

SHORT COMMUNICATION

SCOPE OF PRACTICE: SHARED DECISION-MAKING FOR PATIENT-CENTERED CARE

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Abstract:

Shared decision-making (SDM) represents a collaborative model of healthcare decision-making, contrasting the traditional unidirectional approach where physicians solely determine medical choices. SDM engages patients in evaluating options based on individual goals and values. In various clinical scenarios, SDM proves indispensable, enhancing patient satisfaction, treatment adherence, and reducing the likelihood of blaming physicians for adverse outcomes. Illustrated by the BRAN questions in the UK, SDM serves as a tool to explore benefits, risks, alternatives, and the option of doing nothing. Notwithstanding its benefits, SDM encounters implementation challenges, including time constraints and varying patient priorities. Elderly patients may face cognitive barriers, exacerbated by limited clinical trials catering to diverse geriatric needs. Nevertheless, SDM offers significant advantages, fostering strong patient-physician relationships, aligning with patient-centered care principles, and yielding positive outcomes. Physicians must integrate SDM consciously into clinical practice, recognizing its potential to improve patient satisfaction, quality of life, and overall healthcare outcomes.

Keywords: Shared decision-making (SDM), Patient satisfaction, Patient-centered care, Clinical practice

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Definition of Shared Decision-Making:

Shared decision-making (SDM) stands as an interactive approach that establishes a structured framework for physicians to engage in collaborative discussions with patients, enabling them to collectively determine healthcare decisions aligned with the patient's goals, preferences, and values.¹ The conventional approach to decision-making follows a unidirectional path, wherein the physician makes the final decision and communicates it to the patient. Despite patients being well-informed, their involvement often extends only to providing consent, which may or may not align with their preferences. Most patients express a preference for active participation in their medical decision-making, yet many perceive physicians as the primary decision-makers.^{1,2} By engaging in collaboration with patients to assess potential benefits, risks, alternatives, and outcomes, physicians can empower patients to make informed decisions rooted in evidence and congruent with their values.

Advantages of Shared Decision-Making:

In various clinical situations where multiple viable options exist, the decision-making process can be inherently complex. Even for experienced clinicians, navigating the intricacies of identifying the most suitable medical or surgical treatment to optimize outcomes poses a significant challenge. Shared decision-making (SDM) emerges as an invaluable tool, enabling physicians to initially comprehend patients as individuals, fostering the delivery of safe and patient-centered care. As evidenced by a study in JAMA, SDM correlates with heightened patient satisfaction and increased adherence to treatment.² Patients actively involved in SDM not only rated their physicians more positively but also exhibited a reduced tendency to attribute adverse outcomes to them, in contrast to those not engaged in SDM.^{1,2,3} The significance of SDM becomes apparent in situations where patients must carefully assess the benefits and risks of treatment, making an informed decision about whether to proceed. A commonly faced clinical situation is the deliberation on anticoagulation for a patient with atrial fibrillation,

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facing a substantial risk of bleeding despite a high CHA2DS2-VASc score. SDM facilitates the exploration of patient and family preferences, allowing for an informed decision by weighing the risks of bleeding against thromboembolic stroke. This interactive approach enhances physicians' understanding of patient preferences and values, fostering improved communication, trust, and ultimately, better health outcomes.^{2,4} In the UK, the BRAN questions serve as a SDM tool, fostering and promoting active engagement in collaborative decision-making.^{3,4}

1. What are the **B**enefits?
2. What are the **R**isks?
3. What are the **A**lternatives?
4. What if I do **N**othing?

Studies indicate that discussing healthcare priorities and goals with older adults during SDM enhances the professional relationship between physicians and patients.⁵ Engaging in SDM not only strengthens relationships with patients but extends to their families as well.^{4,5} Research underscores that facilitating SDM correlates with improved patient outcomes and quality of life.^{4,7} A meta-analysis highlights the remarkable impact of SDM in enhancing patient knowledge and reducing decisional conflict.^{6,7}

Implementation Challenges of Shared Decision-Making:

Both patients and physicians may perceive shared decision-making as time-consuming, potentially leading to reluctance to engage in the process. The primary hurdle to implementing SDM often lies in time constraints.^{1,2,4, 8} For example, physicians are estimated to dedicate a substantial amount of time each day to provide preventive care, chronic disease management, acute care, and documentation. The challenge arises in attempting to address patients' needs, concerns, and facilitating informed decision-making aligned with their preferences within the limited timeframe of a physician's visit. Some patients may perceive SDM as time-consuming and may prioritize other aspects of their visits, while others may not feel comfortable asking numerous questions.^{2,4,8} The elderly population is diverse, ranging from highly independent individuals to those with multiple chronic conditions requiring significant assistance. A scarcity of clinical trials involving specific patient cohorts, such as the geriatric population, makes it challenging to tailor SDM practices to diverse patient needs. The presence of undiagnosed cognitive impairment in elderly patients can further complicate SDM during clinical encounters. Disabling hearing impairment may sometimes be mistaken for cognitive impairment. Clinicians may unintentionally adopt a paternalistic

approach, viewing advanced age as a barrier to patient participation and understanding of SDM. Additionally, low health literacy, prevalent among older adults, can impede SDM discussions. SDM becomes crucial for the geriatric population with multiple chronic conditions, as the optimal treatment for each disease may not align with the best approach for an elderly patient as a whole. Conversations with elderly patients, their family members, and medical teams should emphasize SDM to guide discussions and treatment options based on preferred health outcomes, patient preferences, and values.

Despite these challenges, SDM has demonstrated remarkable benefits for patient satisfaction, quality of life, and overall outcomes. SDM fosters a collaborative environment, strengthening the relationship between physicians and patients. This collaboration is built on open communication, trust, and mutual respect. It is imperative for physicians to consciously integrate SDM into their clinical practice, aligning with the fundamental principle of patient-centered care in delivering evidence-based management to patients.

References:

1. Hoque F. Shared decision making: Pinnacle for patient-clinician relationships. *J BMANA*. 2023; 2(1): 1-4.
2. Hoque F. PERSPECTIVE. Shared decision making: A win-win situation for both patients and physicians. *Am J Hosp Med*. 2023 Apr;7(2)..
3. Lal R, O'Halloran T, Santhirapala R, et al. Implementing shared decision-making according to the choosing wisely programme: Perioperative medicine for older people undergoing surgery. *J Eval Clin Pract*. 2023 Aug;29(5):774-780. doi:10.1111/jep.13827. Epub 2023 Apr 11. <https://doi.org/10.1111/jep.13827>. PMID:37042068
4. Hoque F. shared decision-making: benefits and challenges in clinical practice. *SGIM Forum*. Published October 2023.
5. Hibbard JH, Greene J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. *Health Aff (Millwood)*. 2013;32(2):207-214. <https://doi.org/10.1377/hlthaff.2012.1061>. PMID:23381511
6. Feder SL, Kiwak E, Costello D, et al. Perspectives of Patients in Identifying Their Values-Based Health Priorities. *J Am Geriatr Soc*. 2019;67(7):1379-1385. <https://doi.org/10.1111/jgs.15850>. PMID:30844080 PMID:PMC6612577
7. Mitropoulou P, GrünerHegge N, Reinhold J, et al. Shared decision making in cardiology: a systematic review and meta-analysis *Heart* 2023;109:34-39. <https://doi.org/10.1136/heartjnl-2022-321050>. PMID:36007938
8. Yahanda, A., Mozersky, What's the Role of Time in Shared Decision Making? *AMA J Ethics*. 2020;22(5):E416-422. <https://doi.org/10.1001/amajethics.2020.416>. PMID:32449658