

A DECISIVE IMPROVEMENT

Fully informed service users make more conservative decisions and use fewer healthcare resources

Shared decision making is when patients and clinicians work together in partnership to choose the most appropriate treatments or care management options.

It relies on two sources of expertise: the health professional, an expert on the effectiveness, probable benefits and potential harms of treatment options; and the patient, an expert on his or her own social circumstances, attitudes to illness and risk, and values and preferences.

National patient surveys reveal that about half of inpatients wanted to be more involved in decisions about their care and about one third of primary care patients say the same. Most health professionals agree in theory, but in practice genuine shared decision making is rare.

"Most health professionals think it's their role to make the decisions and the patient is a passive recipient of care," says independent consultant Angela Coulter. In her report for the Health Foundation, *Implementing Shared Decision-Making in the UK*, she outlines examples and challenges.

There is plenty of evidence showing the benefits of shared decision making and why it should be done. Ethically it is the right thing to do. People feel empowered, more satisfied with their choices, and may have better outcomes. It is a better way of getting informed consent and may reduce litigation.

CASE STUDY: CANCER TESTS

Glyn Elwyn, departmental director of research and chair of the clinical epidemiology interdisciplinary research group in the Department of Primary Care and Public Health at Cardiff University, develops decision support tools, found at www.decisionlaboratory.com.

ProsDex is for men considering the PSA prostate cancer test, which is a non-specific, non-sensitive test, www.prosdex.com.

BresDex is being developed for women who have been diagnosed with breast cancer to help them choose between lumpectomy or mastectomy, www.bresdex.com. Women are asked to consider their priorities – cosmetic, avoiding recurrence, and so on.

Professor Elwyn says: "It's involving patients in actually making treatment decisions where there are uncertainties."

'We can manage demand by empowering patients to become effective consumers. That's much more ethical and sustainable'

It is also cost effective because when people are fully informed about the risks and benefits of treatment they tend to take more cost effective decisions, usually with no detriment to their healthcare.

"We [can] manage the demand for healthcare not by commissioners setting arbitrary thresholds for treatment but empowering patients to become effective consumers of healthcare," says GP Steve Laitner, who is associate medical director for NHS East of England. "That's a much more ethical, sustainable way of managing demand for healthcare."

Decision aids

Moves are afoot to integrate shared decision making into mainstream health services. One way is to increase the availability of evidence based decision aids for patients, and NHS Choices and NHS Direct plan to introduce some on the web.

Decision aids include videos, DVDs and web-based tools. They set out the treatment options and possible outcomes, clarify what is most important to the patient, and help patients make a decision that matches their informed preferences.

As clinical lead for informed decision

making in OA knee at the NHS Institute for Innovation and Improvement and NHS Direct, Dr Laitner is developing a decision aid for people with osteoarthritis of the knee. He is modifying work from the Foundation for Informed Medical Decision Making and Health Dialog to create a web-based tool hosted on NHS Direct. Specialists will send patients a link before their appointment.

For these people, treatment options might include knee replacement surgery. Decision aids are beneficial whenever there is a treatment choice between reasonable alternatives and discretionary surgery is one such area.

Dr Laitner hopes that in future decision aids will use patient reported outcome measures to provide a better prediction of individual risk and benefit from treatment options, which will make decisions even more informed.

He is also working for the quality, innovation, productivity and prevention team to find ways of rolling out decision aids across the health service for multiple conditions.

Implementing shared decision making has proven difficult, with some clinicians believing it will be too consuming.

There is also a skills deficit in communicating risks and benefits, and engaging patients in decisions.

"Some of that means clinicians themselves being comfortable with uncertainty," says Richard Thomson, professor of epidemiology and public health at Newcastle University.

Professor Thomson is working with Cardiff University to help the Health Foundation demonstrate how shared decision making can be put into practice across primary and secondary care. ●

making good decisions

MAGIC

in collaboration

Magic is the new shared decision making programme, supported by the Health Foundation, run by a team led by the Cardiff University, Cardiff and Vale University Health Board, University of Newcastle, and Newcastle upon Tyne Hospitals Foundation Trust. An overview of their work can be found at www.health.org.uk