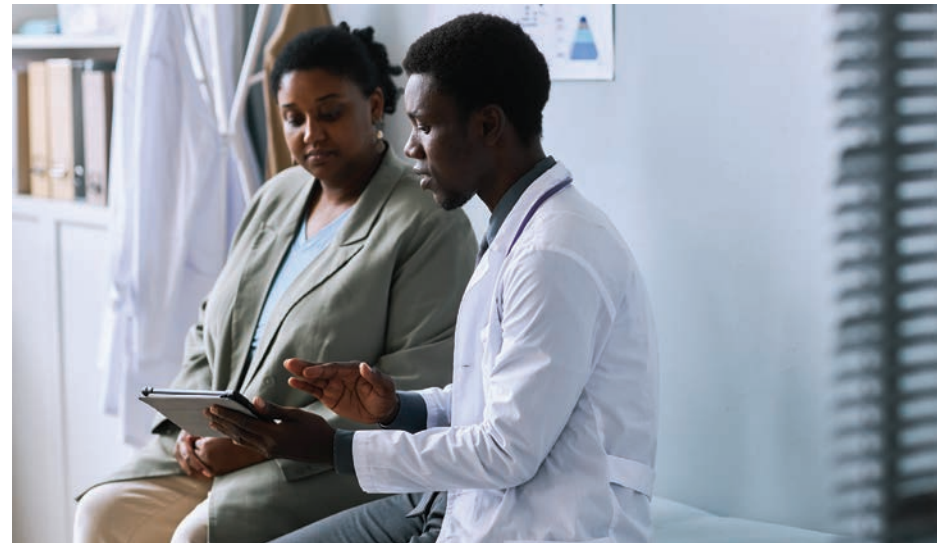
BY JARROD SHAPIRO, DPM

True Shared Decisions in Patient Care

Clear communication is the key.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.



Over the past decades, everyone in the medical profession has heard about the concept of shared decision-making, and most of us have moved to some form of this patient care method. As a quick review, consider that in the past, the physician-patient relationship was one of authoritarianism in which the physician decided on a plan of care on their own, carried out that plan of care, and may or may not have discussed pertinent details with the patient or their family. In this paradigm, the doctor knew all. As time progressed, the paradigm has moved from an authoritarian one to a more humanistic model in which the physician engages the patient and, in many cases, their families, to decide on a direction of care.

This movement has been going on for many years, and 24 years ago it was still very much an authoritarian view. It would not be unusual to observe a doctor telling a patient what would occur without actually engaging them in anything resembling shared decision-making.

Clearly, times have changed. Today, the relationship between physician and patient is much different. Engaging patients and empowering them to be a major part of the decision is now the standard of care. However, a simplistic view of this as the physician and patient teaming up together to mutually determine a course of care is not entirely possible and not entirely desirable. The nuances matter significantly when we talk about shared decision-making in patient care.

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We should also understand that this concept did not become a large part of the doctor-patient relationship in a vacuum. Our society, including technological advances, has also had an important role to play in creating the modern doctor-patient relationship and shared decision-making.

Effect of the Internet

Anyone who does not believe in the important effect social media and the Internet have had on patient care does not live on planet Earth. The amount of information available for patients to understand their diagnosis is almost endless. If you want to understand any aspect of a disease, it is easy to find the answers. However, information technology has not matured enough for us to be confident in the education that is available to Internet users. One must often wade through

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a lot of incorrect information before finding appropriate knowledge.

Every doctor has experienced the situation in which a patient presents having self-diagnosed a complaint after looking up some disorder on the Internet. Personally, this can be annoying. You have to wonder why the patient bothers coming in to tell the expert what their problem is? If someone is taking the time to come to me for my expertise, then why presume to tell me what their diagnosis is? Presumably in most cases, patients are just trying to be helpful. But this is where the problem lies.

Most people who are not in the healthcare profession do not understand that physicians have not only been taught about the pathology of various disorders, anatomy of the human being, and treatment methods for diseases; we have also spent many years learning how to think about diseases with inductive, deductive, and abductive reasoning, applying clinical scripts, and hypotheticodeductive reasoning. This is often considered the soft side of medicine, but it is equally important to understanding some first order fact about a disease. And this is not something that is easy to learn about on the internet. It takes years of school, intense training, and experience to put the entire picture of a patient's complaint together to create a diagnosis and successful treatment plan. Unfortunately, this is not well communicated via the Internet.

Direct-to-Consumer Marketing

Another significant influence on this topic is direct-to-consumer marketing, pioneered by the pharmaceutical companies. You might be on the fence about the appropriateness of this practice or not be in favor of it at all. As with the Internet, patients learning about a particular drug or treatment through a 30-second commercial on television or an online advertisement is too simplistic. It is impossible for any one patient to understand everything they need to know about a particular medication within the context of a complex disease process.

Additionally, advertisements contain a significant amount of rhetoric with the intent to manipulate people's decisions. They also rely on certain types of bias to further that manipulation. As a result, you can spend much of your patient encounters talking people away from treatments they heard about via national media services. For example, there has been a large number of patients asking about homeopathy and use of unproven products such as copper in their shoes to treat their foot illnesses. Educating patients away from these treatment options is often very difficult.

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Who's Really in Charge?

As a result of these issues, there is a concerning trend in young trainees and younger practicing providers. Occasionally, when discussing surgical cases, you might hear statements such as "the patient wanted this procedure," implying that the patient decided the surgical procedure rather than the physician. You must ask: who is really in charge of the decision-making? If a patient comes to you demanding a certain surgical procedure and you are somehow required to acquiesce to their demand, how is this shared decision-making?

A more productive version of shared decision-making is that a patient comes to a physician to receive

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a diagnosis after a proper history and physical examination, with the physician educating the patient, providing whatever options are available depending on the situation, and then the doctor and patient choose the best course of action while considering the patient's real-world needs and preferences. The physician brings expertise to the table, while the patient brings an honest understanding of their body and their personal situation.

Physicians must understand that regardless of where the idea of shared decision-making is going, they are still responsible for what happens to the patient. Our malpractice and medical license are at risk when we treat patients. A patient may demand foot surgery for a cosmetic issue, but that does not mandate that we do that surgery. So the advice to all young physicians is to make your own decisions based on the information you have, explain your recommendation to your patient, and if that patient dislikes what you have to say, then they are welcome to seek care elsewhere. Physicians must maintain their own identity while educating and empowering patients to be participants in the decision.

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Only physicians can prevent the pendulum from swinging to the opposite direction from the previous authoritarianism to a "patient in charge" paradigm. Educate your patients to the best of your ability so that they understand risks, benefits, potential complications, and outcomes, and then let your patient decide. Never compromise your integrity in order to please someone else. If you feel something is the best treatment, then tell that to your patient. If they don't like what you have to say, they should go elsewhere. Clear communication that empowers both the patient and the physician, with a proper understanding of each of our roles and responsibilities, is the key to true shared decision-making. **PM**

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