Patient Preferences Regarding Shared Decision Making In The Emergency Department: Findings From A Multisite Survey

BACKGROUND: Shared decision making (SDM) with patients has been associated with a reduced likelihood of initiating malpractice claims. Getting both physicians and even patients to participate in SDM might prove challenging. One study with EM physicians described some of the challenges of SDM including patients’ preference for physicians to make decisions for them, time constraints and complicated decision making involving multiple parties. There is limited data on patients’ willingness to participate in SDM.

ISSUE AT HAND: Are patients willing to engage in some form of SDM and are they willing to initiate conversation about SDM?

WHAT THE STUDY DID: This was a cross-sectional study of adults who presented to three different hospitals in the United States. Patients were administered a 32-item survey with the items regarding patient willingness to participate in SDM and barriers and facilitators to SDM.

WHAT THEY FOUND: Of 797 patients approached, 661 (83%) participated. Participants were 52% female, 45% white and 30% Hispanic.

• Primary Outcome (proportion of patients reporting wanting some degree of involvement): The majority of respondents (85-92%) expressed a desire to participate in decision making while in the ED.

• Secondary Outcomes: Between 8-15% of patients wanted to have their physician as the sole decision maker. Ninety-eight percent wanted to be involved if something serious was going on. Interestingly, about half of patients reported that they would wait for a physician to ask them to be involved in decision making.

BOTTOM LINE: Patients want to be involved in SDM particularly in serious cases. They feel confident in their ability to participate in SDM. However, many patients would wait to be asked to participate. Thus, providers should ask how much patients would like to be involved in their care.

PMID: 29897639

EDITOR’S COMMENTARY: There’s still a lot to answer in the SDM realm. For instance, will patients actually do this in real-time or is this what they say they want when queried about it? What are the circumstances where SDM has the best chances to succeed? Will decisions actually differ when we engage more with patients – or is this primarily a method to enhance the feeling of patient-centeredness that doesn’t actually change decisions? Either way, this paper is evidence that ED patients want involvement in their care and coupled with potentially reduced liability this is a good thing.