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Shared decision making in perioperative medicine

Shared decision making is a collaborative process between clinicians and patients, which aims to select the most suitable management option based on both best available evidence and patient preferences. This article looks at the role of shared decision making in perioperative medicine.

Background

Since the King's Fund publication *No decision about me, without me*, improving shared decision making has become a national priority (Coulter and Collins, 2011; Ross et al, 2018). One unpublished survey of 500 doctors, carried out by the Academy of Medical Royal Colleges, found that 82% admitted to prescribing treatments they consider unnecessary, while over 30% of patients wish to have more involvement in decisions about their care (NHS England, 2018). The Montgomery ruling [Montgomery (Appellant) v Lanarkshire Health Board (Respondent) (Scotland) 2015] means there is now a legal imperative to discuss 'material risks' with patients. However, what really is 'shared decision making'? Is it worth it? And don't we already do it?

What is shared decision making?

Shared decision making is a collaborative process between clinicians and patients, which aims to select the most suitable management option based on both best available evidence and patient preferences. Effective shared decision making is the cornerstone of the Choosing Wisely UK initiative (Academy of Medical Royal Colleges, 2016). Launched in 2016, Choosing Wisely UK is endorsed by the Royal College of Anaesthetists and the Royal College of Surgeons of England. It



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encourages patients to ensure that four key questions are addressed when elective surgery is considered:

What are the benefits?

What are the risks?

What are the alternatives?

What if I do nothing?

While doctors are the experts in medical evidence, the patient is the expert regarding their values and personal circumstances. For example, as medical professionals we might know which treatment option offers the greatest chance of curing the patient's cancer. However, only the patient can know whether a 6-month recovery from a major laparotomy and its associated morbidity and mortality risk suits their personal goals. Shared decision making seeks to bridge varying viewpoints and achieve a consensus decision on the best way forward. This may mean that, for some patients, surgery is not always the answer.

Benefits

When performed effectively, shared decision making can have a significant impact on the overall safety and efficacy of personalised care. Patients who are effectively involved in making decisions about their care have fewer regrets about treatment, better reported communication with clinicians, improved treatment adherence and an overall better experience with improved satisfaction (NHS England, 2018).

Furthermore, improving shared decision making will likely reduce the incidence of both overdiagnosis and overtreatment. This may well mean a reduction in operative procedures (Stacey et al, 2017). Interestingly, it is suggested that professionals who participate in shared decision making may have improved job satisfaction (Légaré and Thompson-Leduc, 2014).

Challenges



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The greatest challenge is almost certainly the misconception that shared decision making is something we already do. This perception-reality gap is exacerbated by a misunderstanding of what shared decision making actually is and consequently contributes to a lack of skill among practitioners in performing shared decision making effectively. Investment in training and education is crucial if clinicians are to have sufficient access to high-quality evidence and be adequately skilled to undertake these conversations. Perceived time constraints and resource limitations clearly do not help, but effective shared decision making should lead to these being recouped down the line.

Practitioners often report concerns that shared decision making will mean the loss of professional autonomy. This should not be the case. Indeed, effective shared decision making should merely enable patients to make more meaningful decisions between potential treatment options which are felt to be medically appropriate. Of course, to be worthwhile patients and relatives must engage with the shared decision-making process. This is not always the case and these situations can be managed on an individual basis.

Conclusions

Compelling moral, legal and economic imperatives exist for improving shared decision making in the perioperative period, despite the challenges of this complex intervention.

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