Shared Decision Making: Promoting Best Practice

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With the welcomed increase in treatment options that we now have in the field of pulmonary hypertension (PH), it is important that our commitment to patients includes going beyond patient education and a presentation of benefits and risks to make sure we reach consensus on the choice of treatment. As health professionals we are increasingly encouraged to involve patients in their treatment decisions, recognizing them as experts with unique knowledge of their own preferences based on their values and willingness to comply. In fact, noncompliance is less likely if both parties decide together which treatment is best and move forward with it. However, finding ways to elicit patients’ preferences can be a considerable challenge. Physician bias or time constraints may influence how and to what degree these preferences are elicited, and many physicians wish to retain the imbalance of power and control often associated with the physician-as-expert role. To offset some of these biases, we are increasingly encouraged to use decisional aids such as the Ottawa Personal Decision Guide (OPDG), devised by O’Connor, Stacey, and Jacobson at the Ottawa Hospital Research Institute, to assist patients in clarifying their values and support systems. This tool should be used as a complement, rather than a replacement, for counseling and discussions with the medical team. It can be an excellent option for patients who need assistance identifying the best treatment option. Since it is interactive and available in 4 languages, it is easy to use and applicable to a varied group. The patient can use this tool to focus on knowing (needed facts and possible questions), values (what matters most), and supports (financial, opinions, pressures). Once completed, it can then be printed and brought to the clinic as a catalyst for an open discussion with the PH team.

Information alone, however, is not always sufficient for patients in making such an important decision. Providing information to the patient should only be a precursor to an open discussion with the patient. This involves the use of a decisional aid such as the OPDG, which is an interactive tool that helps patients and their family members to identify their preferences and values. The OPDG (Figure 1) helps the patient delineate options and decide on the best course of action. It can be an excellent option for patients who need assistance identifying the best treatment option. Since it is interactive and available in 4 languages, it is easy to use and applicable to a varied group.

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ing to a focused discussion. The imaginative use of available decision aids together with our evidence-based treatment algorithms and risk assessments generated from clinical trials and registries keep us in the mainstream of health care. We must realize that shared decision making is not an illusion but rather another way that we can work collaboratively with our patients to achieve the best outcomes. As members of the PH Resource Network, we must work together with our physician colleagues to find timely and cost-effective ways to meet this challenge.

References


Figure 1: Ottawa Patient Decision Tool. Reprinted with permission from the Ottawa Hospital Research Institute Clinical Epidemiology Program Patient Decision Aid Research Group.