Professional's Supplement to the *Healthcare Communication Review*
Volume 1 Number 2 Online Edition July 2001

About Shared Decisionmaking

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One might be tempted to claim that patients' acceptance of their doctors' recommended treatment plans, after asking one or two questions about those plans, constitutes shared decisionmaking. It does not. Nor is it shared decisionmaking when doctors, with little or no discussion, go along with patients' wishes even though they may disagree with those wishes. Shared decisionmaking, as described below, requires both doctor and patient to fully engage in the decisionmaking process; to share and discuss information; to work towards consensus; and to reach agreement on a treatment plan.[1] Aspects of each step include:

Both doctor and patient fully engage in the decisionmaking process. This requires that both parties understand, are committed to, and participate in the decisionmaking process.

Both share and discuss information. Patients draw on their personal expertise to share information about themselves, their expectations and their preferences. Physicians draw on their medical expertise to share information with respect to diagnosis and treatment, including alternate treatments, known risks and possible side effects of each.

Both work to build consensus and, ultimately, reach agreement on a treatment plan. These two steps of shared decisionmaking call for certain competencies on the parts of both physicians and patients.[2] Patients need to be able to formulate, express, and discuss their concerns and desires; to access and evaluate information; and to make decisions. Physicians and other healthcare professionals, already skilled in obtaining objective data, need to build skills in obtaining subjective data -- because what diseases (and treatment options) mean to individual patients can affect the illnesses they experience in ways that are unique to each.[3] Doctors also need to build skills in facilitating patient empowerment because patients often formulate their preferences in the course of receiving and discussing information and because physicians, by virtue of their medical authority, can exert undue influence merely by the way they provide information.[4]

Barriers to Shared Decisionmaking

The continued abundance of articles on (non)compliance, along with recommendations for the inclusion of patients in decisionmaking as a means of achieving compliance, is but one indication that shared decisionmaking is not yet a widespread occurrence.[5,6] Regarding actual decisionmaking processes, one study of medical encounters between doctors and patients, found that neither parties fully shared information or engaged in the decisionmaking process.[7] It further found that many of the participating doctors -- whose self-selection could reasonably lead to a presumed interest in communication issues -- did not demonstrate the competencies described above. Yet some of these same physicians believed they had engaged in shared decisionmaking.[8]

Barriers to shared decisionmaking include a lack of motivation, time, and communication skills (on the parts of both doctors and patients). Motivation will be lacking, for example, if individuals disagree with this form of decisionmaking. Yet, even those who think the process is appropriate may have concerns and beliefs that hold them back. Physicians, for instance, may resist the idea of shared decisionmaking because of constraints they face under managed care and a perception that it requires more time than they have to give. **However, it has been shown that when doctors are trained in the necessary communication skills, the extra time required can be minimal.**[9] Indeed, early experiments utilizing standardized patients showed that 10 minute encounters were enough for this process.[10]

Patients may also, for varying reasons, be reluctant to engage in this type of decisionmaking process. Social, cultural and language differences may serve as barriers, as may feelings of intimidation in the presence of doctors. In many of these cases, physicians can help by both inviting and guiding patient participation.

Other Concerns

Other concerns physicians might have may be addressed by making the following three points. First, it can be claimed that shared decisionmaking heightens, rather than diminishes, the role physicians play in the decisionmaking process for it calls upon them to continue to steer their encounters with patients, but in ways that are shown to facilitate patient empowerment, self-management of diseases, and improved outcomes. Second, many patients who question their physicians and/or bring information gathered from outside sources are simply seeking to be partners in their health care and to take the responsibility they are increasingly being urged to take. While some may bring a level of distrust to this task, many do not. Being receptive to all of these patients will enable physicians to distinguish between the two and, where necessary, act to build trust. Lastly, it is well recognized that shared decisionmaking is not always appropriate. It is seen as called for, however, when chronic or other non-emergency medical conditions require decisions that are potentially life altering. At the same time, given that practice builds proficiency, the suggestion has been made that physicians and patients begin by trying out this process for some of the more common, less serious, problems.[11]

[1] C. Charles, A. Gafni, T. Whelan, "Shared Decision- Making in the Medical Encounter: what does it mean? (or it takes at least two to tango), *Social Science & Medicine* 44 (1997): 681-692.

[2] Angela Towle et al., "Framework for Teaching and Learning Shared Decision Making", *British Medical Journal* 319 (3): 766+, (Sept. 18. 1999).

[3] Eric J. Cassell, *Talking With Patients, vol.1: The Theory of Doctor Patient Communication*, (Cambridge: MIT Press, 1985).

[4] See note 2

[5] Donald J. Cegala, "The Effect of Patient Communication Skills Training on Compliance", *JAMA* 283(14):1806 (April 12, 2000).

[6] Martha Mitchell Funnell and Robert M. Anderson, "The Problem with Compliance in Diabetes", *JAMA* 284(13):1709 (October 4, 2000).

[7] Fiona A. Stevenson et al., "Doctor-Patient Communication About Drugs: the Evidence for Shared Decision Making", *Social Science and Medicine* 50 (2000): 829-840.

[8] Ibid

[9] See note 2
[10] N.M. Clark et al., "Impact of education for physicians on patient outcomes" *Pediatrics* 101 (1998): 831-6.
[11] See note 2

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