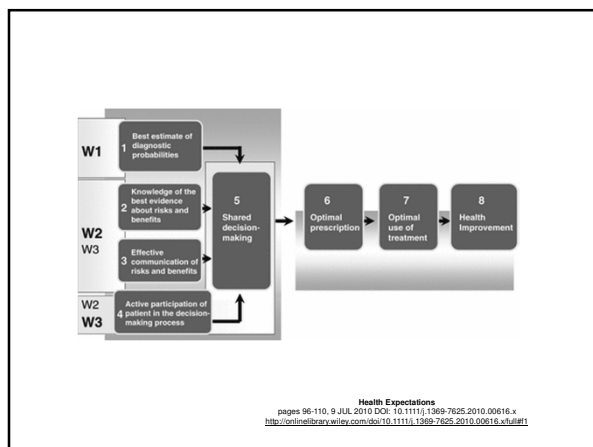
Implementation Barriers

- 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



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
- Is some research in 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

-Levinson, et al: Not all patients want to participate in decision making. A national study of public preference. J GEN INTERN MED 2005



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

