Reflections on Shared Decision Making

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Abstract

Decisions about medical and surgical treatment can be complex—even for health care providers, who can struggle with which treatment option to offer their patients. In the current landscape of patient-centric value-based health care, the need for appropriate medical decision making to maximize treatment outcomes is evermore important. Shared decision making is a process in which clinicians and patients make decisions together using the best available evidence while accounting for the patients’ values and beliefs. A patient-centered approach has been associated with improved patient satisfaction, clinical outcomes, and patient adherence to treatment. Only by taking a collaborative care approach among patients, physicians, and caregivers can we hope to deliver the best possible care and improve our outcomes for each and every patient.

Keywords

shared decision making, patient centered care, Mohs surgery, facial reconstruction, facial plastic surgery

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“W ell, what would you do?” asked the anxious 86-year-old gentleman. He was referred to me to discuss his options for nasal reconstruction after Mohs surgery for a basal cell carcinoma of his nasal tip. As a retired insurance salesman, he had been enjoying a robust social life with a very full social calendar. Since the passing of his wife 10 years ago, his evenings have typically been spent in the company of friends over dinner or drinks at the latest it restaurant or bar. After we discussed his options for nasal reconstruction, his mind was made up. He wanted to have everything done to maximize his aesthetic result. “I don’t want my friends staring at a horrible scar on my nose,” he emphatically stated. “Do everything that you possibly can.”

“How long is this going to take?” She was in a hurry because her husband’s oxygen tank was running low and it needed to last them for their hour-long drive home. After we switched her husband to the wall oxygen and offered a replacement oxygen tank, we began our consultation. The 62-year-old full-time caregiver to her frail husband was referred to me for nasal reconstruction after Mohs surgery. Between his worsening dementia and congestive heart failure, she put off seeing the doctor for the bleeding ulcer on her nose. Since her nasal biopsy, she has had several medical visits, and it has not been easy finding help—so her husband often joins her at the appointments. After we discussed her options for nasal reconstruction, her mind was made up. She did not want reconstruction. She wanted to let the wound granulate. “I don’t think that I need surgery. I don’t really care how it will look,” she stated. “And, thank you for the oxygen tank,” she added as she wheeled her husband out of the examination room.

Discussion

Almost 6 million new nonmelanoma skin cancers are diagnosed every year in the United States.¹ While all of these patients share a common diagnosis, no 2 individuals will be affected by their disease in the same way. Each and every patient presents with a unique set of concerns, and the treatment plan must be individualized to account for the patient’s values and beliefs.² The growing incidence of nonmelanoma skin cancer and the associated costs of care are a public health burden.³ Our aging populace will continue to present with increasingly more medical comorbidities, social constraints, and financial considerations when weighing treatment choices. With divergent physician and patient priorities, finite health care and research funds, and increasing questions of quality- and value-based care, the need for appropriate medical decision making to maximize treatment outcomes is evermore important.

Now, let’s revisit the 86-year-old socialite and the 62-year-old caregiver. They had similar clinical presentations, but their circumstances and values could not be more different. Would it be reasonable to treat the socialite with a

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2-stage forehead flap reconstruction, followed by possible scar revision, steroid injection, or resurfacing? Is he healthy enough to undergo 2 surgical procedures? Would it be wrong to support the caregiver’s decision to allow the wound to granulate? What if she develops nasal valve stenosis and cannot breathe through her nose? Decisions about medical and surgical treatment can be complex—even for health care providers, who can struggle with which treatment option to offer their patients. Counseling patients on their prognosis and treatment options can be challenging, and it presents a significant burden to the health care provider.

As a young facial plastic surgeon, I grappled with these questions—especially when punctuated by “Do whatever you think is best. I trust you.” These consultations, which are typically scheduled for 20-minute appointments, ballooned into 90-minute discussions of treatment options, medical comorbidities, social concerns, and financial realities. While I truly valued the opportunity to get to know my patients, they sometimes left the consultation undecided about their best treatment option—a situation that I often viewed as a failure of my counseling.

Shared decision making (SDM) is a process in which clinicians and patients make decisions together using the best available evidence while accounting for the patients’ values and beliefs. Taking a patient-centered approach has been associated with improved patient satisfaction, clinical outcomes, and patient adherence to treatment. Far too often, we fail to account for the patients’ perspectives and instead recommend medical treatments without considering the patients’ circumstances or values. Since the efficacy of many of our medical treatments are not easily quantifiable by objective measures, we are appropriately empowering the patient to take ownership of one’s medical decision making. As patient-reported outcome measures are increasingly being utilized to assess the patient experience, we are able to provide more insights to assist our patients in their medical decision making. SDM is most beneficial in clinical situations where there are multiple available treatment options and the best medical decision is the one that is most congruent with the patient’s beliefs, values, and lifestyle.

**Conclusion**

In the current landscape of patient-centric value-based health care, the need for appropriate medical decision making to maximize treatment outcomes is evermore important. SDM provides an opportunity for patients, providers, and caregivers to build relationships, develop patient-specific care plans, and share in health care successes. Only by taking a collaborative care approach can we hope to deliver the best possible care and improve our outcomes for each and every patient.

**Author Contributions**

John J. Chi, conception, design of the work, drafting the work, final approval of the work, accountable for all work.

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**References**


