



The idea of shared-decision making: some philosophical issues

Alan Cribb, Centre for Public Policy Research, King's College London



Where I'm coming from

- Oldham
- Kings College London
- Applied philosophy
- A patient
- A practitioner



What, in brief, is shared decision-making?

Various models and emphases but -

- the core idea is finding a middle way between paternalistic model (professional decides) and what is sometimes called the informative model (patient decides).
- two parties (or more) **bring their own expertise and preferences** together and then **jointly deliberate and decide** about the best course of action to follow.



What I'm not (*and am*) focussing on here

The extensive literature and research base on: definitions and models of SDM, guidelines and definitions of competences, research on facilitators and obstacles to SDM, development, trialling and evaluation of decision aids, implementation of and practice development in SDM.

Drivers of shared decision-making –

- i. practical/technical drivers - treatment variations, evidence based medicine, cost effectiveness, cost savings..... reflected in the language of supporting adherence
- ii. ideological drivers and policy context – choice, competition, consumerism, ‘no decision about me without me’, NICE guidelines.....
- iii. *ethical drivers - extending involvement, partnership, enhancing patient experience, promoting patient autonomy reflected in language and principles of concordance*



SDM in the context of other words and ideas

- Big words - empowerment, person-centredness, personalisation
- Ideas about life and decisions beyond professional-patient encounters - ‘self management’ and ‘supported self management’ (NICE guidelines relate to both domains)
- Small but important words – RESPECT, HUMANITY



SO WHAT, IN PRINCIPLE, SHOULD WE
MAKE OF SHARED DECISION MAKING ?



My own line in brief

- Committed to the centrality of respect
- Strongly in favour of the spirit of patient empowerment
- Open-minded about when and where models of SDM make practical sense
- Heavily sceptical about prescriptive and formulaic models



Reflecting on our own –broader– experiences:

the value (and limitations) of SDM (and of analogies)

SDM with friends, partners, spouses

SDM with builders

What are ‘decisions’?

What is ‘shared’?

When, why and how does SDM ‘work’ and ‘not work’?

What would I (you) like to happen in different
circumstances?



What is needed?

Some general thoughts

- Both system/culture change and practical resources
- Professional and institutional leadership
- Questioning (and re-working) of professional norms and habits - e.g. around flexibility, responsiveness to circumstances and cases, and the interpretation of domains of interest, boundaries and discretion



Thank you