

An overview of Shared Decision Making

What is shared decision making?

Shared decision making is an approach where clinicians and patients make decisions together using the best available evidence.

(Elwyn et al, BMJ, 2010)

Shared decision making occupies the middle ground between more traditional paternalistic or clinician-centred practice, where patients rely on their doctor to make decisions about their care, and informed patient choice or consumerism, where patients are given information and then left to make their own choices.



Shared decision making recognises and brings together two important sources of expertise - the clinical knowledge, skills and experience of the healthcare professional and the patient's own knowledge and experience of their condition, its impact on their life and what is most important to them.

Both forms of expertise are key to making good decisions - ones that are informed, supported by best available evidence, and compatible with the patient's personal preferences, values and circumstances.

The process of shared decision making involves clinicians and patients working together to consider evidence-based clinical information about tests and treatment options, likely benefits and outcomes, and potential risks. It enables them to choose, in collaboration, the course of treatment, management or support that best fits the patient's informed preferences.

Why do it?

Healthcare is changing. Increasingly people want to understand more about their healthcare choices. They want better information and the chance to have a say in their care. Having a say in your own care can improve health outcomes.

The new policy mantra, '*no decision about me, without me*' is backed by national patient surveys which show that 48% of inpatients and 30% of outpatients wanted more involvement in decisions about their care than they had¹ and 24% of patients in primary care did not feel their GP was good at involving them².

¹ CQC patient surveys 2010

² The GP Patient Survey July – September 2011, IPSOS MORI

Shared decision-making explicitly recognises a patient's right to make decisions about their care, ensuring they are fully informed about the options they face.
(Coulter & Collins, The Kings Fund, 2011)

Shared decision making is effective. People are more motivated to take advice and follow treatment plans when they understand the reasons and thinking behind their care.

Providing patients with decision support improves their knowledge of their condition and treatment options, increases their participation, gives them a more accurate perception of risk, improves match between values and choices, and helps them feel more comfortable with decisions about their care³. There are also major clinical and economic benefits to be had. These include patients being more likely to stick with treatment plans, such as taking their prescribed medication⁴ and, in many situations, opting for less rather than more medical intervention. For example, patients are less likely to choose major surgery when given the right information and support with their decisions².

It is important to note that SDM is now a standard part of undergraduate medical education and is an expected (and tested) core skill for all GP registrars.

Who does it?

Shared decision-making can take place between a patient and any of the healthcare professionals involved in their treatment and care.

It is relevant at any decision point along the patient's care pathway, from interactions with their GP, practice nurse or health visitor at home or in a primary care setting, to consultations with a surgeon, specialist nurse, psychologist or physician in a hospital.

When to do it?

Shared decision-making is appropriate for any healthcare decisions where reasonable options and choices are available. Common examples of where it is used include decisions about:

- undergoing screening or a diagnostic test
- different medical or surgical procedures
- self-management of a long-term condition
- participation in a psychological intervention
- making a change in lifestyle
- taking medication.

Shared decision making may not be appropriate for all clinical decisions, for example in a life threatening emergency or where a patient lacks the capacity to engage. And some patients, even when they know what SDM is, may prefer to take a position of requiring their doctor or nurse to advise them as to the best course of action.

³ Cochrane Review of Decision Support (Stacey et al, 2011)

⁴ Systematic review of the effects of shared decision-making on patient satisfaction, treatment adherence and health status (Joosten et al, 2008)

What's involved?

Shared decision making means involving patients as equal partners in their healthcare. It shares the same philosophy as self-management support. Both are based on a recognition and respect for the patient's role in managing their own health and both require advanced communication skills and use tools to support this.

Achieving shared decision making depends on:

1. the willingness of both patients and clinicians to engage in it,
2. clinicians (and patients) having the skills, knowledge and support to do it,
3. decision aids (such as [Brief Decision Aids - BDAs](#)) or reliable information to hand, to facilitate the process.
4. wider support from the healthcare organisation.

Essentially, shared decision making is about clinicians and patients collaborating to make a decision. The clinician presents the options and evidence, they explore these together, taking into account the patient's personal preferences and values, and arrive at an appropriate decision which is then recorded and acted upon.

Healthcare professionals need good clinical communication skills to achieve this. These include being able to build rapport with patients and structure the clinical consultation in order to:

- share information about options for tests, treatment and management; and
- support patients to think through these choices in order to make a decision.

How to do it?

The following model has been developed by MAGIC (Making Good decisions In Collaboration - A Health Foundation funded Implementation project). See separate document: *How to do shared decision making using BDAs*. This can be downloaded and used as an aide memoire.

The shared decision making process can usefully be divided into three key stages:

1. *Choice talk*: introducing the patient to the fact there are choices they can make about their treatment and management;
2. *Option talk*: describing the options available, sometimes using [Brief Decision Aids](#) to help present and discuss the evidence in terms of potential benefits, risks and consequences;
3. *Decision talk*: helping patients explore their personal preferences and to use these, together with the evidence, to make an informed decision.

In addition, threaded throughout the consultation, there are opportunities for "*Preference talk*"; exploring what is important to the individual patient in coming to a shared decision.

Shared decision making : a model for clinical practice



Source of model:

Glyn Elwyn, Dominick Frosch, Richard Thomson, Natalie Joseph-Williams, Amy Lloyd, Paul Kinnersley, Emma Cording, Dave Tomson, Carole Dodd, Stephen Rollnick, Adrian Edwards, Michael Barry. *Shared decision making: a model for clinical practice* (in press: Journal of General Internal Medicine, 2012).

Signposts to further information

Stacey D, Bennett CL, Barry MJ, Col NF, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Légaré F, Thomson R. [Decision aids for people facing health treatment or screening decisions](#). Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD001431. DOI: 10.1002/14651858.CD001431.pub3

Joosten EA, DeFuentes-Merillas L, de Weert GH ST, van der Staak CP, de Jong CA, EA J, et al. Systematic review of the effects of shared decision-making on patient satisfaction, treatment adherence and health status. *Psychother Psychosom*. 2008 Jan;77(4):219-26

Edwards, Adrian Elwyn, Glyn (2009). *Shared decision-making in health care: Achieving evidence-based patient choice* (2nd ed.). Oxford University Press. ISBN 0-19-954627-4.

Elwyn G, Laitner S, Coulter A, Walker E, Watson P, Thomson R. Creating a patient decision support platform in the NHS: a potential strategy for implementing shared decision making. *BMJ* 2010; 341:c5146

Coulter A Do patients want a choice and does it work? *BMJ* 2010; 341:c4989

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O'Connor, A. M., J. E. Wennberg, F. Legare, H. A. Llewellyn-Thomas, B. W. Moulton, K. R. Sepucha, A. G. Sodano and J. S. King. 2007. "Toward The 'Tipping Point': Decision Aids And Informed Patient Choice." *Health Affairs* 26(3): 716-725.

Angela Coulter & Alf Collins. Making Shared Decision Making a Reality: No decision about me, without me. Kings Fund 2011.

http://www.kingsfund.org.uk/publications/nhs_decisionmaking.html