



“People often change their minds when they are better informed.”

Shared decision making (SDM) in medicine is a process in which both the patient and the physician contribute in order to come to a joint decision about the therapeutic option that suits them best. Prof. Glyn Elwyn from Dartmouth College in Hanover, New Hampshire (US), one of the keynote speakers at the German Congress of Health Service Research, has developed a three-step model to facilitate SDM. In this interview he explains the details.

How often do patients feel unsatisfied with their involvement in the treatment decision?

Elwyn: It is difficult to know the exact answer to that question. In medical encounters, patients are often not very ready to express their views. We know from our own research that they are often very respectful of clinicians and they don't want to disagree or ask too many questions. Nevertheless, there have been many surveys to find out whether patients want to be involved in a medical decision or whether they prefer that the clinician decide on their own, and yes, patients do increasingly want to take part in the decision process. The data are very clear on this trend.

Is there a correlation between the patient's social status and his or her wish to be involved in the therapy decision?

Elwyn: There are research data indicating that women and people who are better educated, wealthier, younger or more comfortable using the Internet are more willing to get involved in decisions. But I don't think you can use these characteristics to exactly predict the attitude of individual patients in front of you, because it depends a lot on the support the clinician gives them. If the clinician starts to explain the different treatment options and creates a supportive atmosphere, patients from any background are very willing to have a discussion.

Can you outline a state-of-the-art-process for shared decision making?

Elwyn: In a recent publication in the British Medical Journal, we proposed a three-talk model, based on three different steps, “team talk”, “option talk”, and “decision talk”, to support a process of collaboration and deliberation. Team talk places an emphasis on providing support to patients when they are made aware of their choices and eliciting their goals as a means of guiding the decision making process. This is a very important step, because most people don't feel comfortable when facing tough decisions. You need to let them know that they are going to be supported. Option talk refers to the task of comparing alternatives, using risk communication principles. Here the clinician describes the existing options, their benefits or disadvantages, and how likely these would be to occur in the individual case. Finally, the decision talk refers to the task of arriving at a decision that reflects the informed preferences of the patient, guided by the experience and expertise of health professionals. By bringing these three steps together, we are in a much better position to understand which decision best suits an individual patient.

In addition to this structured approach, a patient can be supported by decision aids. How useful are they?

Elwyn: Decision aids are tools that provide information about options and associated benefits or harms and help clarify the congruence between decisions and personal values. According to a Cochrane Review from 2017, decision aids can reduce the proportion of undecided participants and appear to have a positive effect on patient-clinician communication. Moreover, those exposed to a decision aid are either equally or more satisfied with their decision and the preparation for decision making as compared with usual care. Decision aids also reduce the number of people choosing major elective invasive surgery in favor of more conservative options. And there is also evidence that they are more likely to stay on their medication. People often change their minds when they are better informed.

How can the quality of decision aids be ensured?

Elwyn: It is quite a lot of work to develop good ones. You should start with the kinds of questions that patients consider important. To find out more about their problems, concerns, and goals, it might be necessary to do patient surveys or interview patient panels. And then you need to find the evidence to answer their questions, for example by screening systematic reviews or good scientific summaries. It is also important to avoid competing interests – you need to be very careful to be neutral about the evidence base.

How do you proceed if the scientific evidence is unclear or even missing?

Elwyn: In that situation I think the best thing is to be very honest with the patient and say, “We have no research data for this question, so we don’t know”. We should not give false reassurances about the efficacy and effectiveness of the drugs or surgeries that we offer.

What are your expectations for the German Congress of Health Service Research?

Elwyn: I think this is a great opportunity to invest in developing a culture where clinicians and patients are on a more equal footing and where they can share information about the benefits and harms of a given treatment. In addition, it is also a great opportunity to discuss the tools that help patients and healthcare providers have better conversations together. Traditionally, changes in healthcare occur slowly and my feeling is that patients’ associations should increase their advocacy efforts on this issue—we need their help to accelerate change.