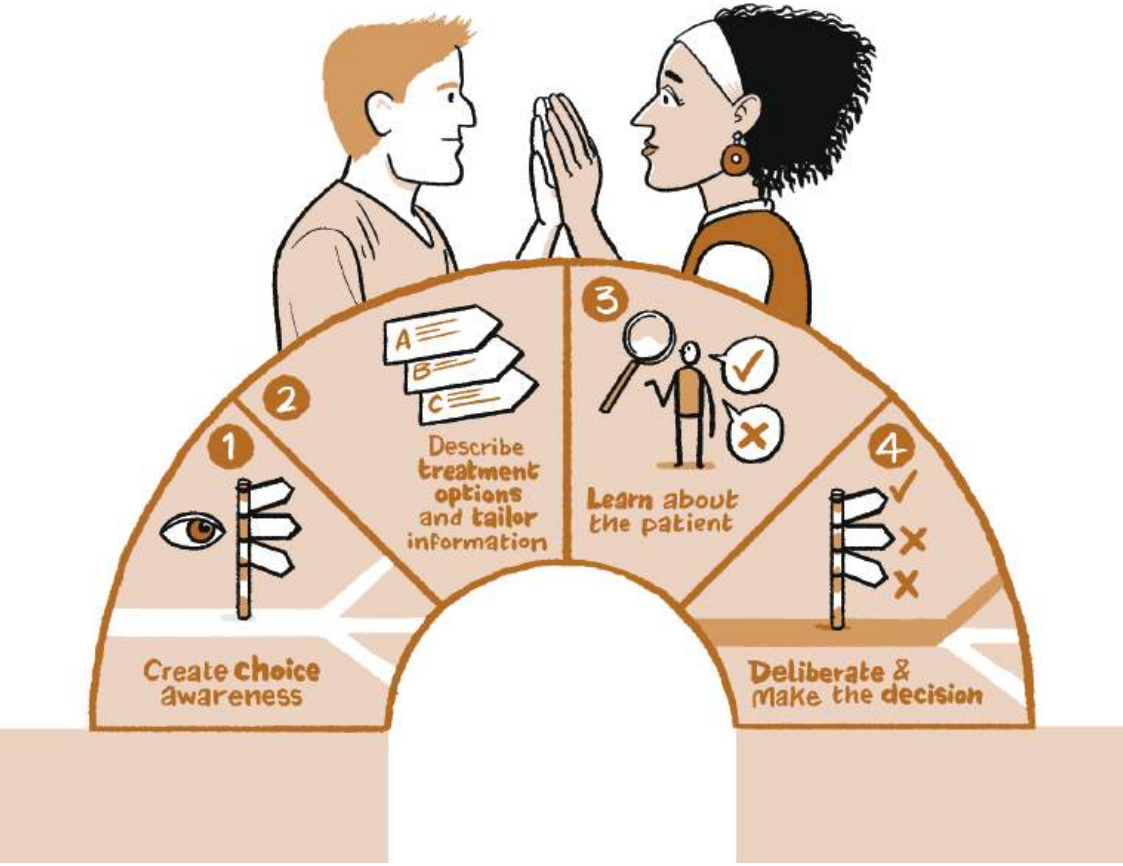
National Healthcare Communication Programme

Shared Decision-Making

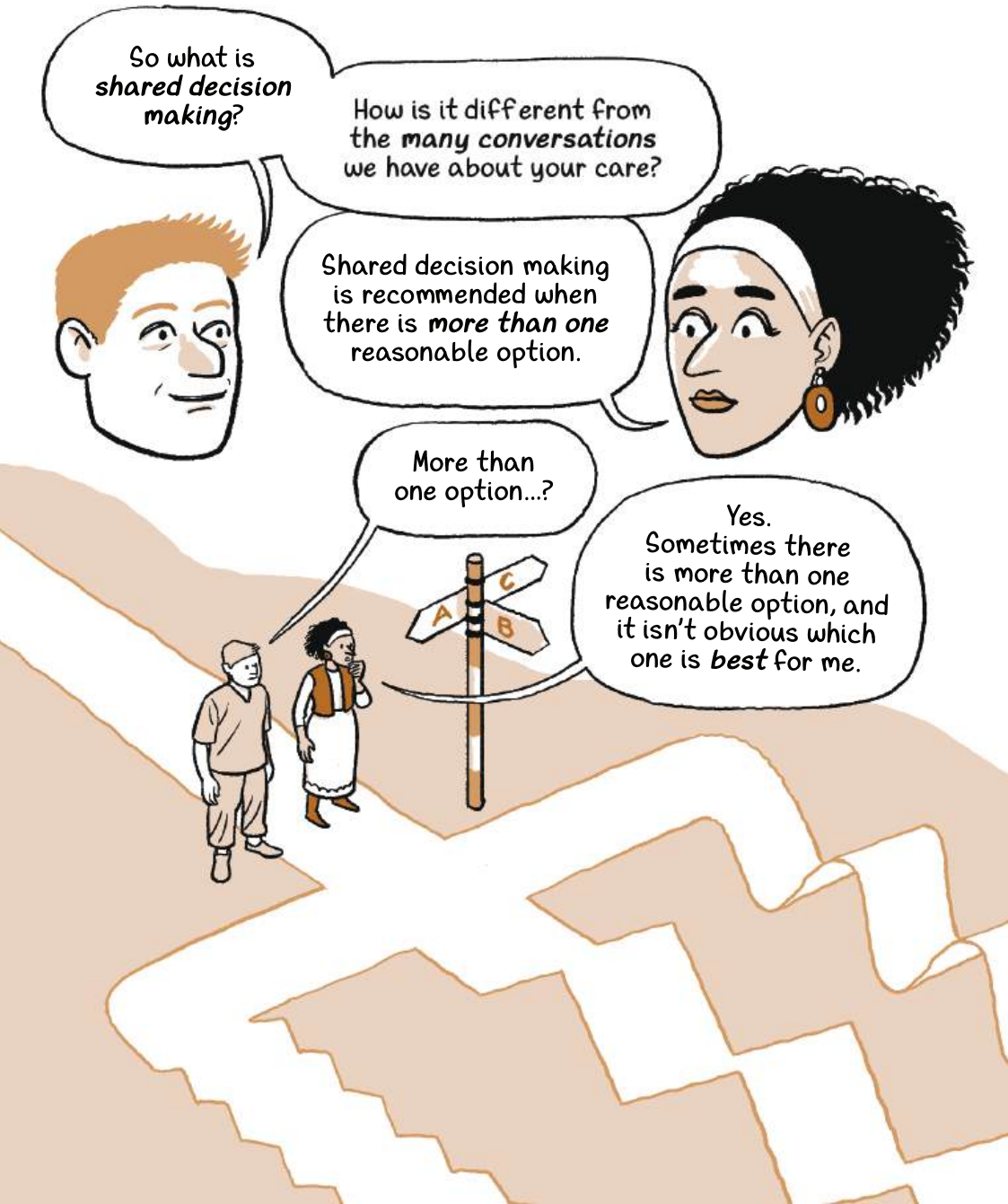


Making conversations easier

> “
>
> Shared decision-making is both complex and simple. It asks clinicians to set aside ready-made answers and stay curious, and it asks patients to dare to be fully seen. In that meeting, with humility, courage, and compassion, clinician and patient shape care that honours this person’s life and priorities.
>
> **inspired by Pieterse AH et al., 2019, 2022, 2023**

- Pieterse AH, Gulbrandsen P, Ofstad EH, Menichetti J. What does shared decision making ask from doctors? Uncovering suppressed qualities that could improve person-centered care. Patient Educ Couns 2023;114:107801; **https://doi.org/10.1016/j.pec.2023.107801**
- Pieterse AH, Stiggelbout AM, Montori V. Shared decision making and the importance of time. JAMA 2019;322:25-26; doi:10.1001/jama.2019.3785
- Stiggelbout AM, Pieterse AH, De Haes JCJM. Shared Decision Making: concepts, evidence, and practice. Patient Educ Couns 2015;98:1172-1179; **http://dx.doi.org/10.1016/j.pec.2015.06.022**

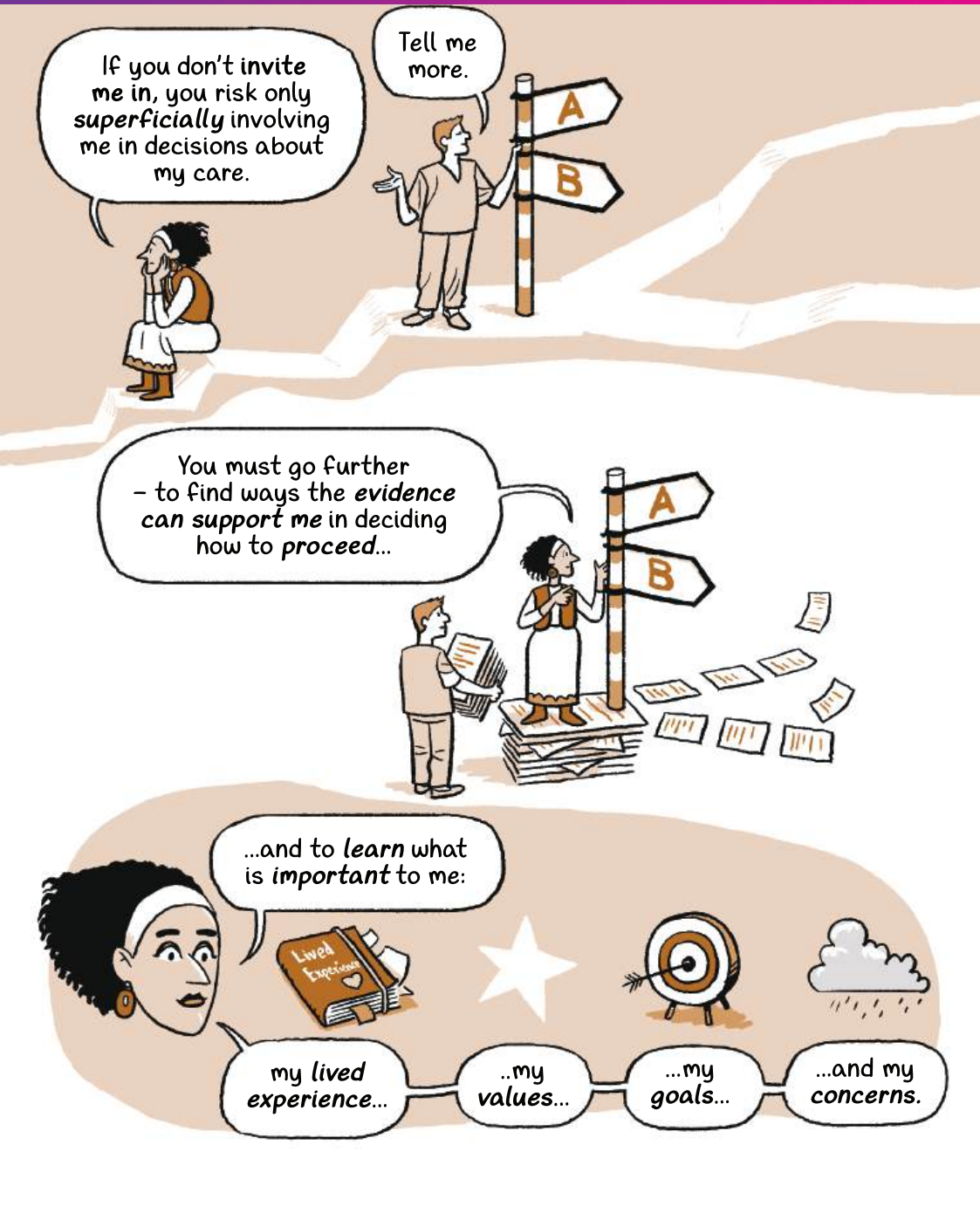
Introduction

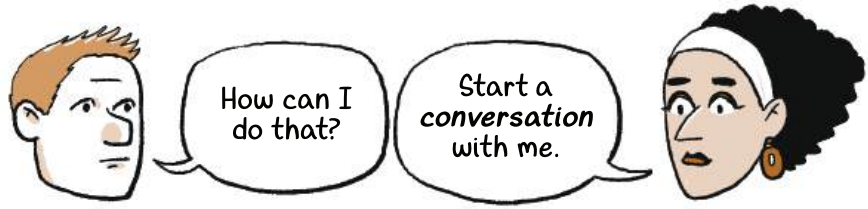

So what is shared decision making?
How is it different from the many conversations we have about your care?
Shared decision making is recommended when there is more than one reasonable option.
More than one option...?
Yes. Sometimes there is more than one reasonable option, and it isn't obvious which one is best for me.
A
B
C


It's not always clear to me what the best option is.
Not always clear to you?
I have to stay up to date with the science...
...understand your clinical information...
...and weigh the evidence from all sides.
Yes.
And then you have to translate that evidence into a plan that is best for me at this point in my life and in my circumstances.

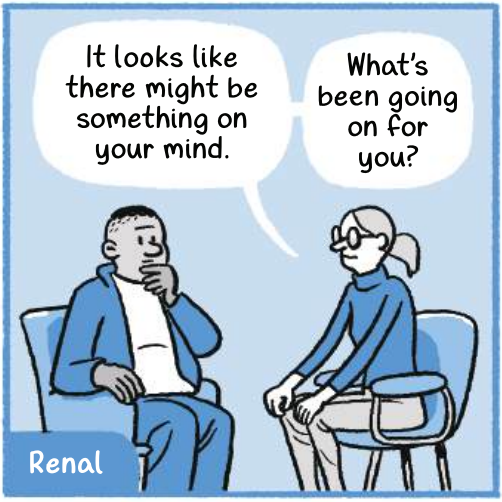

That takes judgement.
Tell me more about that.
The evidence doesn't always give a clear answer about what's best for one particular person.
Science doesn't study individual patients.
That's true.
It tells us what medicine knows – and doesn't know – about diseases and treatments in groups of people.
So you then have to take this evidence and adapt it to support me in deciding how to proceed.
Exactly.

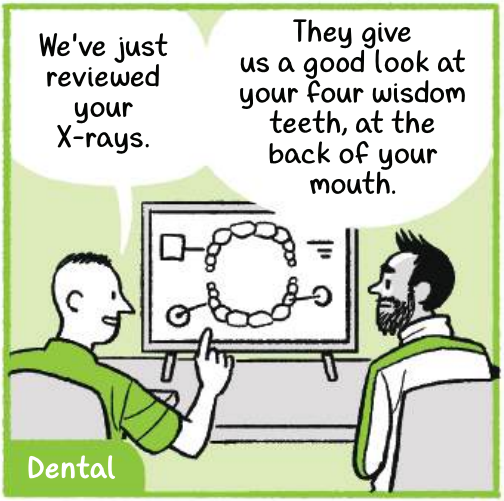

But even with the best will in the world, you cannot know *what matters to me* until you *ask*.
What matters to you?
You know the *biology* of my condition, and the likely *benefits and harms* of different treatments.
Yes.
But that alone *isn't enough* for shared decision making.
It isn't?
When I'm ill, I can feel *vulnerable* and might prefer to just go along with what you decide, instead of getting involved.
shrug

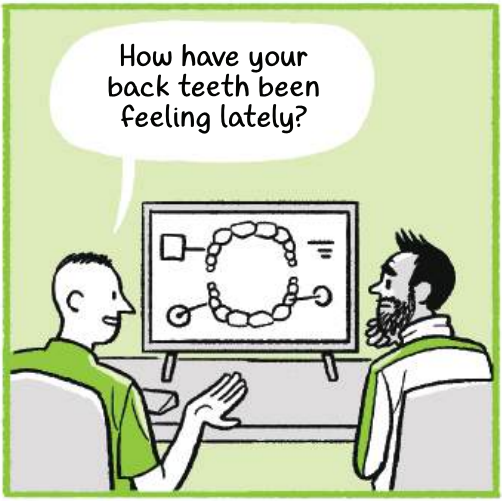

If you don't invite me in, you risk only superficially involving me in decisions about my care.
Tell me more.
A
B
You must go further – to find ways the evidence can support me in deciding how to proceed...
A
B
...and to learn what is important to me:
Lived Experience
my lived experience...
..my values...
...my goals...
...and my concerns.


How can I do that?
Start a *conversation* with me.


Create *space* where we can *explore the evidence* together and talk about *my preferences*.

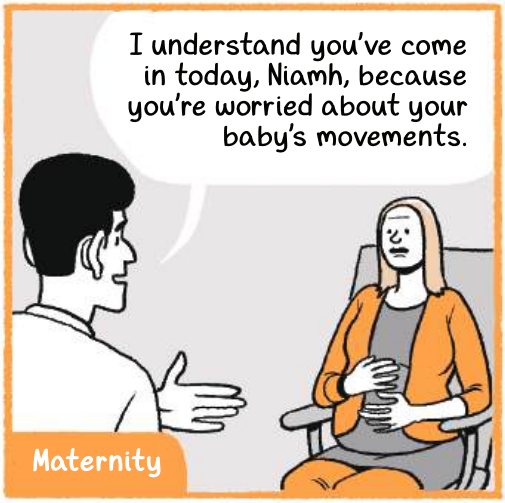

It looks like there might be something on your mind.
What's been going on for you?
Renal


We've just reviewed your X-rays.
They give us a good look at your four wisdom teeth, at the back of your mouth.
Dental


How have your back teeth been feeling lately?

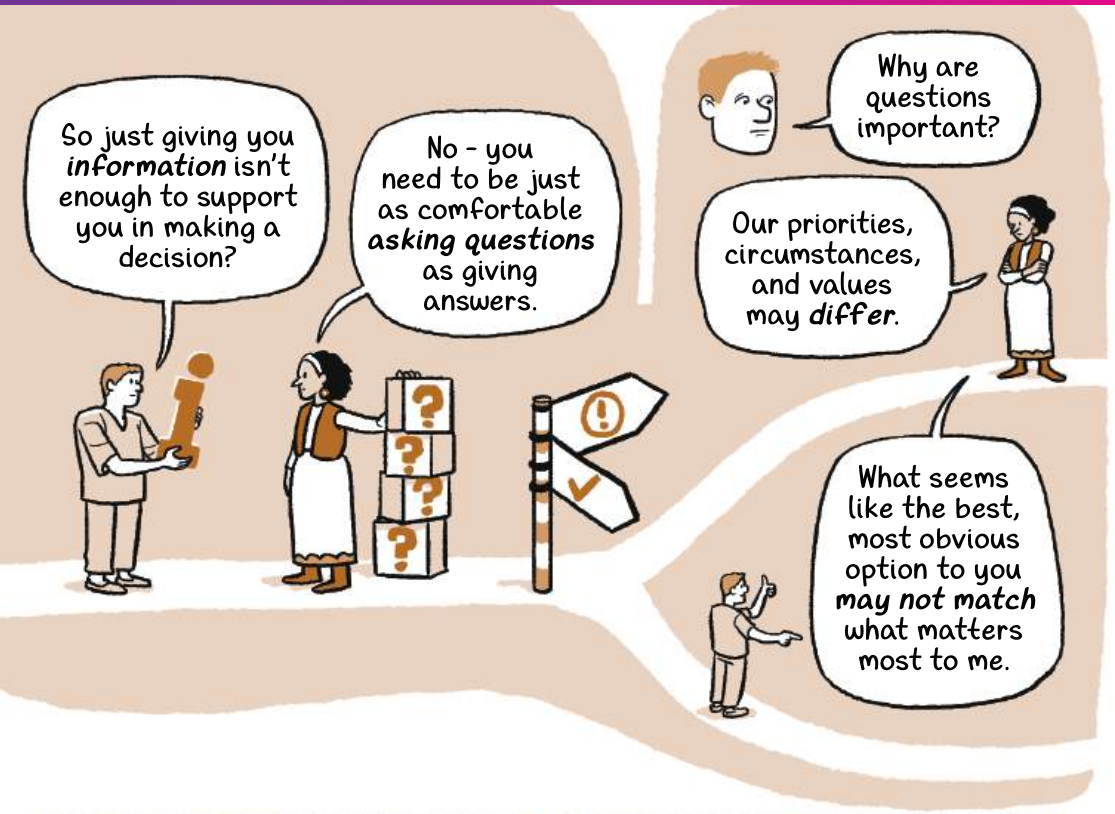

Show me that you **care** about the effect of my condition on me, and about how possible treatments might affect **me**, **my family**, and **my activities**.


I hear that you're worried about your joints and also about the treatments we could use.
Let's talk about that.
Rheumatology


I understand you've come in today, Niamh, because you're worried about your baby's movements.
Maternity

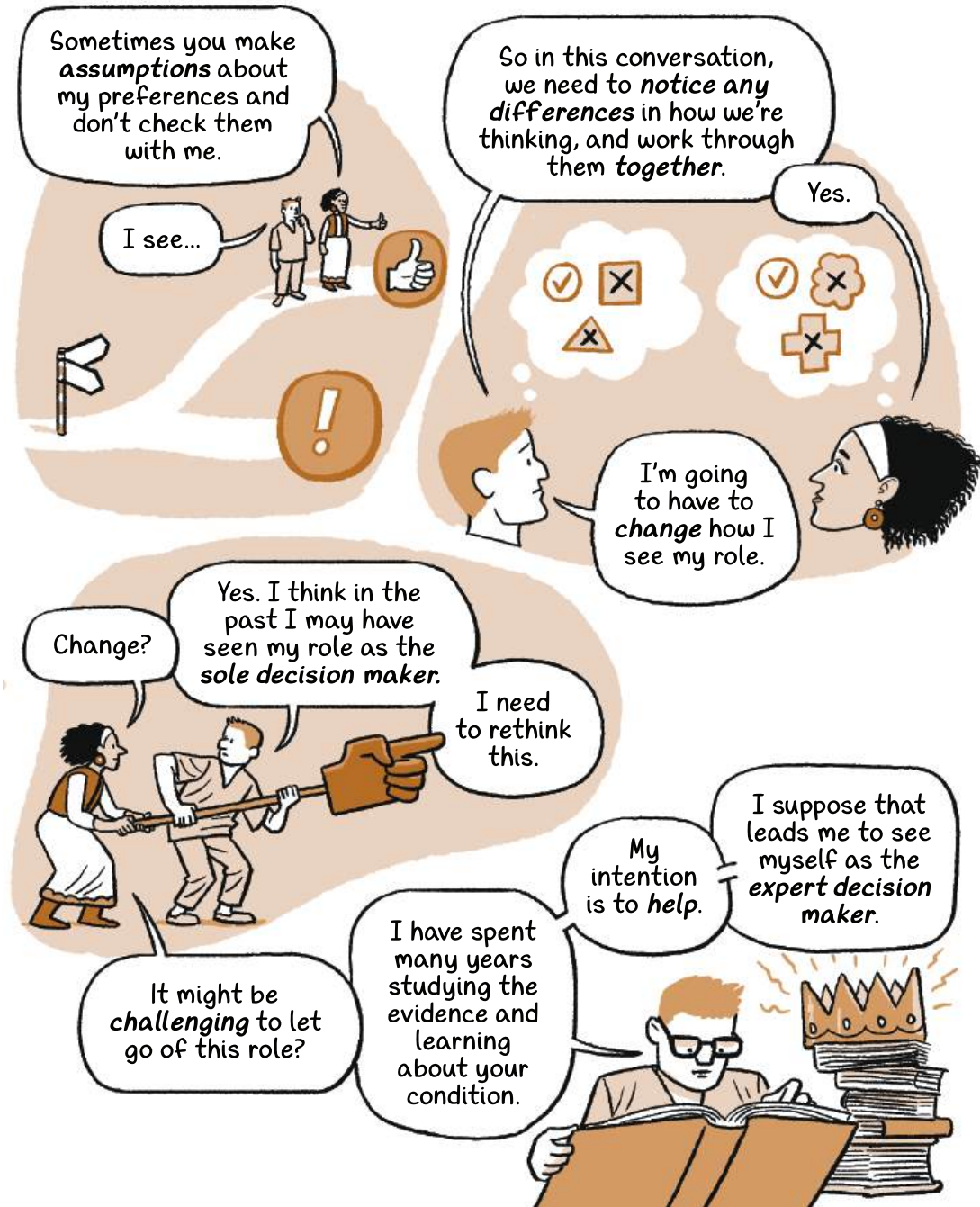

Tell me more about that.


Shared decision making means we **both** have a role in the conversation.
What is **mine**?
Your role is to:
Review the **evidence** and identify the **treatment options** for me.
Explain that a **decision** needs to be made, and that **my preferences matter.**
Share new information **clearly.**
Get to know my **values, goals,** and **preferences.**
Work **with me** to develop a **treatment plan** that fits both the **evidence** and **what matters to me.**


So just giving you *information* isn't enough to support you in making a decision?
No - you need to be just as comfortable *asking questions* as giving answers.
Why are questions important?
Our priorities, circumstances, and values may *differ*.
What seems like the best, most obvious option to you *may not match* what matters most to me.


Welcome back. I had a chance to look at your X rays.
Dental

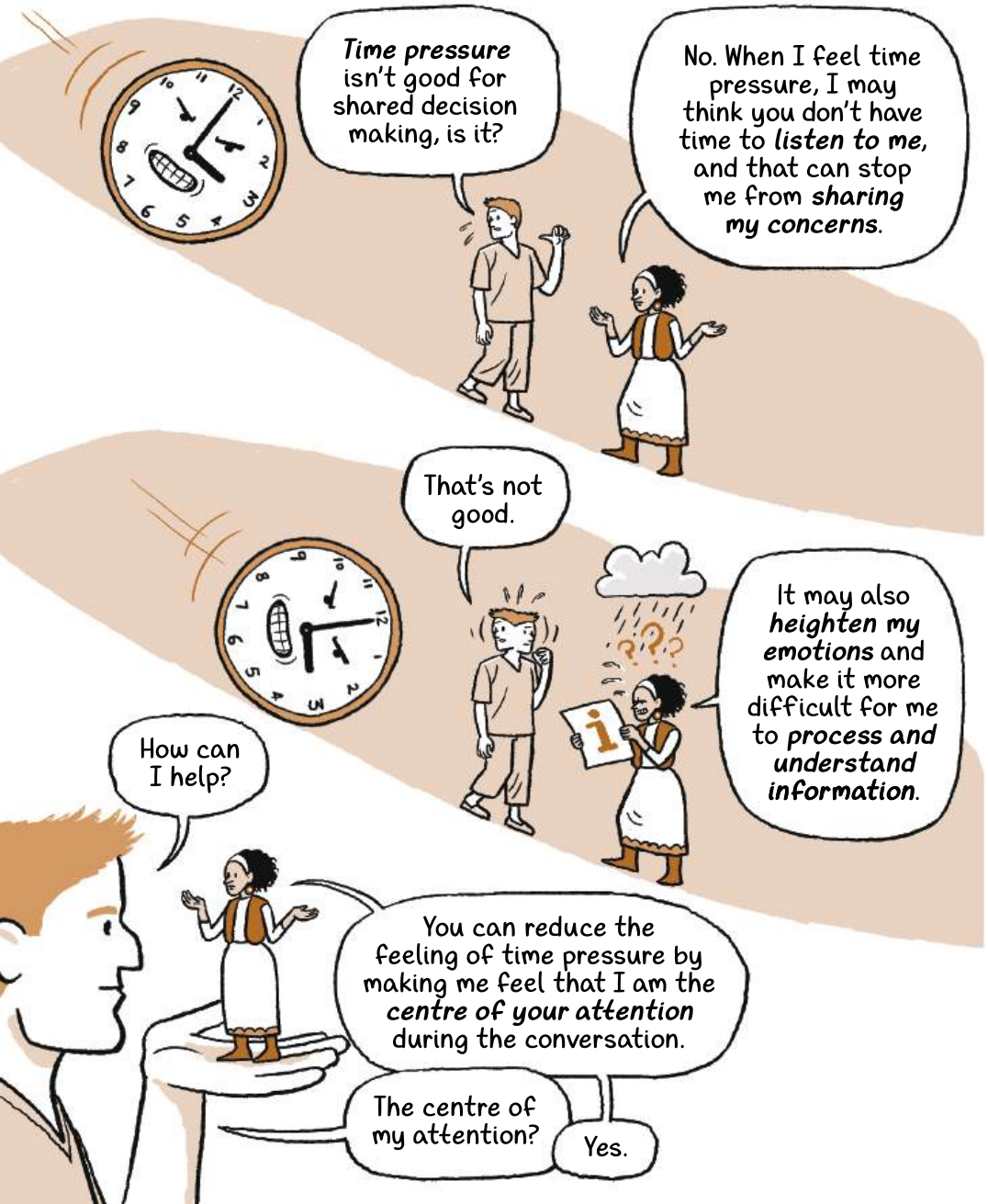

Before we talk about the *treatment options*, I'd like to hear from *you* first.
What are you hoping to *achieve* with the treatment?

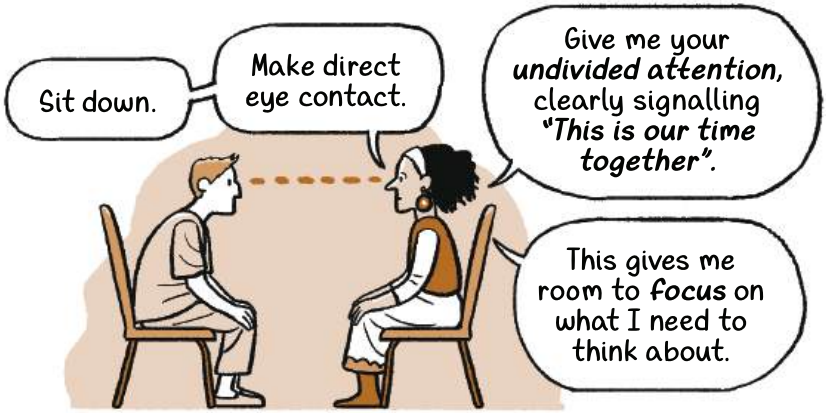

Sometimes you make **assumptions** about my preferences and don't check them with me.
I see...
So in this conversation, we need to **notice any differences** in how we're thinking, and work through them **together**.
Yes.
I'm going to have to **change** how I see my role.
Change?
Yes. I think in the past I may have seen my role as the **sole decision maker**.
I need to rethink this.
It might be **challenging** to let go of this role?
I have spent many years studying the evidence and learning about your condition.
My intention is to **help**.
I suppose that leads me to see myself as the **expert decision maker**.


I prefer a more collaborative approach.
You are the expert in your values, goals and preferences.
There are also some things you could do to help.
Tell me.
During the conversation you could...
Ask me questions when I'm unclear.
Ask how treatment might affect your life and situation.
Talk about your thoughts and feelings.
Consider the options, and say what is important to you.
A
B
C
Outside the conversation, you could...
Read any information I give you.
Think about the options.
Discuss the decision with your family or others important to you.
Yes. I will need time to do that.

Time


Time is often limited in healthcare.
You can still create space for shared decision making, even when there is time pressure.
8.00
BOOKED
9.00
How?
10.00
BOOKED
11.00
BOOKED
16.00
You could offer to see me again later the same day.
Ok.
Or you could start the decision making conversation earlier.
What do you mean?
Some decisions can be anticipated months ahead.
MAY
DUE
Like decisions about childbirth, dialysis options, or screening – things we can often see coming in advance.
Yes.


Time pressure isn't good for shared decision making, is it?
No. When I feel time pressure, I may think you don't have time to listen to me, and that can stop me from sharing my concerns.
That's not good.
It may also heighten my emotions and make it more difficult for me to process and understand information.
How can I help?
You can reduce the feeling of time pressure by making me feel that I am the centre of your attention during the conversation.
The centre of my attention?
Yes.

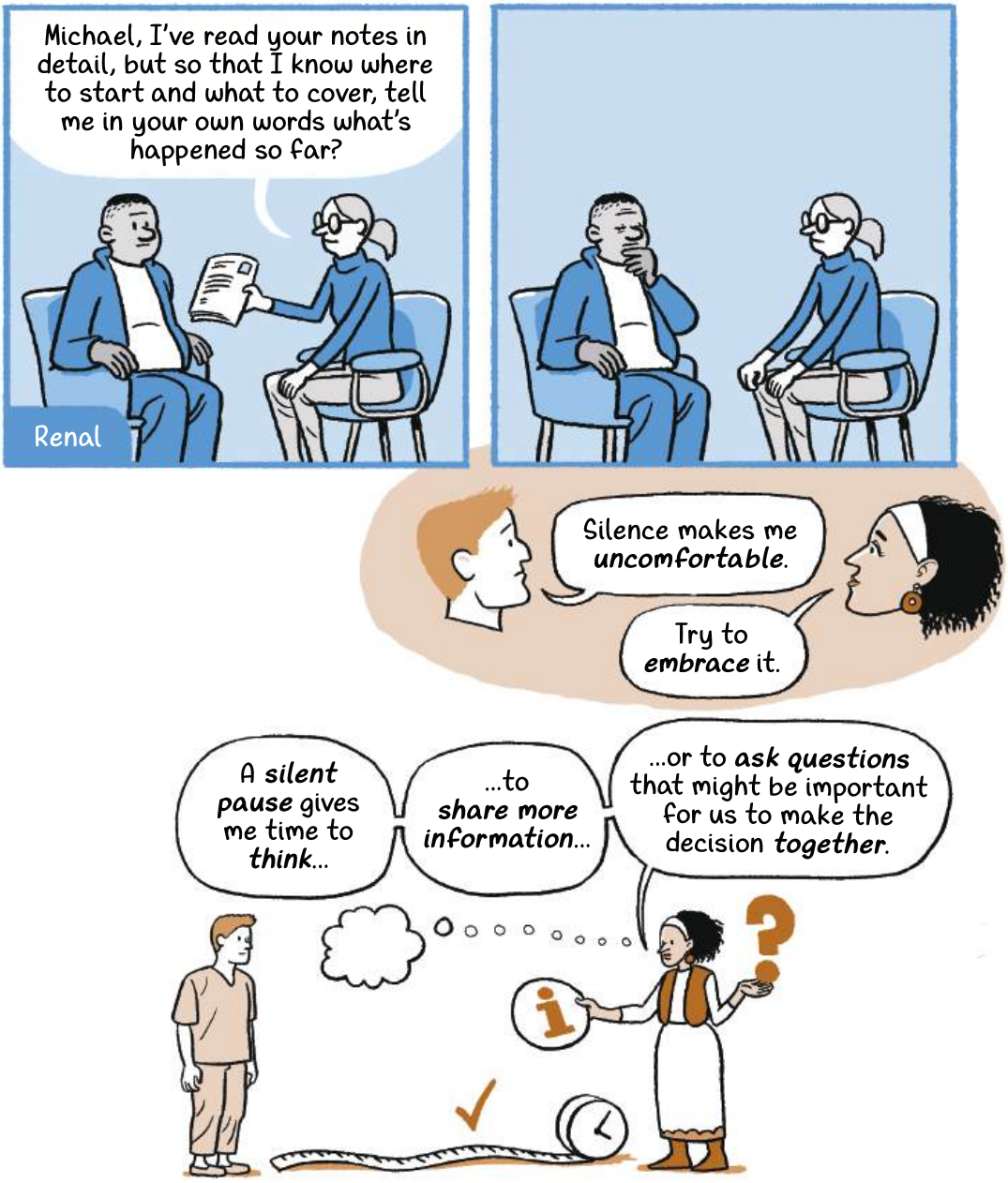

Sit down.
Make direct eye contact.
Give me your *undivided attention*, clearly signalling *"This is our time together"*.
This gives me room to *focus* on what I need to think about.

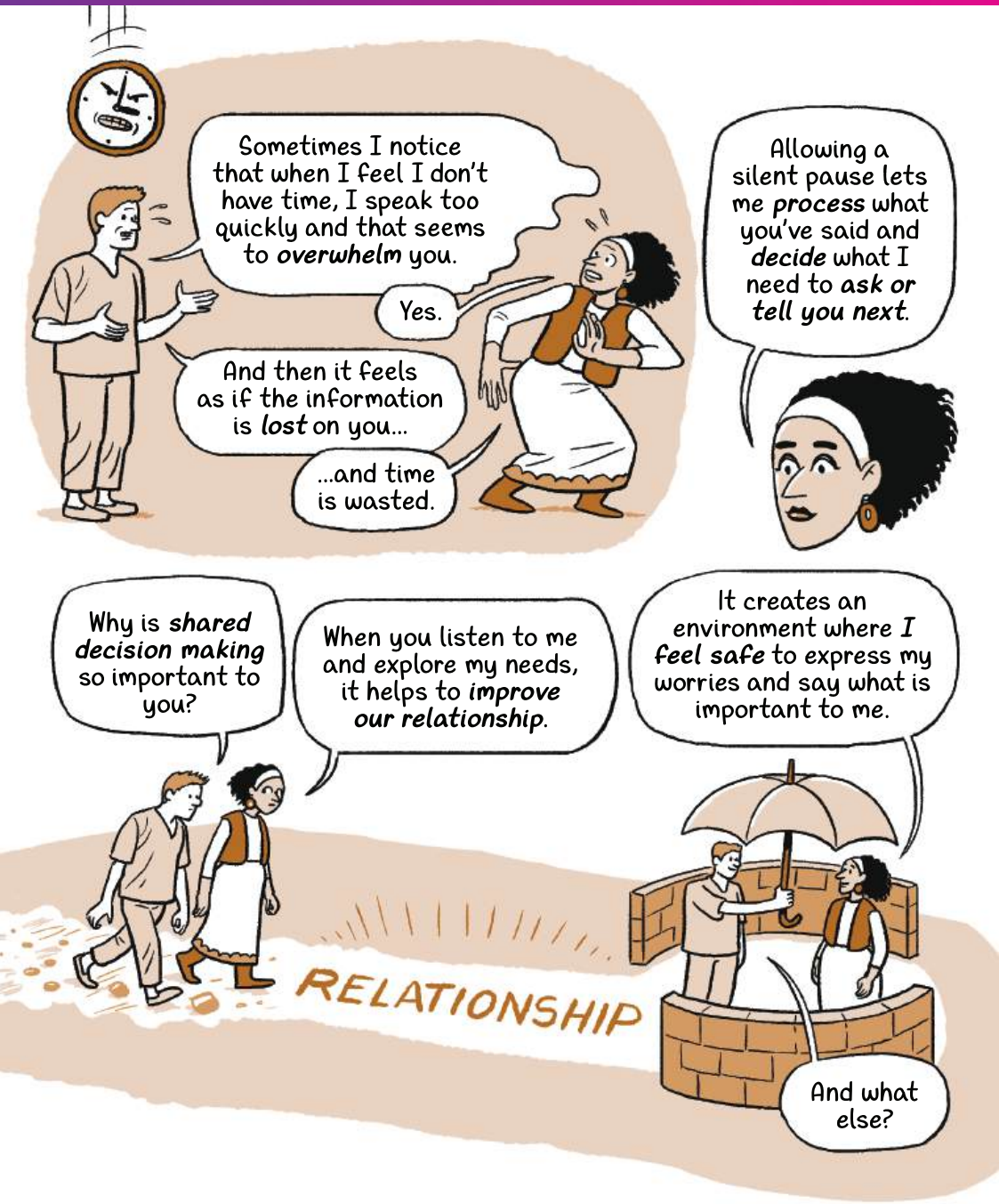

I would like to talk with you about what will help your joints.
How does that sound?
Rheumatology

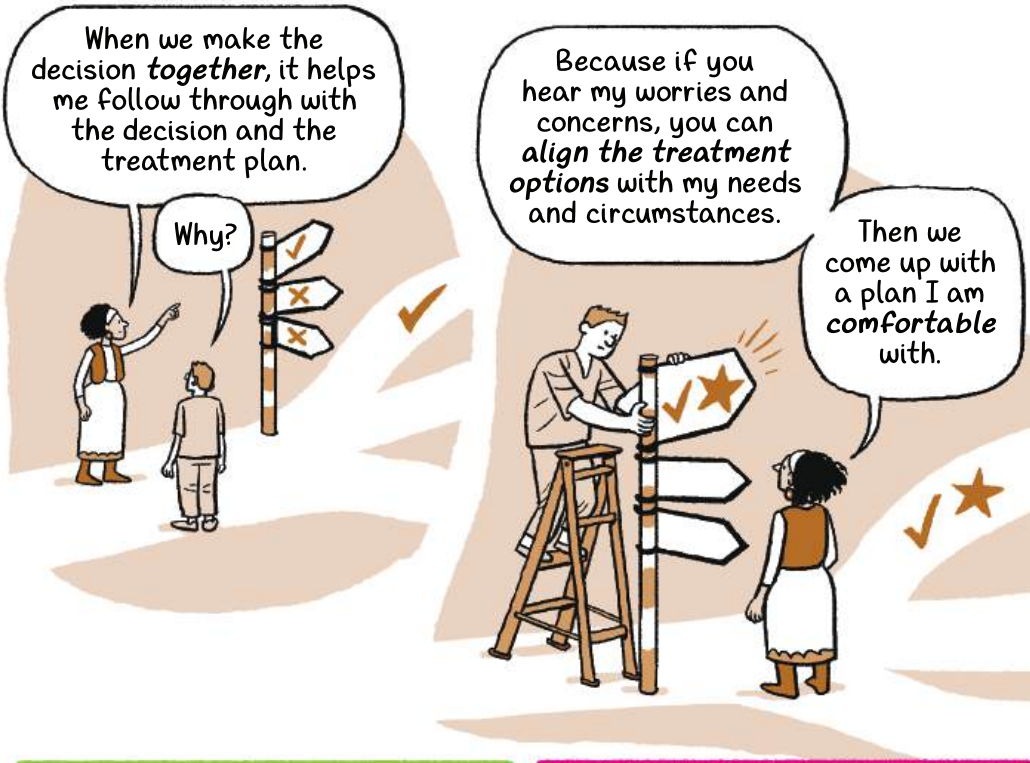

Ok. What else?
After you ask a question, *be silent*.

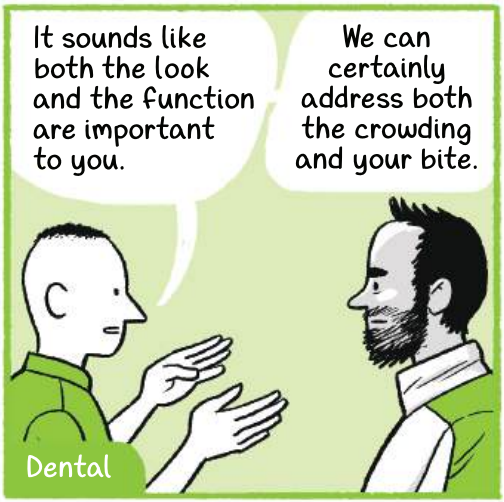

Let me *answer*.
...


Don't jump in with *another question or suggestion*.
...


Michael, I've read your notes in detail, but so that I know where to start and what to cover, tell me in your own words what's happened so far?
Renal
Silence makes me uncomfortable.
Try to embrace it.
A silent pause gives me time to think...
...to share more information...
...or to ask questions that might be important for us to make the decision together.

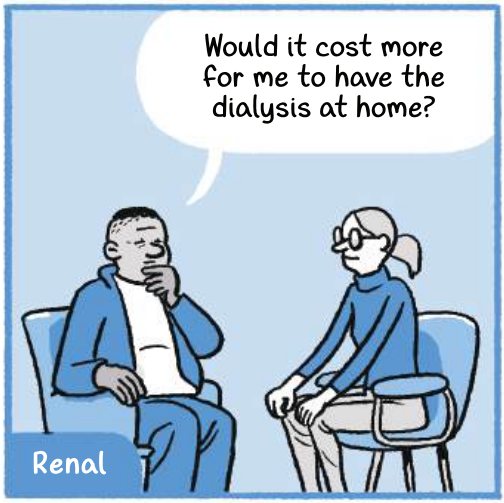

Sometimes I notice that when I feel I don't have time, I speak too quickly and that seems to **overwhelm** you.
Yes.
And then it feels as if the information is **lost** on you...
...and time is wasted.
Allowing a silent pause lets me **process** what you've said and **decide** what I need to **ask or tell you next**.
Why is **shared decision making** so important to you?
When you listen to me and explore my needs, it helps to **improve our relationship**.
It creates an environment where I **feel safe** to express my worries and say what is important to me.
RELATIONSHIP
And what else?

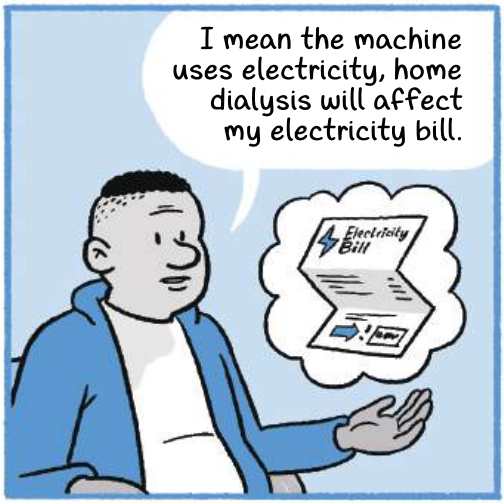

When we make the decision *together*, it helps me follow through with the decision and the treatment plan.
Why?
Because if you hear my worries and concerns, you can *align the treatment options* with my needs and circumstances.
Then we come up with a plan I am *comfortable* with.

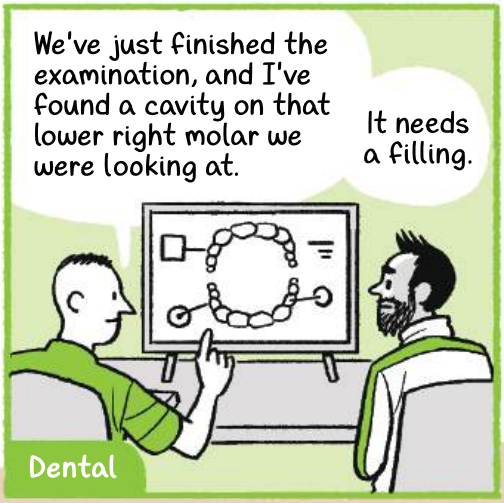

It sounds like both the look and the function are important to you.
We can certainly address both the crowding and your bite.
Dental


I still have all the worry of whether the cancer is really gone or not, and what I'll do if it comes back.
Surgery


Ok. I can see how that would help.
It can also be helpful to explore barriers with me...
Remember that I am usually the one implementing what we decide, in my own time and with my own resources.
I also have to live with the consequences of the decision.
You mean for example, any side effects that might occur?
Exactly!


Would it cost more for me to have the dialysis at home?
Renal


I mean the machine uses electricity, home dialysis will affect my electricity bill.
Electricity Bill

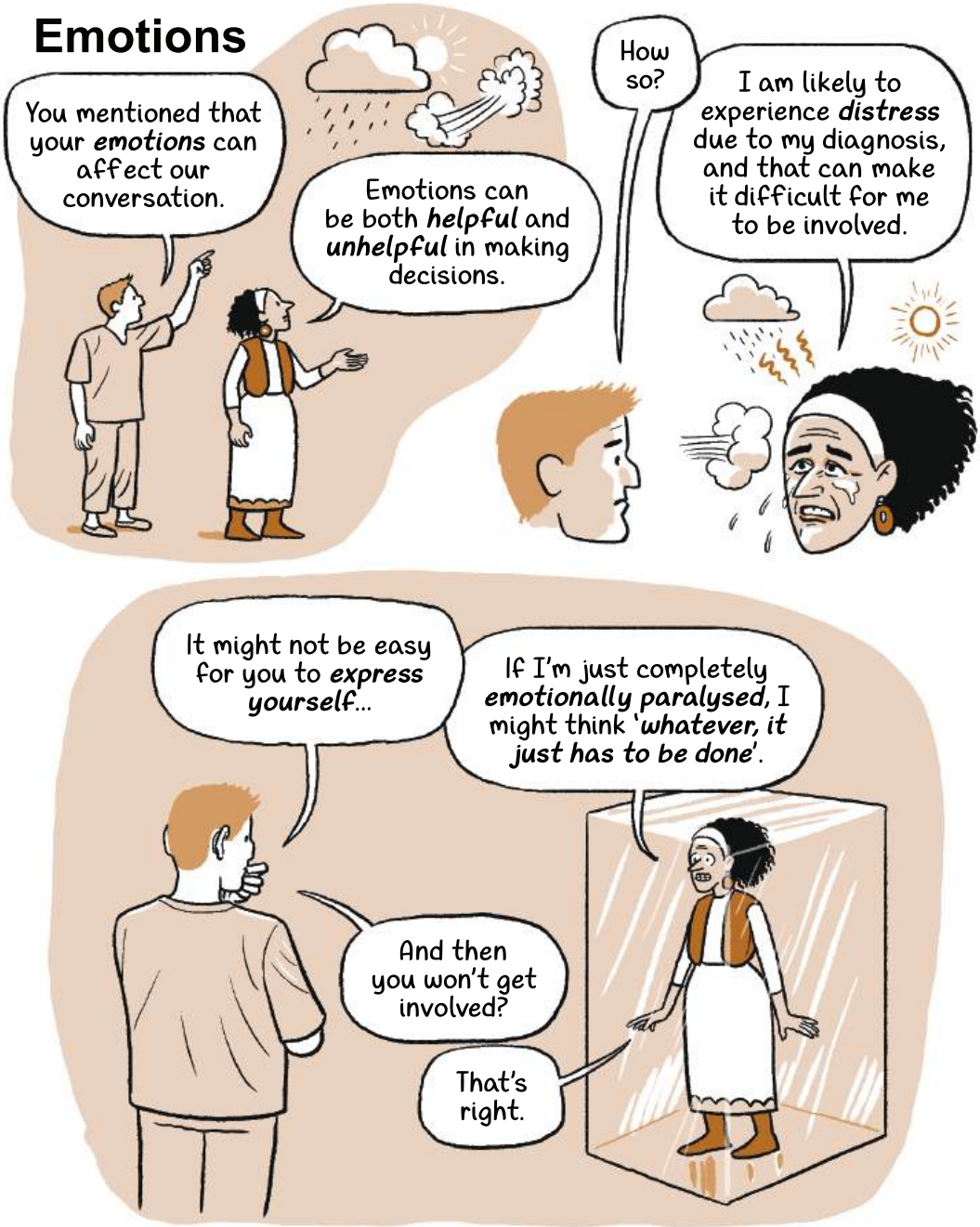

We've just finished the examination, and I've found a cavity on that lower right molar we were looking at.
It needs a filling.
Dental


The usual option is a tooth coloured composite filling, and I'd like to talk you through what this involves and what would work best for you.


There is so much to consider...


I am a person with my own **story**, **values**, **preferences**, **worries**, **fears** and **hopes**.
My Story
Ok.
And you still cannot know what matters to me until you **ask**.
What's most important to you about your dental health – for example comfort, appearance, or how easy things are to look after?
Dental
What are your main hopes and concerns regarding treatment and your life moving forward?
Renal

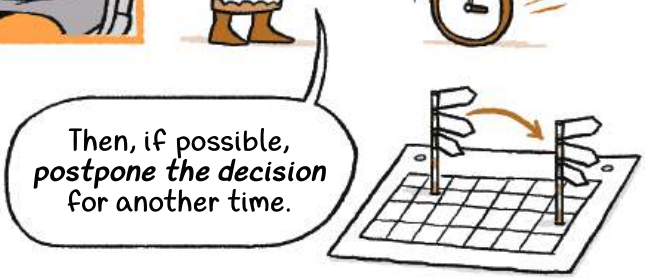
Emotions


You mentioned that your **emotions** can affect our conversation.
Emotions can be both **helpful** and **unhelpful** in making decisions.
How so?
I am likely to experience **distress** due to my diagnosis, and that can make it difficult for me to be involved.
It might not be easy for you to **express yourself**...
If I'm just completely **emotionally paralysed**, I might think '**whatever, it just has to be done**'.
And then you won't get involved?
That's right.


Emotions may also limit my understanding of information.
I might focus on just one piece of information and miss other important parts.
That would hinder your ability to make a decision?
Yes.
So to help you manage your emotions...
I need to create a safe space for you to express how you feel.
I can show support by being empathic...
...helping to put things in perspective...
...and maybe giving you some time alone with a loved one or companion.


When we were talking on the phone about this meeting, you mentioned that you were nervous.
How are you feeling today?
Maternity

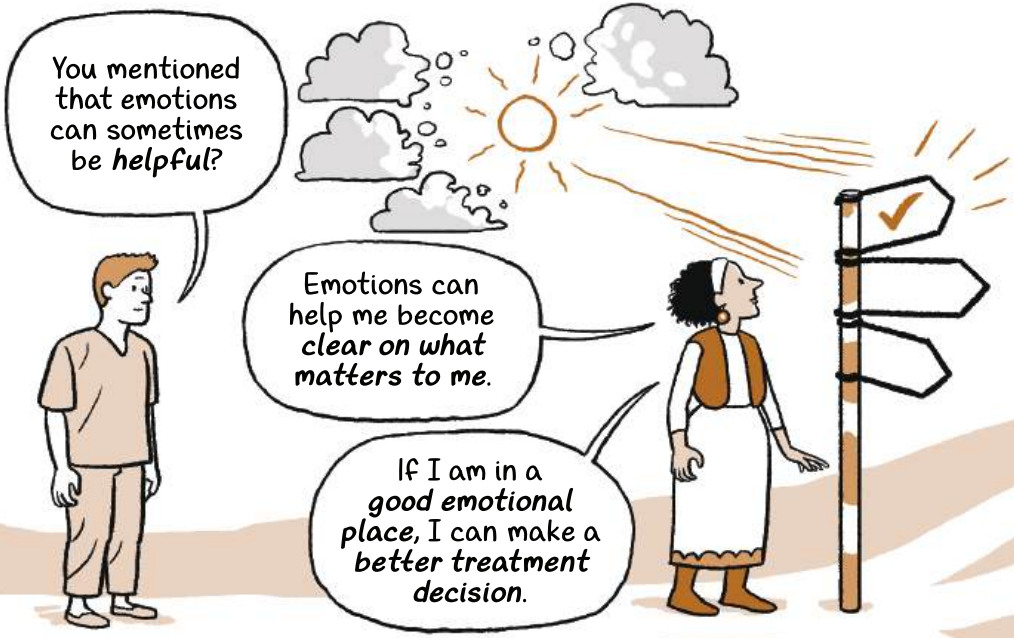

And if none of that helps, acknowledge that this is *not a good time* for me to receive information or make a decision.


Then, if possible, *postpone the decision* for another time.

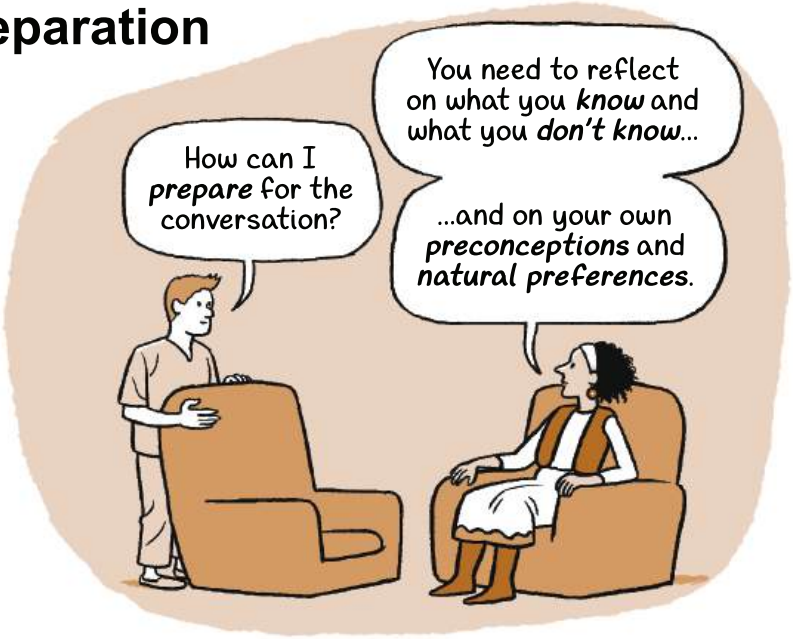

Let's meet again at your next visit to continue this discussion about your options for delivery.


What would you need in the meantime to help you arrive at a preference?


Let's schedule our next appointment in two weeks to give you and your wife time to talk about the options around home dialysis.
Renal
We can make a decision together if you're ready then.


You mentioned that emotions can sometimes be *helpful*?
Emotions can help me become *clear on what matters to me*.
If I am in a *good emotional place*, I can make a *better treatment decision*.

Preparation



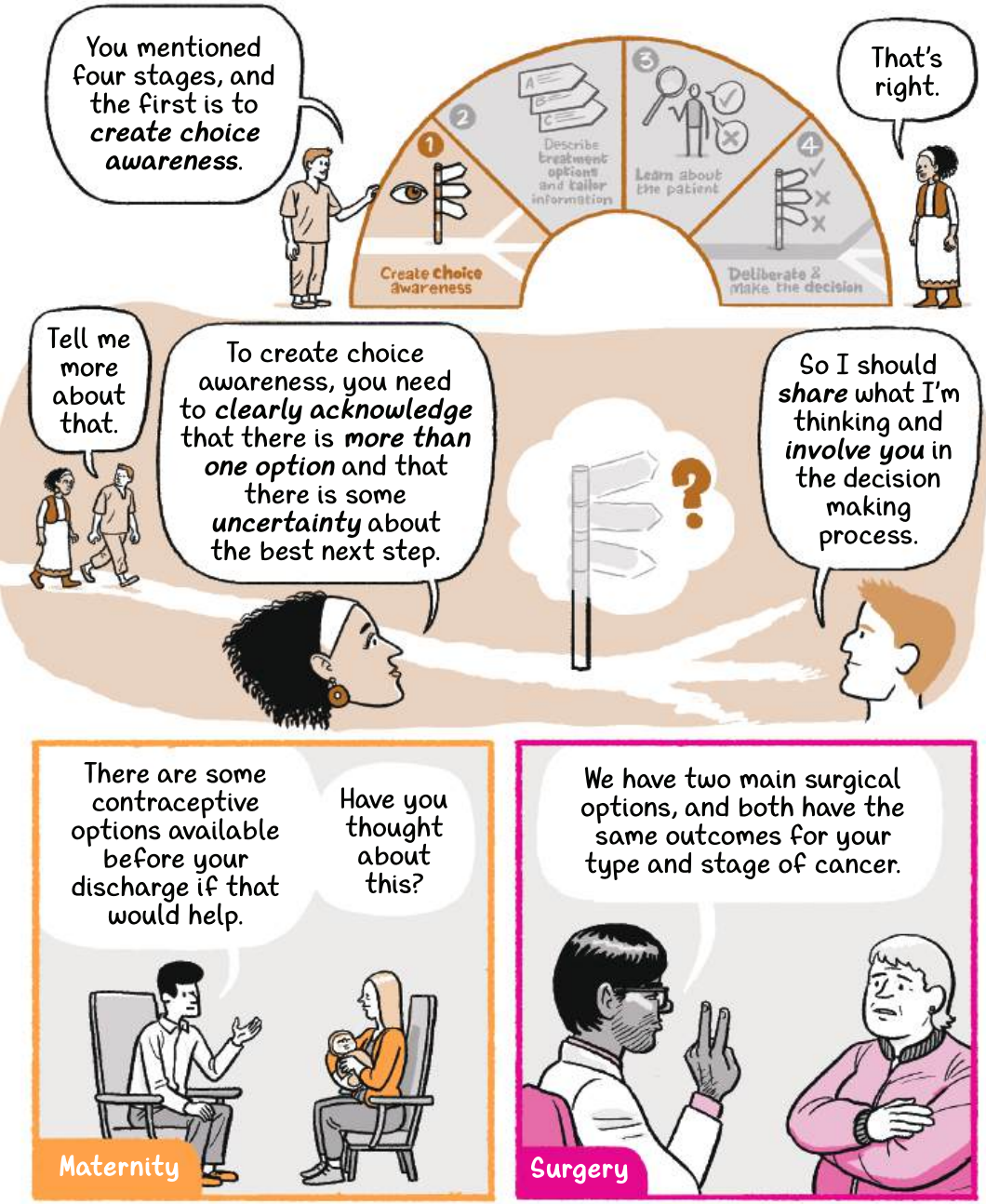

I suppose if I am aware of those, I can be *more attentive* and listen *more deeply* to you.
Yes.
What *else* can I do to prepare?

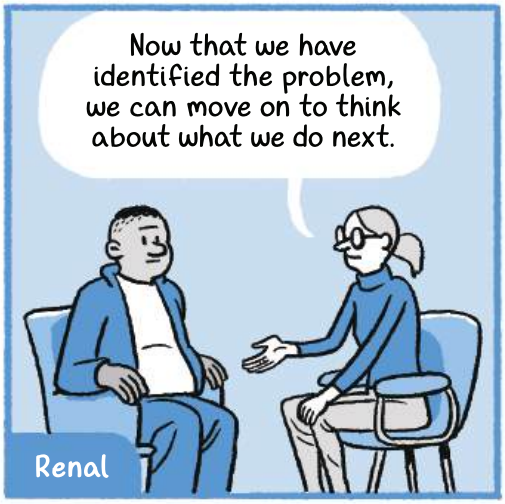

You can speak to other members of the team or perhaps other specialists.


This gives you *time* to consider *what* to say and *how* to say it...


...so you can respond *more effectively* to me.

Create choice awareness

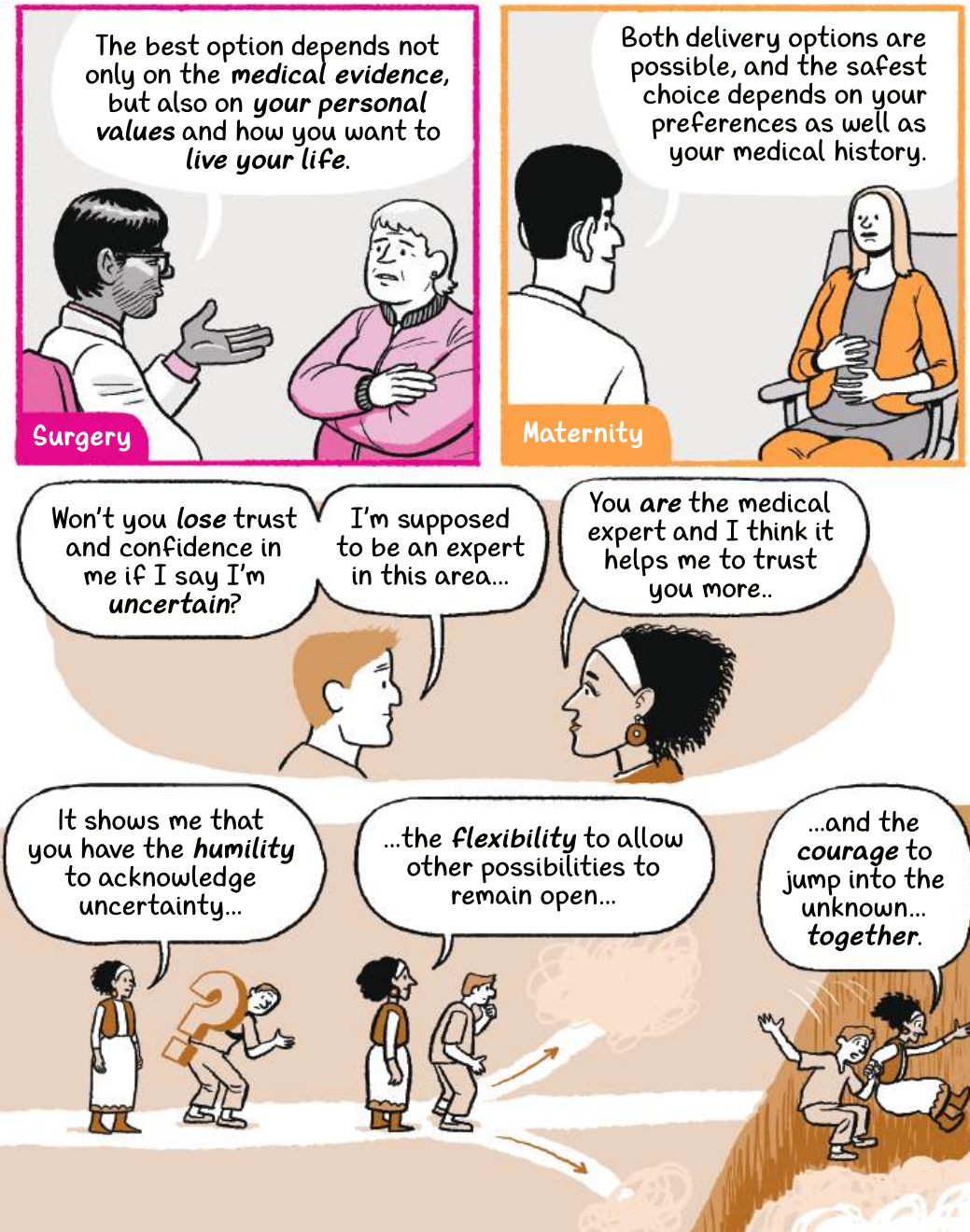

You mentioned four stages, and the first is to *create choice awareness*.
That's right.
1
Create choice awareness
2
Describe treatment options and tailor information
3
Learn about the patient
4
Deliberate & make the decision
Tell me more about that.
To create choice awareness, you need to *clearly acknowledge* that there is *more than one option* and that there is some *uncertainty* about the best next step.
So I should *share* what I'm thinking and *involve you* in the decision making process.
There are some contraceptive options available before your discharge if that would help.
Have you thought about this?
Maternity
We have two main surgical options, and both have the same outcomes for your type and stage of cancer.
Surgery


Now that we have identified the problem, we can move on to think about what we do next.
Renal


I think there are two options that we could discuss.

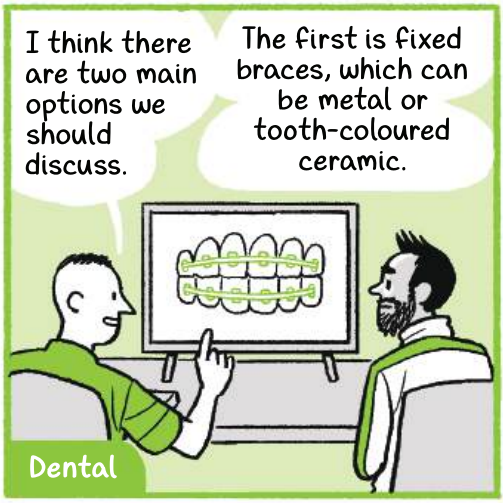

And acknowledge that what each of us contributes is ***equally important*** to the final decision.

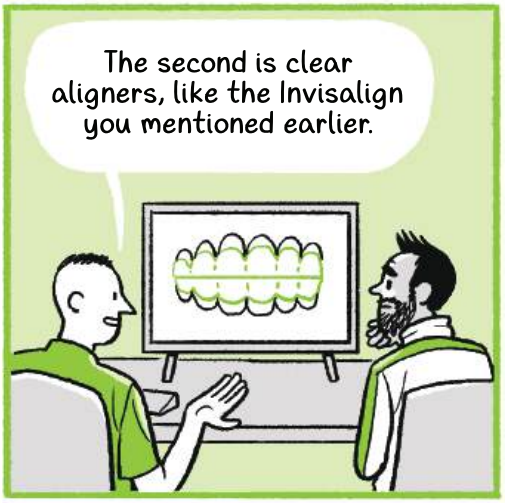

There are several options to manage your pain during labour and the best one depends on your preferences and delivery plan.
Maternity


The best option depends not only on the medical evidence, but also on your personal values and how you want to live your life.
Surgery
Both delivery options are possible, and the safest choice depends on your preferences as well as your medical history.
Maternity
Won't you lose trust and confidence in me if I say I'm uncertain?
I'm supposed to be an expert in this area...
You are the medical expert and I think it helps me to trust you more..
It shows me that you have the humility to acknowledge uncertainty...
...the flexibility to allow other possibilities to remain open...
...and the courage to jump into the unknown... together.

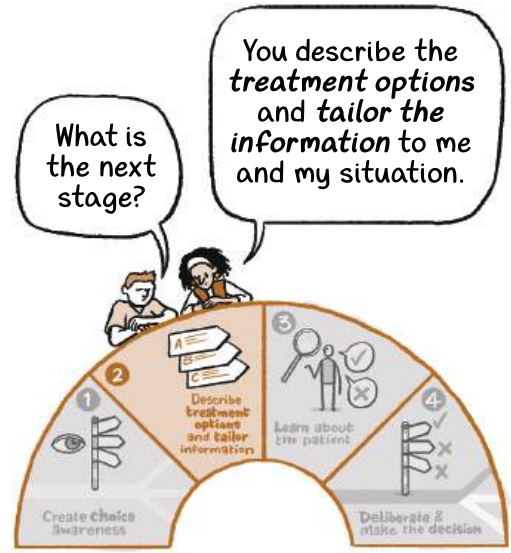

We have a few different options here...
Some of the treatments we use are tablets, some are pen injectors, and some you come to the ward for as a drip.
Rheumatology


They are all good, but we need to figure out what will work best for you.


I think there are two main options we should discuss.
The first is fixed braces, which can be metal or tooth-coloured ceramic.
Dental


The second is clear aligners, like the Invisalign you mentioned earlier.

Describe treatment options and tailor information to individual patients


What is the next stage?
You describe the *treatment options* and *tailor the information* to me and my situation.
1
Create choice awareness
2
Describe treatment options and tailor information
3
Learn about the patient
4
Deliberate & make the decision

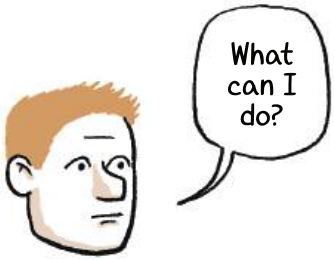

1
The most common first choice is a tablet called methotrexate.
You need to have regular blood tests while on it.
Rheumatology


2
After methotrexate, we have a number of injectable drugs called "biologics."


These are newer, and we can teach you about them as an alternative if methotrexate doesn't work.


What helps?
Asking what I already know...
Using plain language...
...giving information in small chunks...
...and pausing to check my understanding.
1
The first option is to aim for a vaginal delivery.
Maternity
2
The second option is to be booked for an elective, repeat caesarean section.
There are risks and benefits to both options, and we'll go through these now.
I'm going to start by explaining the risks and benefits of the first option...


Ok. Sometimes I will use numbers to guide decisions and to communicate information to you.
Numbers can be helpful in shared decision making...
1
3
2001
15
...depending on my ability to understand and interpret them.
These are not helpful because the meaning of these terms varies among people and situations.
What about using words like...
...rare...
A-choo!
...common...
or unlikely?
?



First, use numbers (even approximate ones) to describe ***risk probabilities,*** for example:

- ✓ 45% or 70%
- ✓ 5 in every 1000
- ✓ 10% to 15%

Second, use ***consistent denominators*** when discussing numerical data, instead of switching to ***1 in X formats,*** for example:

- ✓ 10% of women
- ✓ About 7 in 1000 people

Third, present differences in probability using ***absolute differences*** instead of ***relative reductions or increases,*** for example:

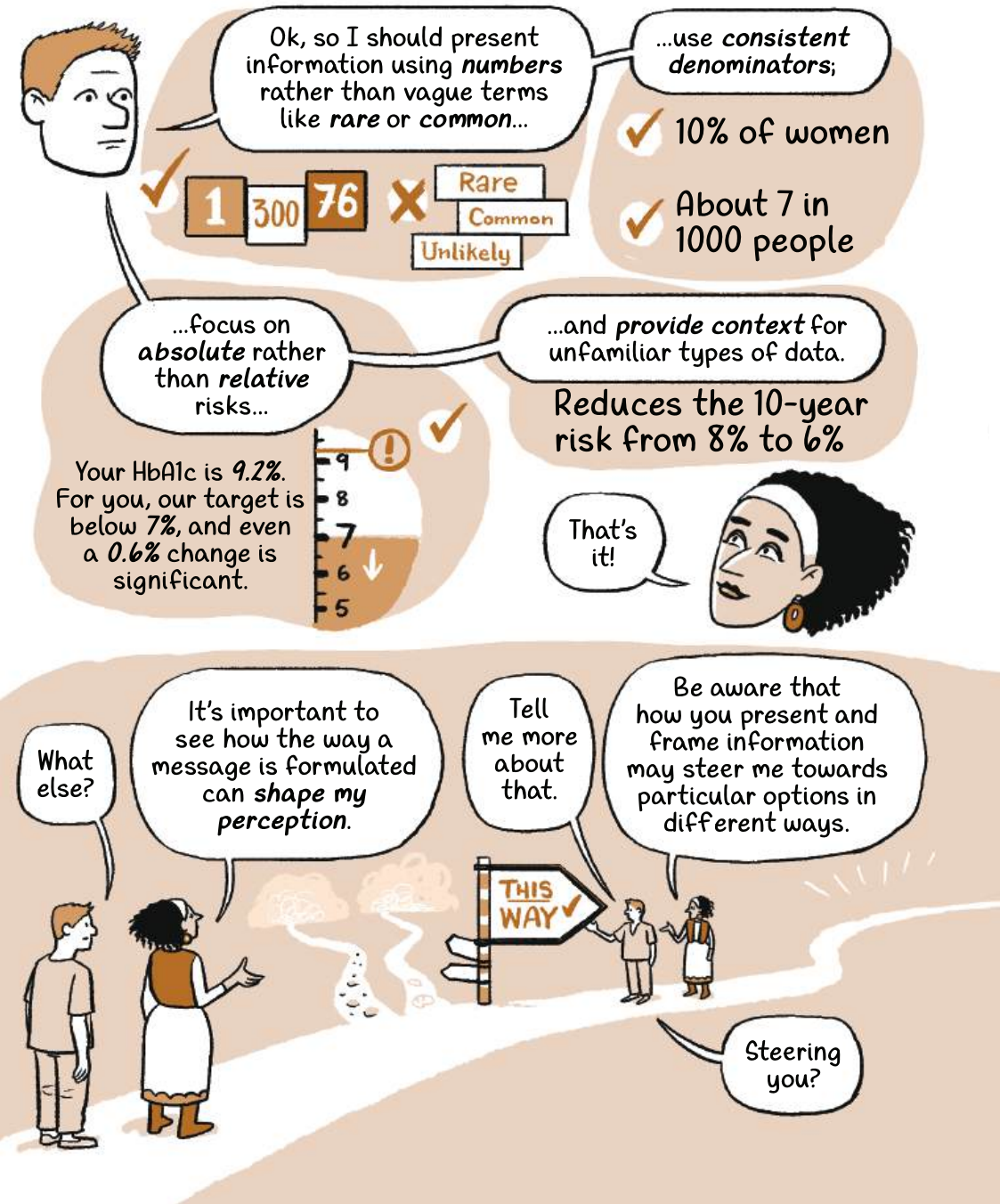
- ✓ Reduces the 10-year risk from 8% to 6%

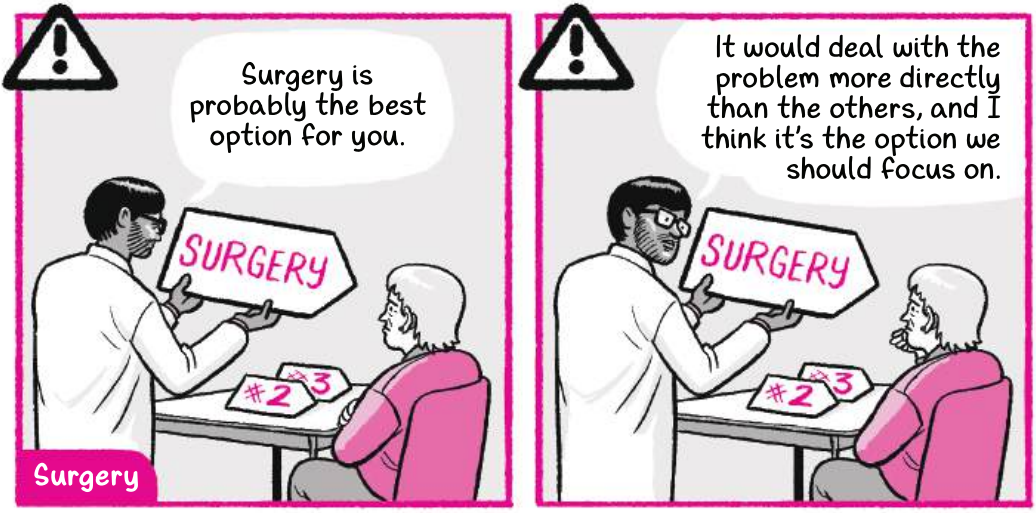
Fourth, when you use visual displays of probability, use ***part to whole visualisations*** such as icon arrays or stacked bars.

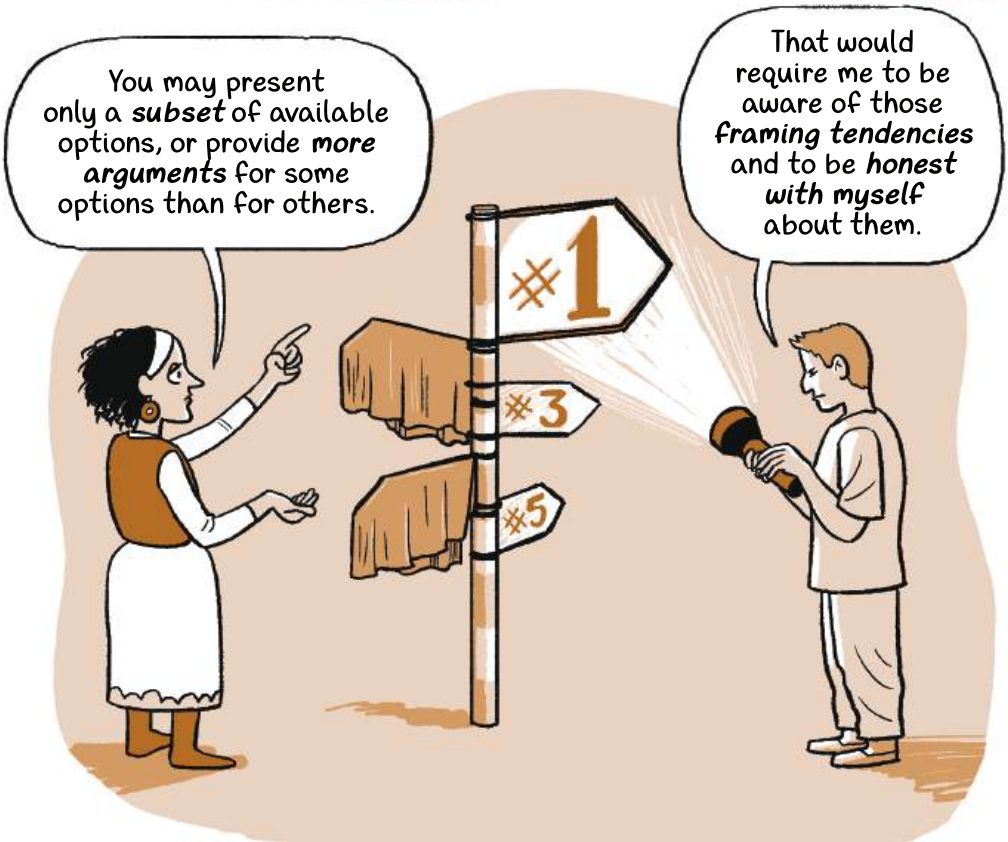
For Example: **8% risk** - If 8 out of 100 people are expected to have an outcome, it can be shown like this:

Fifth, provide ***context*** for numbers that may be unfamiliar to me, such as biomarker levels. For example:

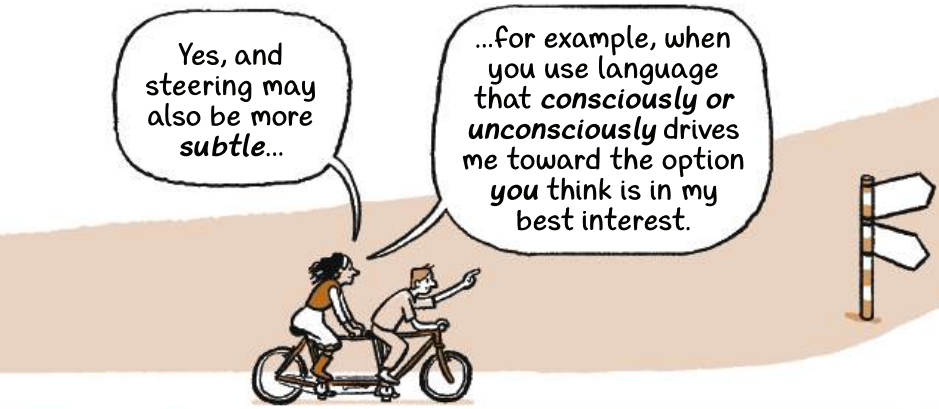
Your HbA1c is 9.2%. For you, our target is below 7%, and even a 0.6% change would be significant.


Ok, so I should present information using numbers rather than vague terms like rare or common...
...use consistent denominators;
10% of women
About 7 in 1000 people
1 in 300
76
Rare
Common
Unlikely
...focus on absolute rather than relative risks...
...and provide context for unfamiliar types of data.
Reduces the 10-year risk from 8% to 6%
Your HbA1c is 9.2%. For you, our target is below 7%, and even a 0.6% change is significant.
9
8
7
6
5
That's it!
What else?
It's important to see how the way a message is formulated can shape my perception.
Tell me more about that.
THIS WAY
Be aware that how you present and frame information may steer me towards particular options in different ways.
Steering you?

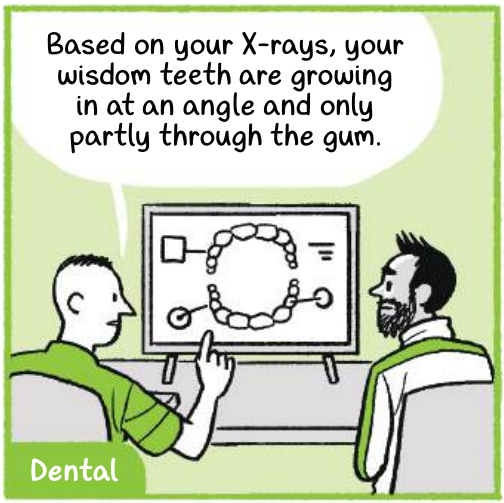

Surgery is probably the best option for you.
SURGERY
#2
#3
Surgery
It would deal with the problem more directly than the others, and I think it's the option we should focus on.
SURGERY
#2
#3


You may present only a **subset** of available options, or provide **more arguments** for some options than for others.
That would require me to be aware of those **framing tendencies** and to be **honest with myself** about them.
#1
#3
#5


The usual option we offer for this is a tooth coloured composite filling. It blends in with the tooth and works well in most cases.
#1
Dental
In some situations, there may be other restorative options to consider, and we can talk about what would work best for you.

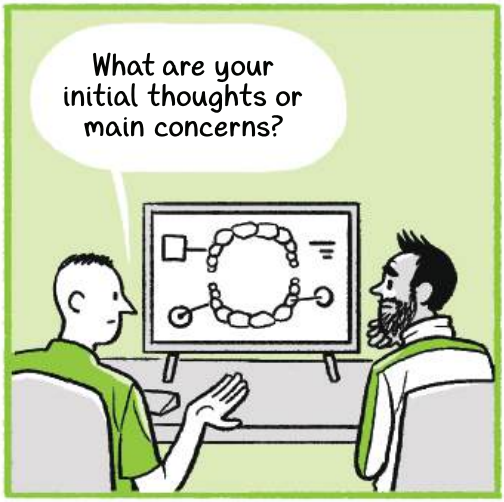

Yes, and steering may also be more *subtle*...
...for example, when you use language that ***consciously or unconsciously*** drives me toward the option ***you*** think is in my best interest.


Option A has side effects that are difficult. How do you feel about that?
A
Renal
So when I do that, I am *implicitly steering you* in the direction that I think we should go?
That's not good.
ERCH!
No. It is also important to be aware of the role your own *biases* might play in influencing my choices.
So *self-regulation*?
Managing my *emotions and behaviour*...
What *biases* should I be aware of?
For example, the *availability bias*, which can lead you to overestimate how likely an outcome is (good or bad), because similar examples come to mind easily...
?
...or the *action bias*, which can result in you recommending an intervention when watchful waiting or supportive care might be better.

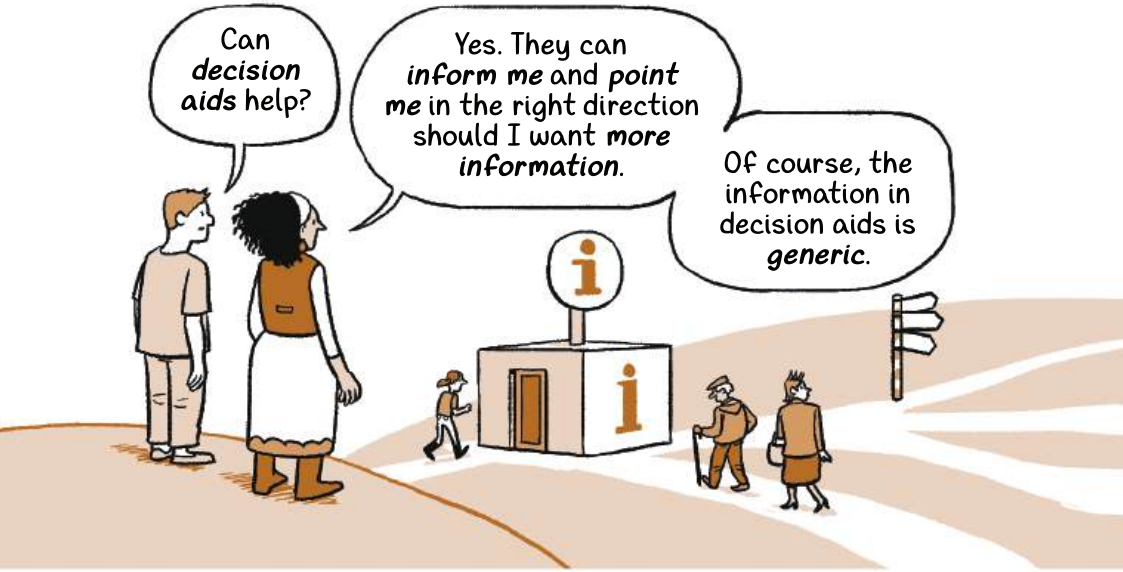

Based on your X-rays, your wisdom teeth are growing in at an angle and only partly through the gum.
Dental


We have two main approaches to consider:
Surgical removal
Active Monitoring


Both can be reasonable in your situation.

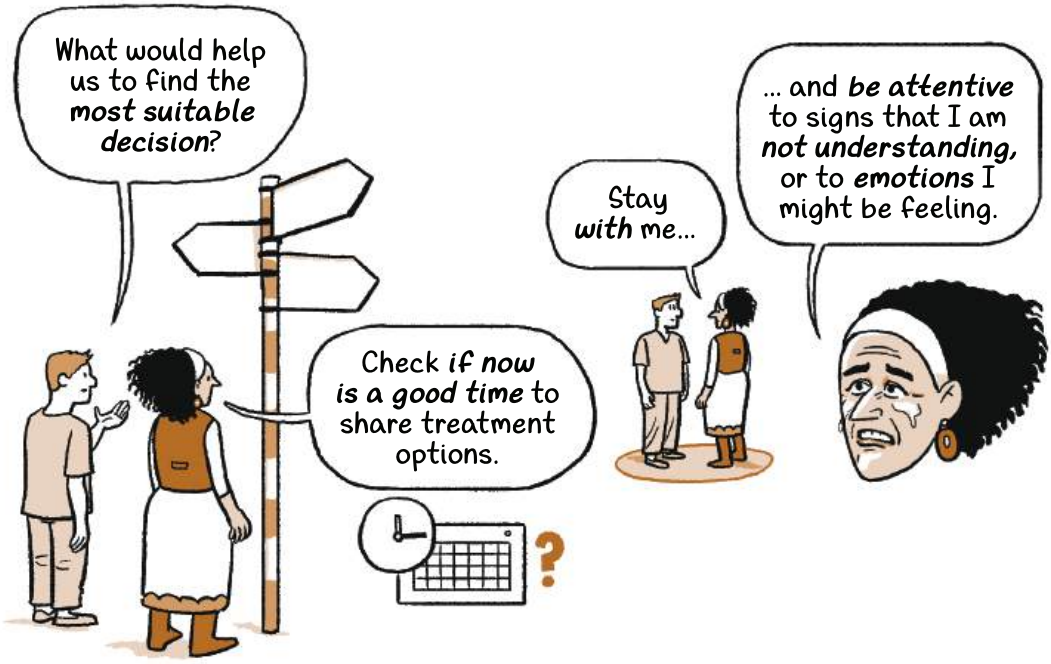

What are your initial thoughts or main concerns?


So I need to describe the options with *honesty*.
Yes.

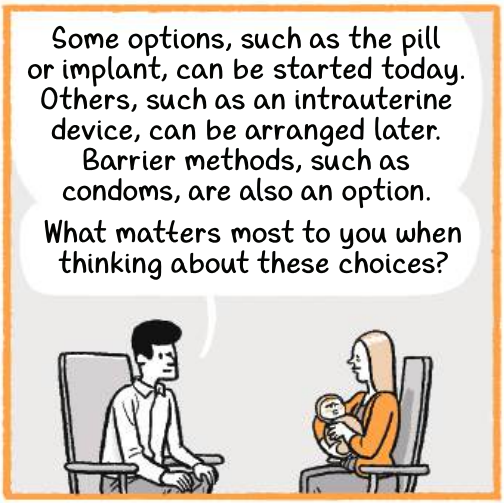

Can *decision aids* help?
Yes. They can *inform me* and *point me* in the right direction should I want *more information*.
Of course, the information in decision aids is *generic*.


Ok, so perhaps we might need to work together to *tailor the information* to your situation.

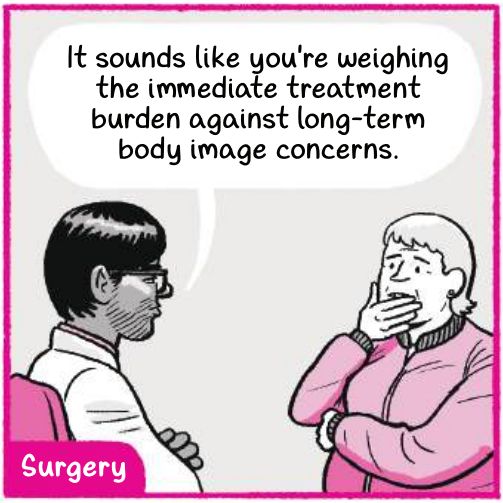

Yes. You need to be willing to be *creative* if the usual options do not fit well with my situation.

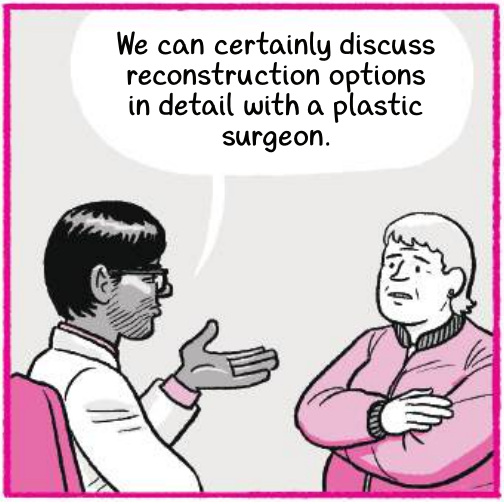

What would help us to find the most suitable decision?
Check if now is a good time to share treatment options.
Stay with me...
... and be attentive to signs that I am not understanding, or to emotions I might be feeling.

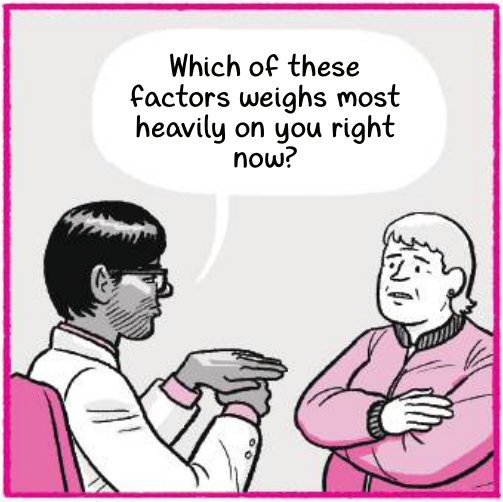

Is now a good time to talk through your contraception options?
Yes.
Maternity

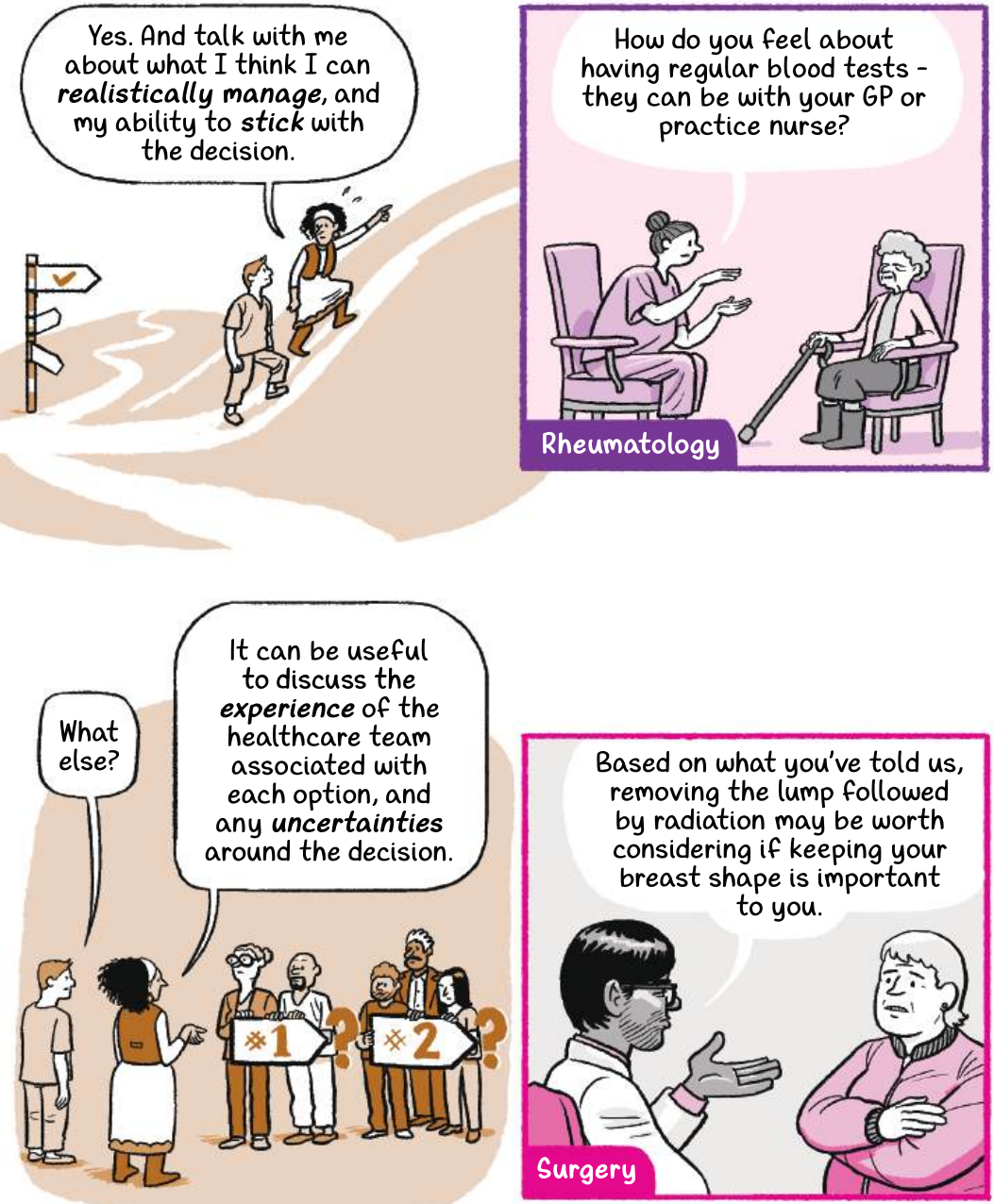

Some options, such as the pill or implant, can be started today. Others, such as an intrauterine device, can be arranged later. Barrier methods, such as condoms, are also an option.
What matters most to you when thinking about these choices?

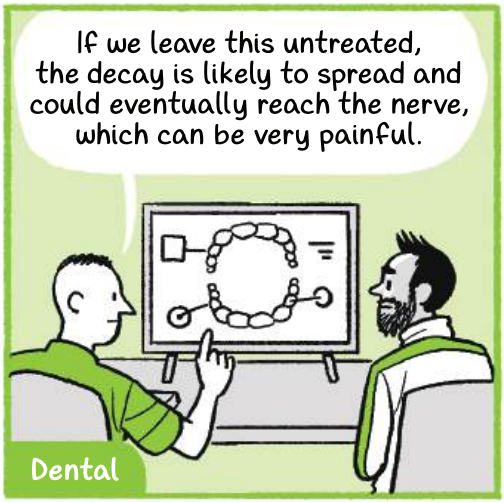

Ok, so it's important to be *present with you* and to invite you to *share* what is on your mind.

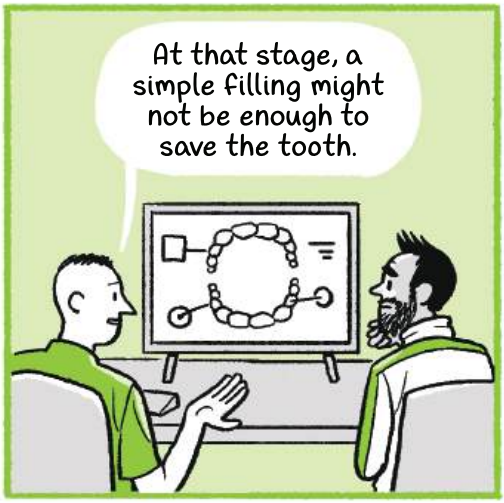

It sounds like you're weighing the immediate treatment burden against long-term body image concerns.
Surgery

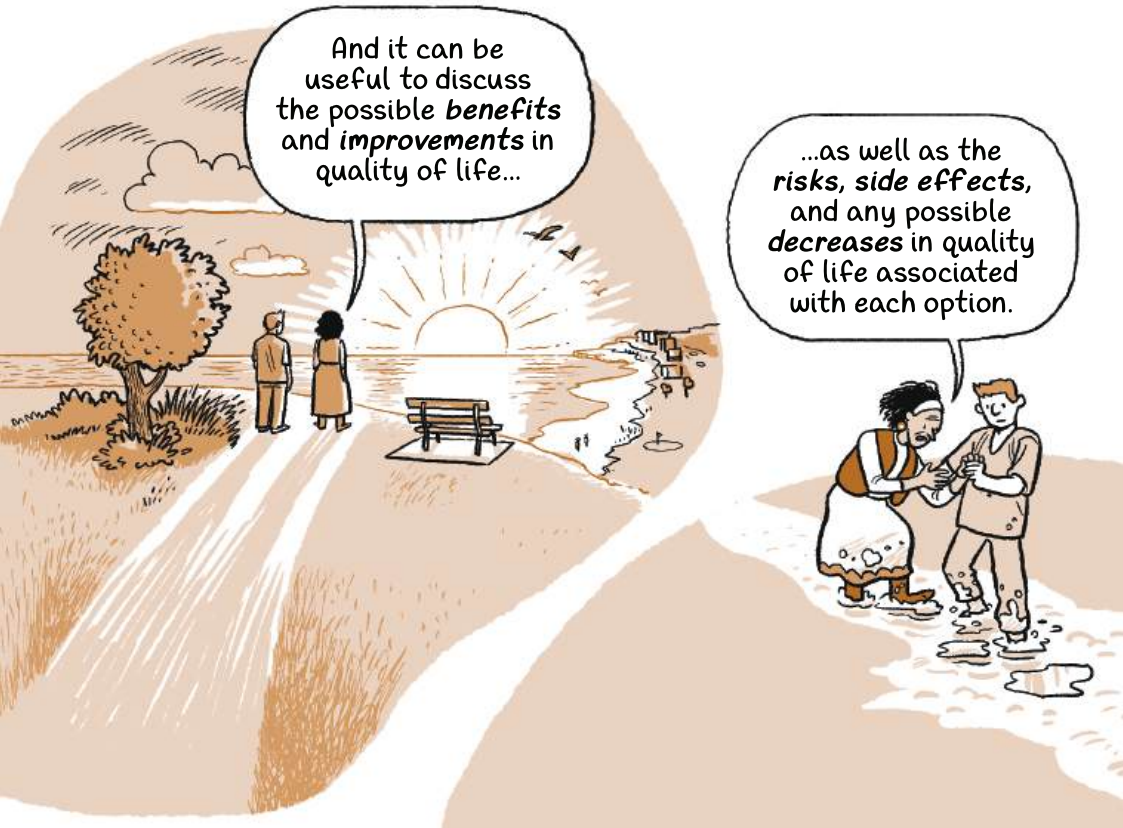

We can certainly discuss reconstruction options in detail with a plastic surgeon.

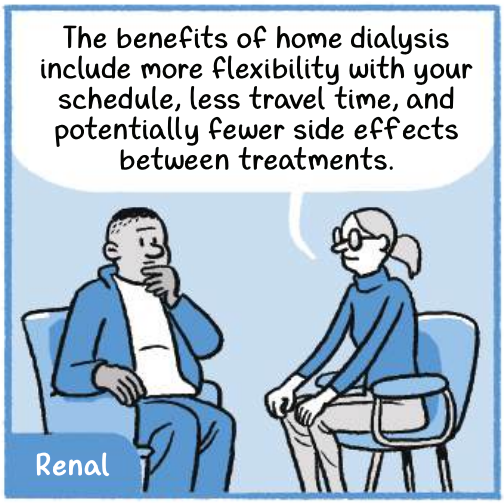

Which of these factors weighs most heavily on you right now?

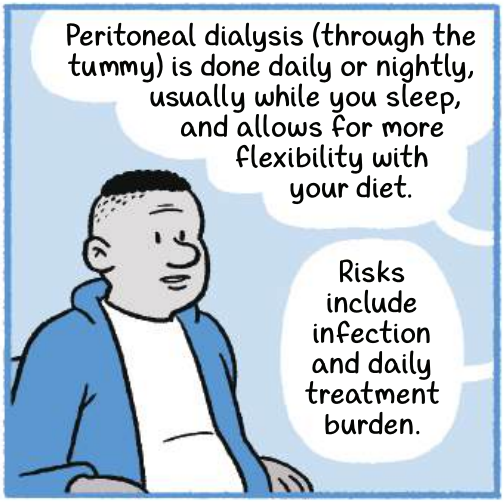

Yes. And talk with me about what I think I can realistically manage, and my ability to stick with the decision.
How do you feel about having regular blood tests - they can be with your GP or practice nurse?
Rheumatology
What else?
It can be useful to discuss the experience of the healthcare team associated with each option, and any uncertainties around the decision.
※1
※2
Based on what you've told us, removing the lump followed by radiation may be worth considering if keeping your breast shape is important to you.
Surgery

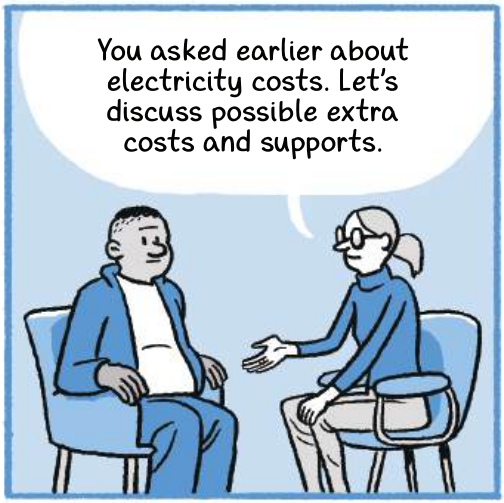

If we leave this untreated, the decay is likely to spread and could eventually reach the nerve, which can be very painful.
Dental

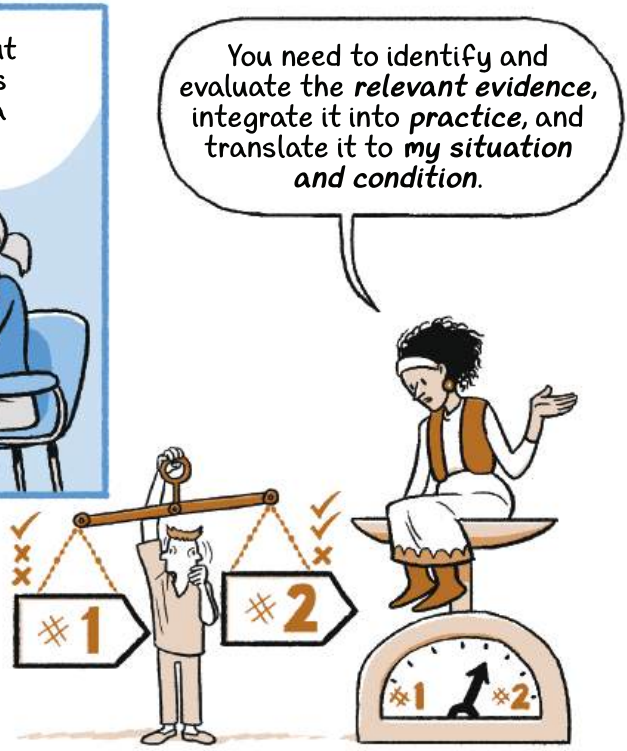

At that stage, a simple filling might not be enough to save the tooth.

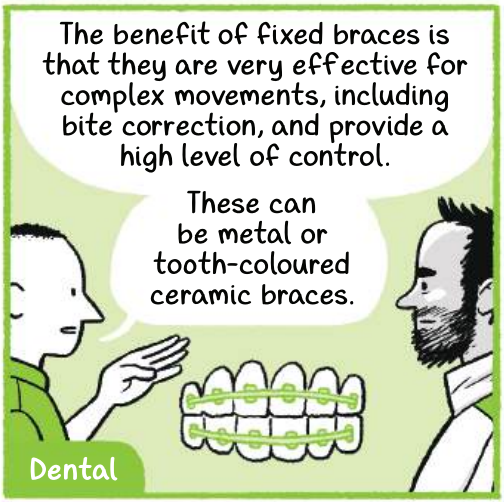

And it can be useful to discuss the possible benefits and improvements in quality of life...
...as well as the risks, side effects, and any possible decreases in quality of life associated with each option.


The benefits of home dialysis include more flexibility with your schedule, less travel time, and potentially fewer side effects between treatments.
Renal


Peritoneal dialysis (through the tummy) is done daily or nightly, usually while you sleep, and allows for more flexibility with your diet.
Risks include infection and daily treatment burden.

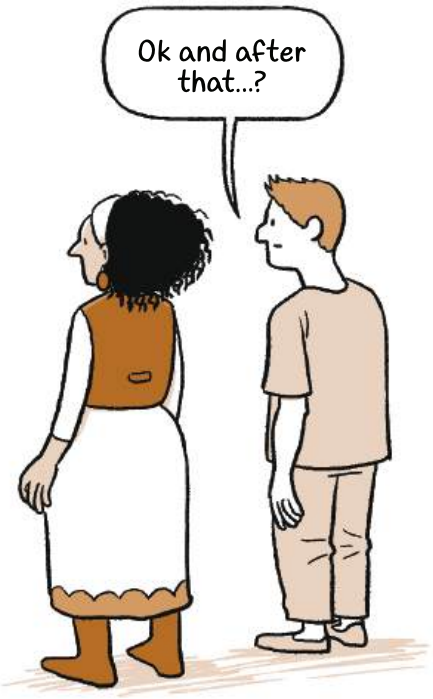

You asked earlier about electricity costs. Let's discuss possible extra costs and supports.


You need to identify and evaluate the relevant evidence, integrate it into practice, and translate it to my situation and condition.
#1
#2
#1
#2

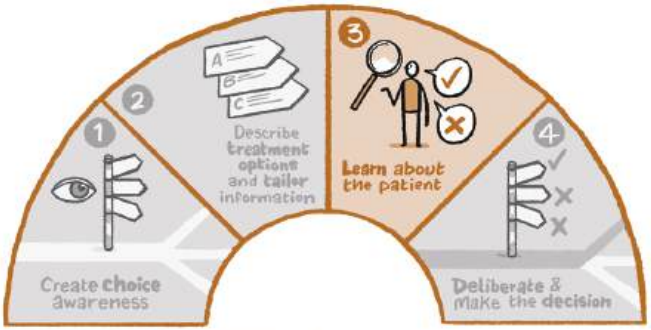

The benefit of fixed braces is that they are very effective for complex movements, including bite correction, and provide a high level of control.
These can be metal or tooth-coloured ceramic braces.
Dental


Clear aligners are less noticeable and can be removed, which often makes eating and cleaning easier.
It sounds like that is important to you.


Fixed braces can be harder to clean; clear aligners need to be worn as advised.


Ok and after that...?

Learn about the patient and patient preferences



Clinicians often share ***information*** and allow patients to ask some ***questions***.

Many don't fully explore what is important to us – for example, ***activities in my life that I enjoy***...

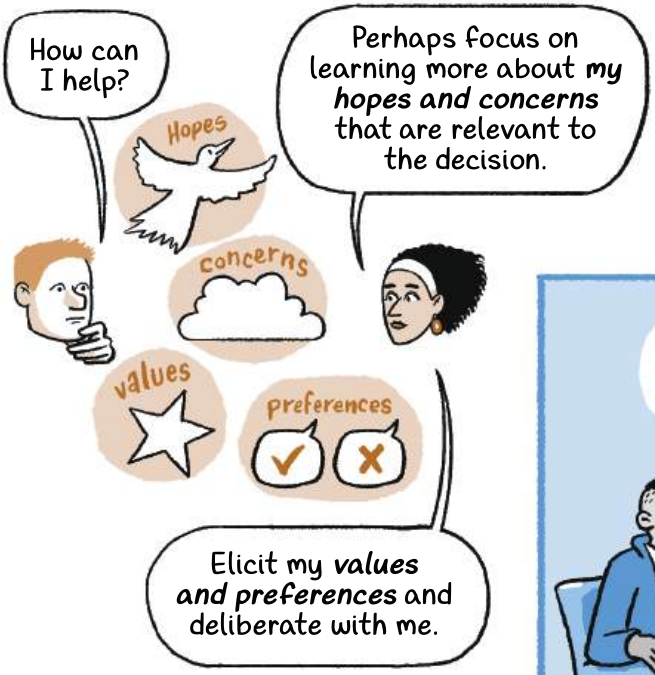
...and that might become ***difficult to continue*** because of my disease or treatment.

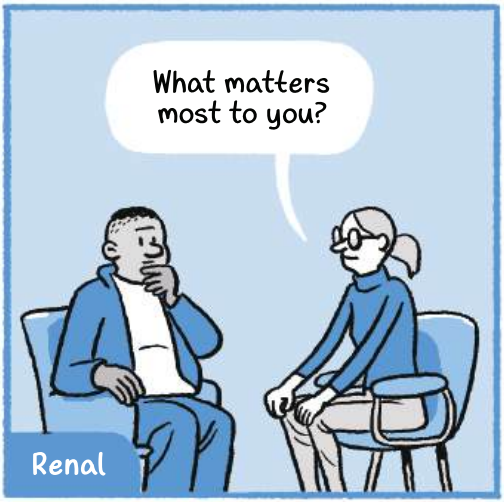
In my experience, ***not all patients*** want to ***participate*** in decision making...

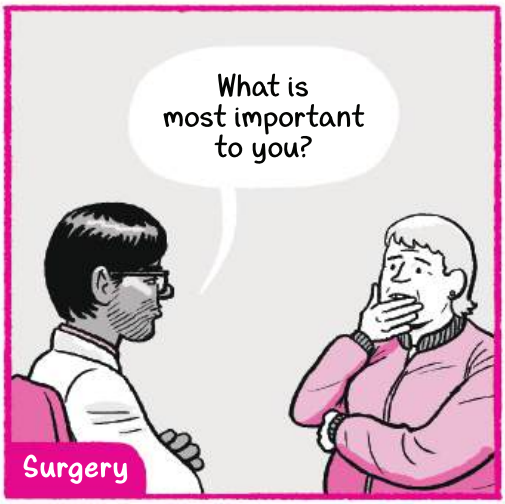
That's true!

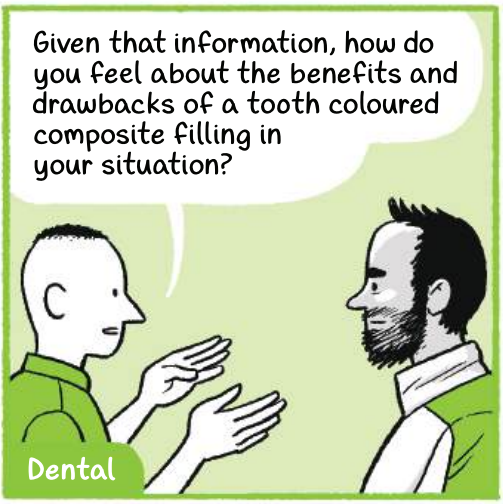
Yet this might be because ***I don't feel able to***, rather than because I am ***unwilling***.

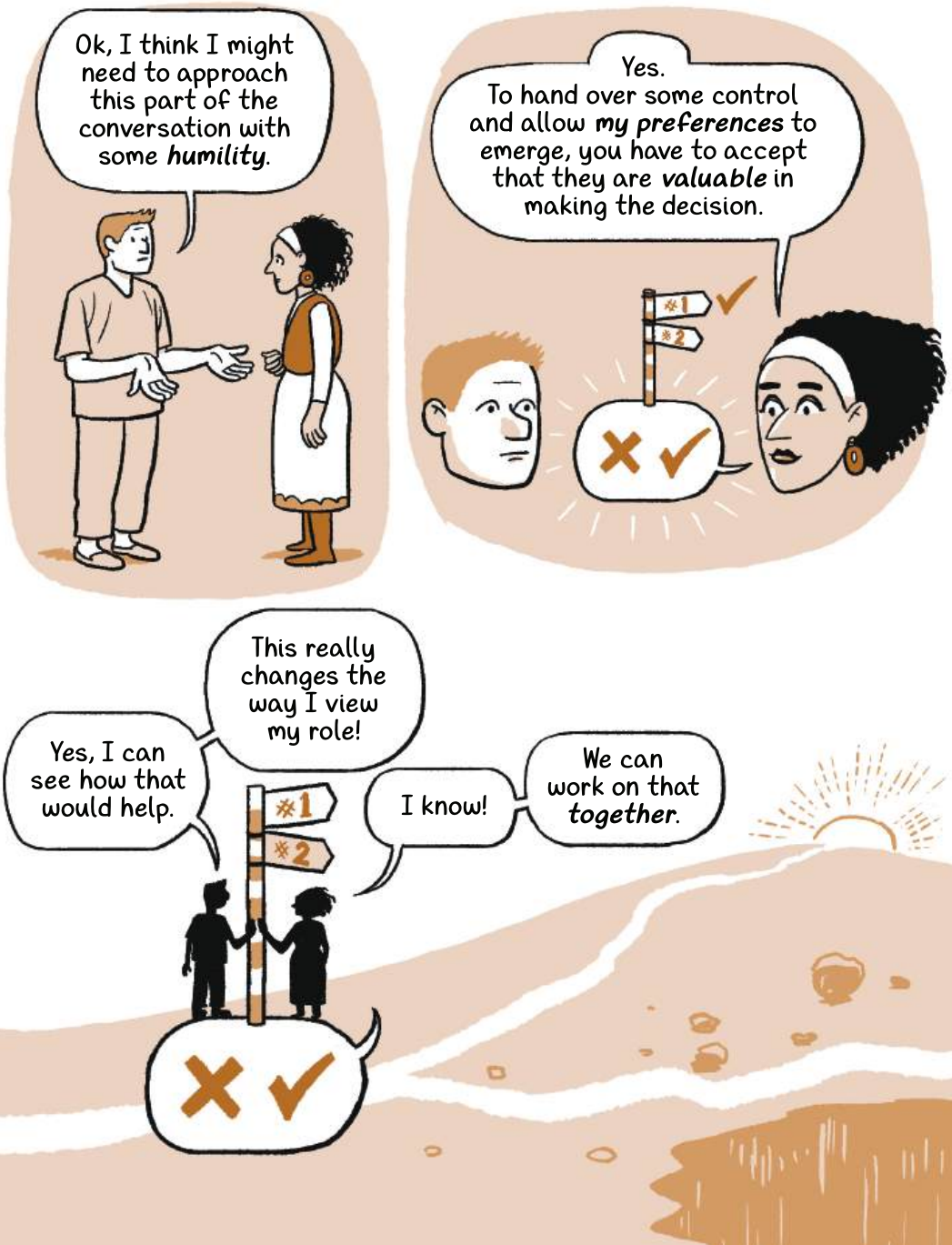

How do you feel about making this choice?
Maternity
What makes it difficult?
What would help?
Tell me more about that...
Often, I don't feel able to take part because I don't see my opinion as relevant...
...I'm not sure my opinion really matters to you.
At the same time, the medical information can be very hard to grasp...


How can I help?
Perhaps focus on learning more about my hopes and concerns that are relevant to the decision.
Hopes
concerns
values
preferences
Elicit my values and preferences and deliberate with me.

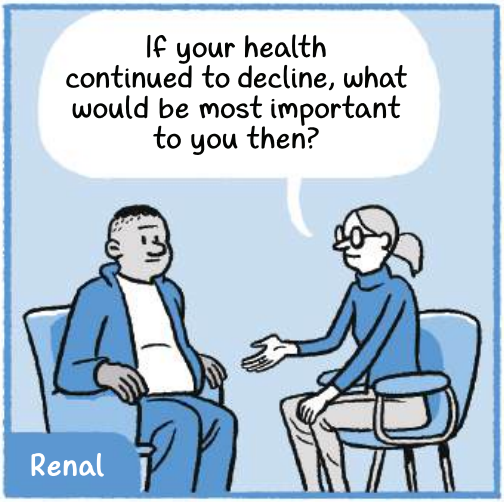

What matters most to you?
Renal

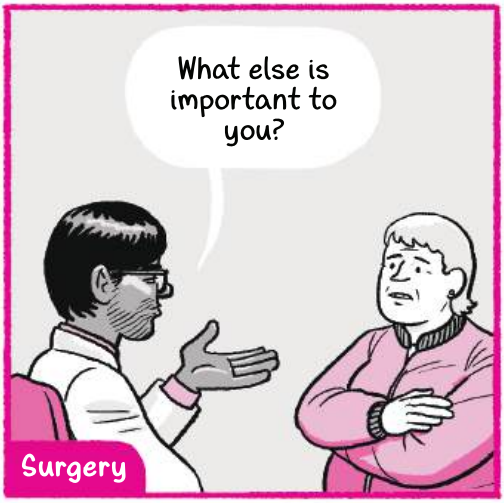

What is most important to you?
Surgery


Given that information, how do you feel about the benefits and drawbacks of a tooth coloured composite filling in your situation?
Dental


Ok, I think I might need to approach this part of the conversation with some humility.
Yes.
To hand over some control and allow my preferences to emerge, you have to accept that they are valuable in making the decision.
#1
#2
This really changes the way I view my role!
Yes, I can see how that would help.
I know!
We can work on that together.
#1
#2


What's next?
Ask follow up questions that explore more than one answer to what is most important to me.


If your health continued to decline, what would be most important to you then?
Renal

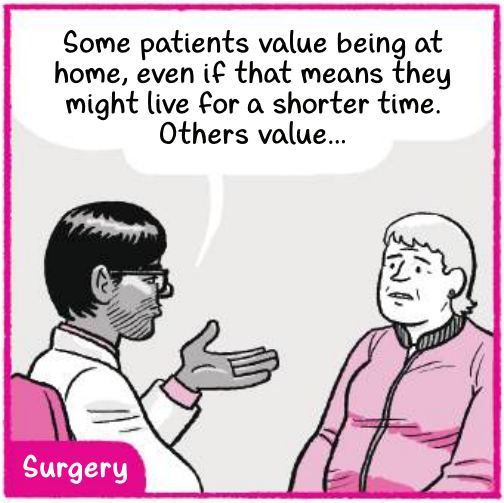

What else is important to you?
Surgery

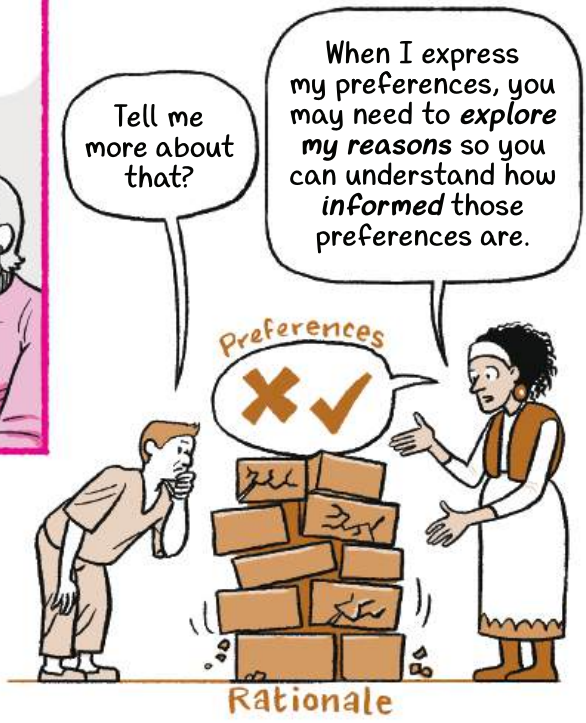

Why are these follow up questions helpful?
Encouraging me to express a range of hopes, concerns and goals helps me to prepare for many different outcomes.
Hopes
concerns
Goals

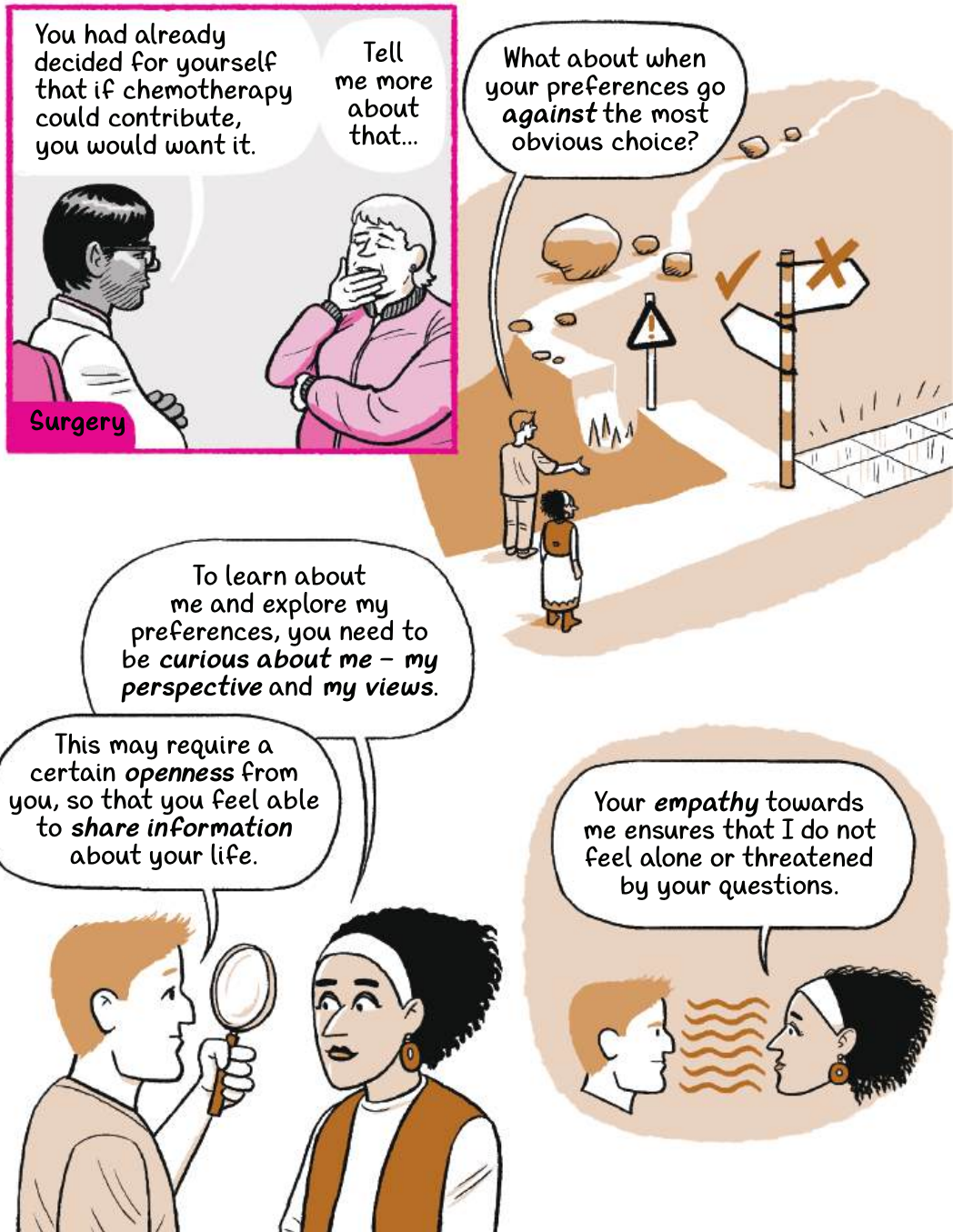

It also helps me to become clearer on what is important to me in making this decision.


X is very important for me, but I worry about Y.
Y
Maternity

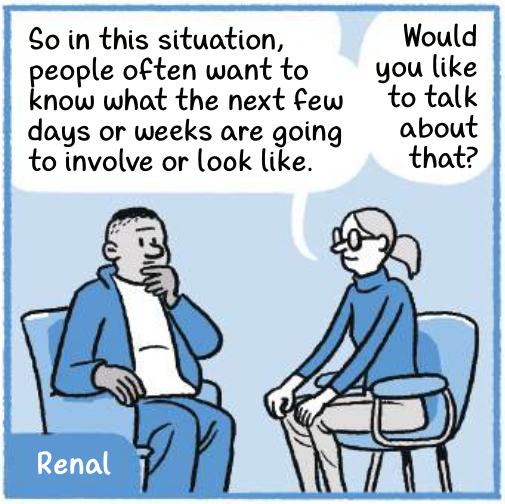

Ok, now that I know what you are worried about, let's talk about what we can do to help with that.
Rheumatology

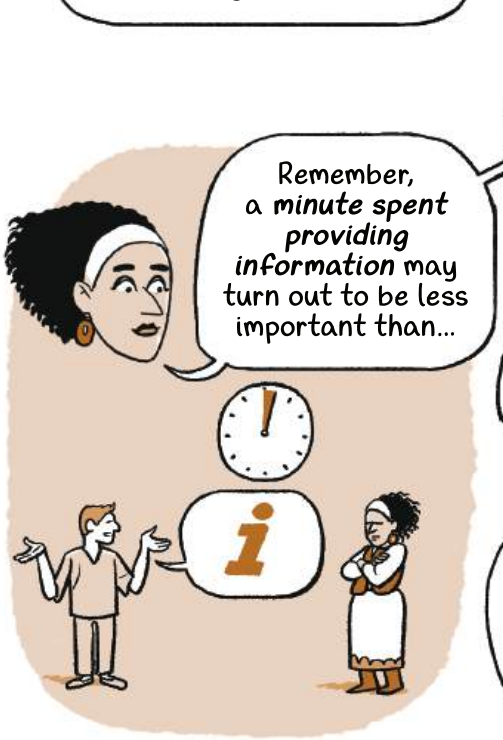

Some patients value being at home, even if that means they might live for a shorter time. Others value...
Surgery

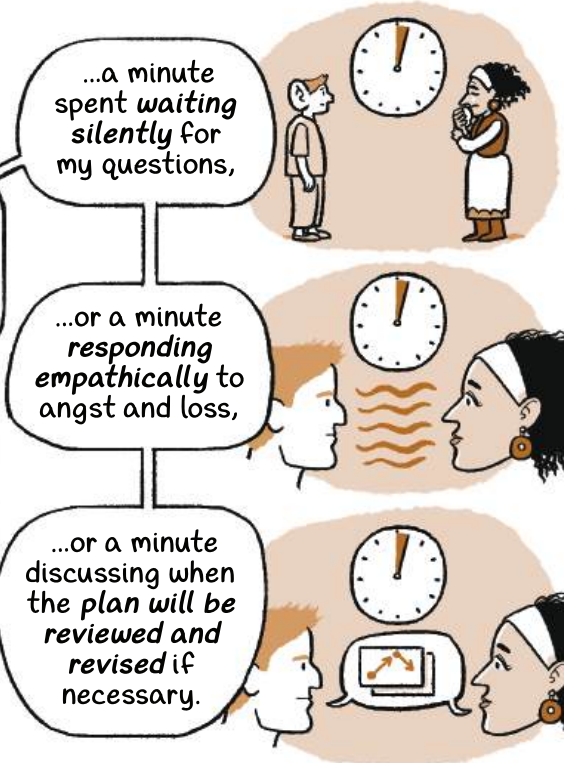

Tell me more about that?
When I express my preferences, you may need to *explore my reasons* so you can understand how *informed* those preferences are.
Preferences
Rationale

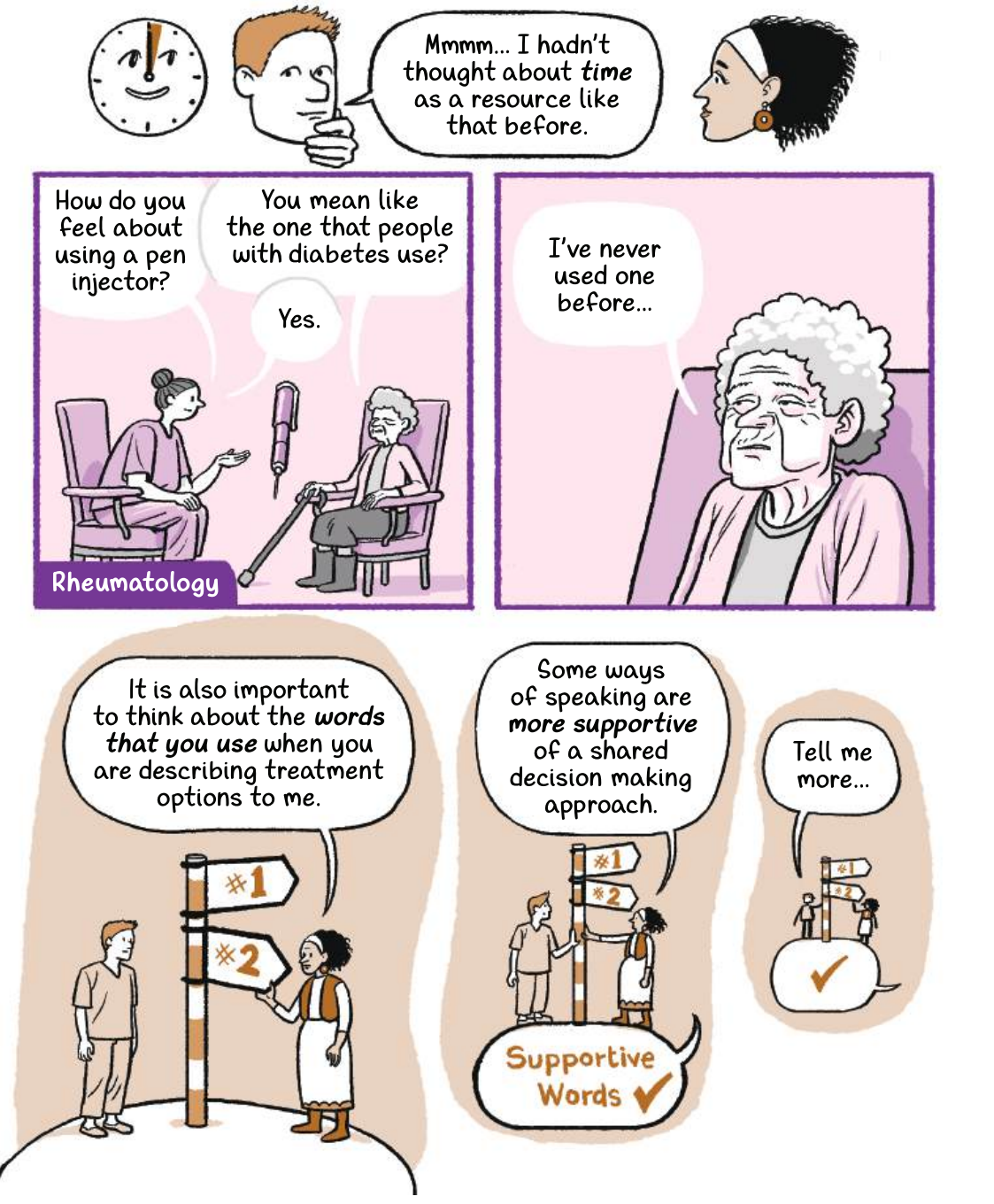

You had already decided for yourself that if chemotherapy could contribute, you would want it.
Tell me more about that...
Surgery
What about when your preferences go *against* the most obvious choice?
To learn about me and explore my preferences, you need to be *curious about me – my perspective* and *my views*.
This may require a certain *openness* from you, so that you feel able to *share information* about your life.
Your *empathy* towards me ensures that I do not feel alone or threatened by your questions.


Listen to me, without judgement, and form *recommendations* that fit with my story.
Maybe you'll need to be *creative* to come up with a recommendation that fits with my situation.

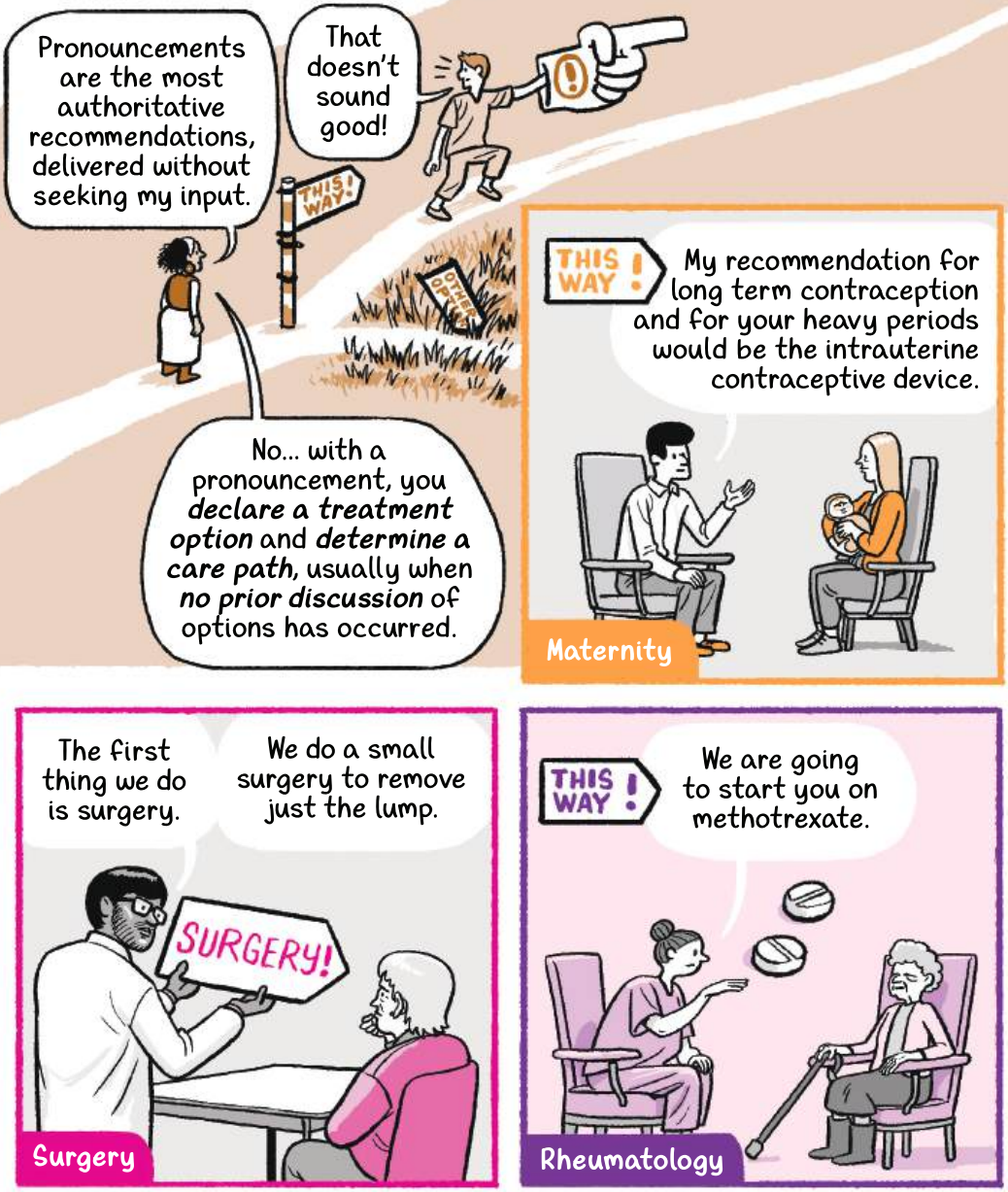

So in this situation, people often want to know what the next few days or weeks are going to involve or look like.
Would you like to talk about that?
Renal

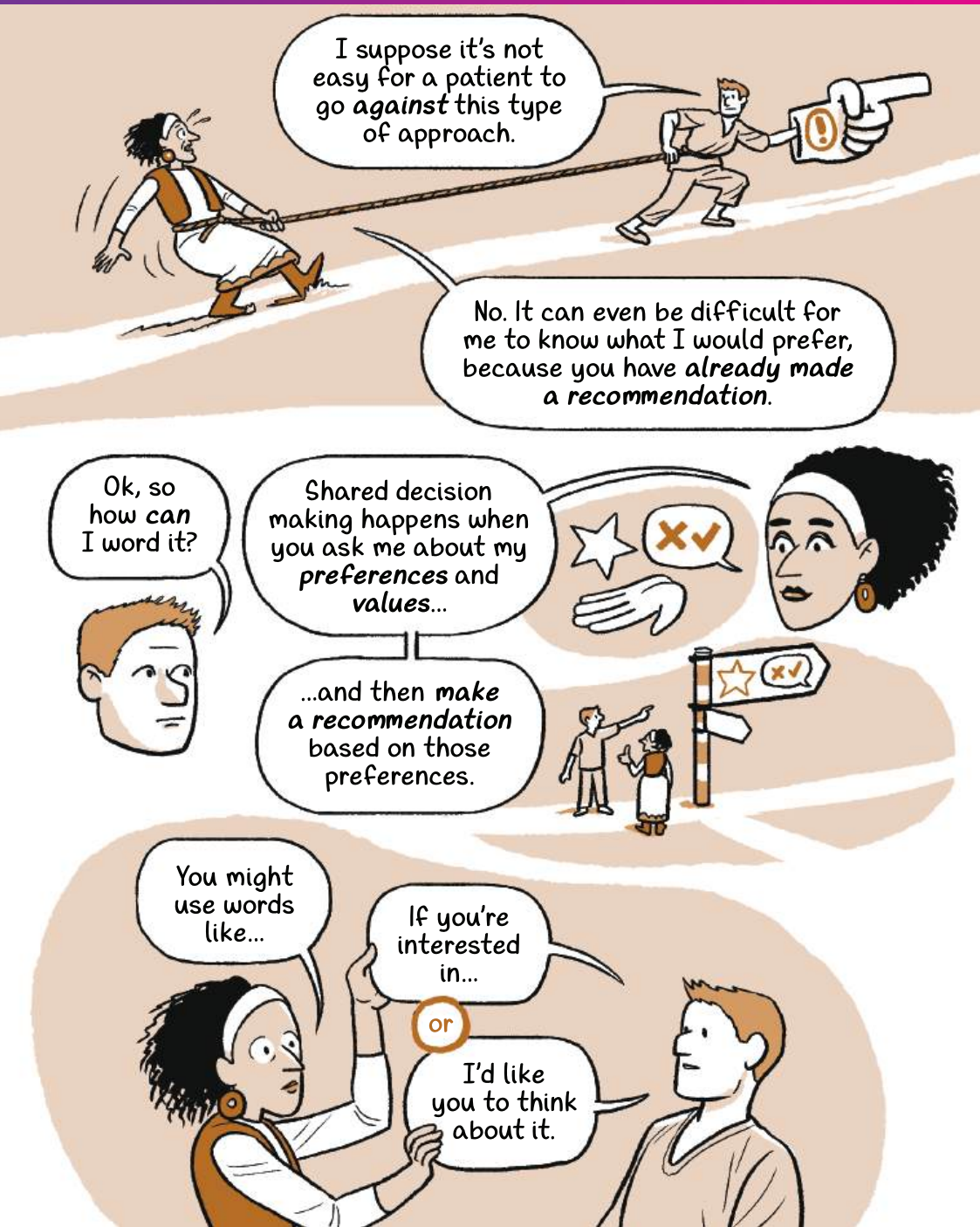

Remember, a *minute spent providing information* may turn out to be less important than...
i


...a minute spent *waiting silently* for my questions,
...or a minute *responding empathically* to angst and loss,
...or a minute discussing when the *plan will be reviewed and revised* if necessary.


Mmmm... I hadn't thought about *time* as a resource like that before.
How do you feel about using a pen injector?
You mean like the one that people with diabetes use?
Yes.
Rheumatology
I've never used one before...
It is also important to think about the *words that you use* when you are describing treatment options to me.
#1
#2
Some ways of speaking are *more supportive* of a shared decision making approach.
Supportive Words
Tell me more...

Pronouncements



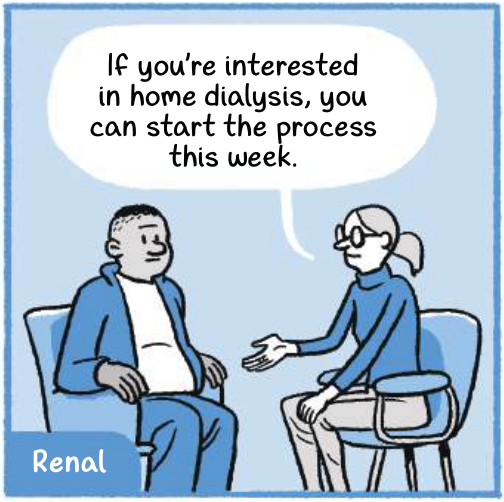

I suppose it's not easy for a patient to go **against** this type of approach.
No. It can even be difficult for me to know what I would prefer, because you have **already made a recommendation**.
Ok, so how **can** I word it?
Shared decision making happens when you ask me about my **preferences** and **values**...
...and then **make a recommendation** based on those preferences.
You might use words like...
If you're interested in...
or
I'd like you to think about it.


You are in the timeframe for getting an intrauterine contraceptive device after delivery.
Maternity


That doesn't mean you have to do it, but it does mean that I want to discuss with you what the potential benefits and downsides might be.


It's just so small that I think that you could have a lumpectomy and do just as well with additional chemotherapy...
Surgery


...but, we can talk more about it, the pros and cons of it.


If you're interested in home dialysis, you can start the process this week.
Renal


Before beginning treatment at home, you'll need to complete training, which usually takes about 4 to 6 weeks.


Your nurse can talk with you about what to expect and help you get started.


If you are interested, we could do the screening tests for starting treatment now and my nurse colleague can teach you a bit more about methotrexate?
Rheumatology


It's difficult to formulate a recommendation when a person has so many *different priorities*.
For example, someone who has a serious illness might want to:
Fight the illness
Spend time with *family*
Stay *positive*
...and die *peacefully*.
Priorities may *not* be equally important.
Some weigh *more* than others.
When you have heard my priorities, you can base your recommendation on the ones most consistent with your assessment of my prognosis and the options available.


Like I said, I'll support whatever you decide.
Maternity

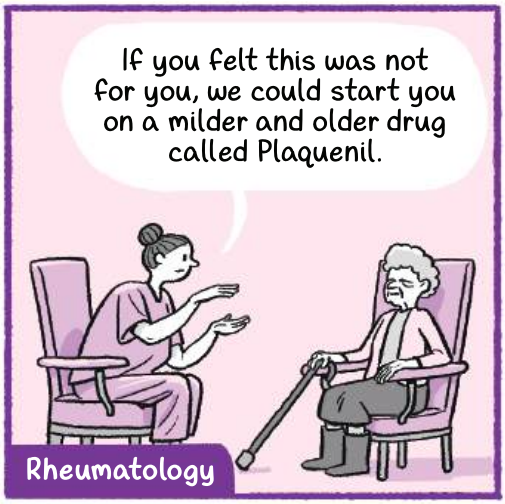

I want to make sure you have clear information about your options...


...so you can choose what feels right for you.

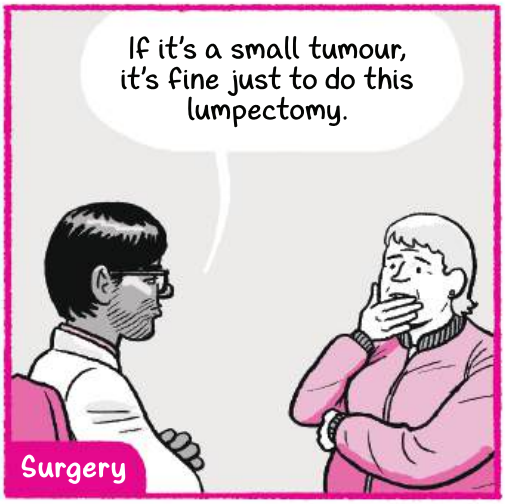

I'll support you in whatever you choose.


Would it be helpful if I offered a recommendation?
Renal


Given what you have told me about what is important to you, I would recommend...


If you felt this was not for you, we could start you on a milder and older drug called Plaquenil.
Rheumatology


It isn't as strong, so the chance of a good response is less, but you wouldn't need blood tests.


If it's a small tumour, it's fine just to do this lumpectomy.
Surgery


Ultimately, the choice is yours.


If you say, 'I really, really want you to remove my breast. I'm just so nervous, just remove the whole thing,' I would do that.


Priorities can *shift* over time...
That's true...
...so sometimes decisions can be *re discussed* and perhaps *revised* when priorities change.
I worry sometimes that making a recommendation is too *paternalistic* and might infringe on your *autonomy*.
Guidance from you in the form of a recommendation is *welcome* and is part of shared decision making...
...especially if you have taken into account what is *important* to me.
OUTCOME
Recommendations help me to make decisions that are more fully informed by your expertise and awareness of likely prognosis and outcomes.


Sometimes patients ask me for my *opinion*...
...saying things like...
If you were in my position, what would you do?
or
If this was your child, what would you do?
What is the best way to answer these questions?
When I ask this type of question I am looking for *guidance* from you.
What should I do?


Try and clarify what *kind* of guidance I need.
Ok.
This might be *more or clearer* information.
Or perhaps I just want to hear that *my preference* is a *good option*.
Or you might need help in clarifying what is *important to you*.
That's right. This helps me think *further*...
...so I can *better understand* the decision-making process in relation to my own situation.

Deliberate and make the decision

To bring the conversation to a ***close***, you might ask me what option I prefer...

...***if*** there is a treatment option that seems most consistent with my values and preferences.

And after that?

Then we either ***make*** the decision or explicitly agree to ***defer*** it.

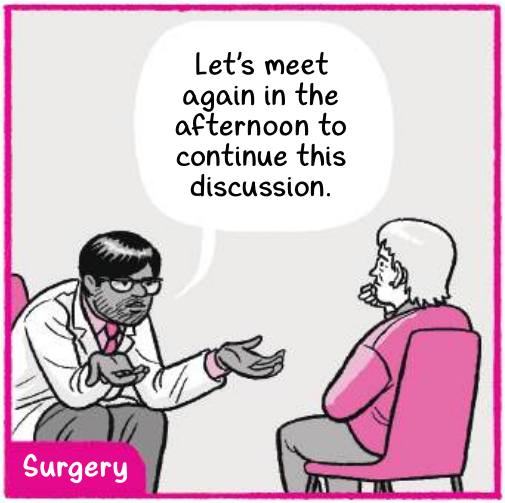
We can make the decision together now, or you may prefer to have some time to think and perhaps talk it over with your family.

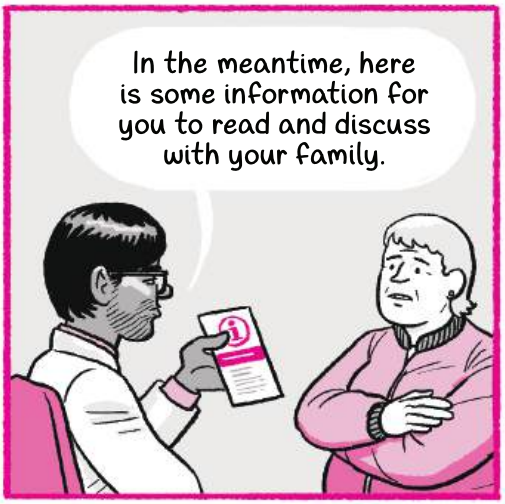
What do you think is best for you?

Maternity

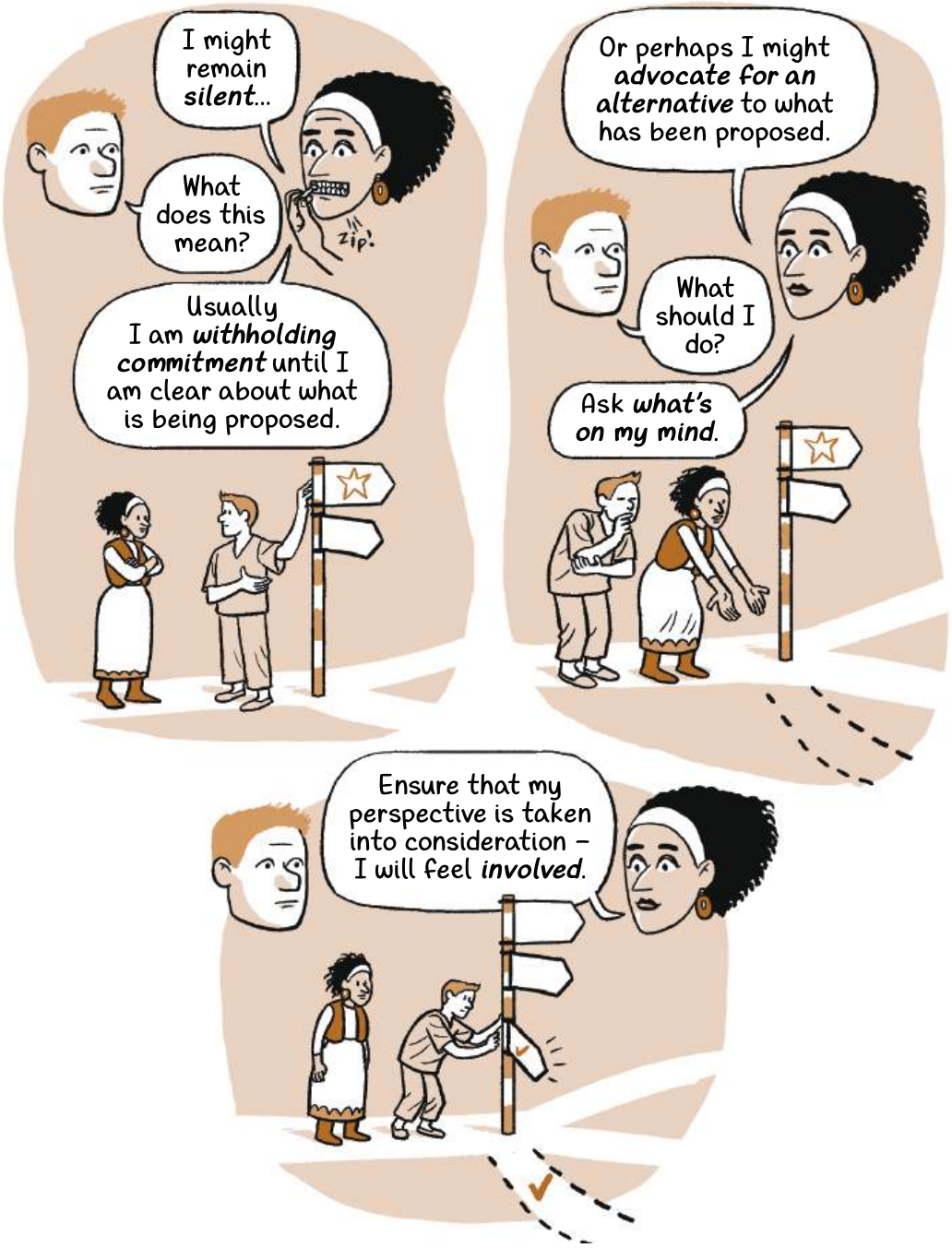

Maybe you would like to come back with your daughter, and we could have a further chat together?
Renal


We can decide now after you have had a chat with our nurse, or you can go home and think about things, and we can talk over the phone shortly.
Rheumatology

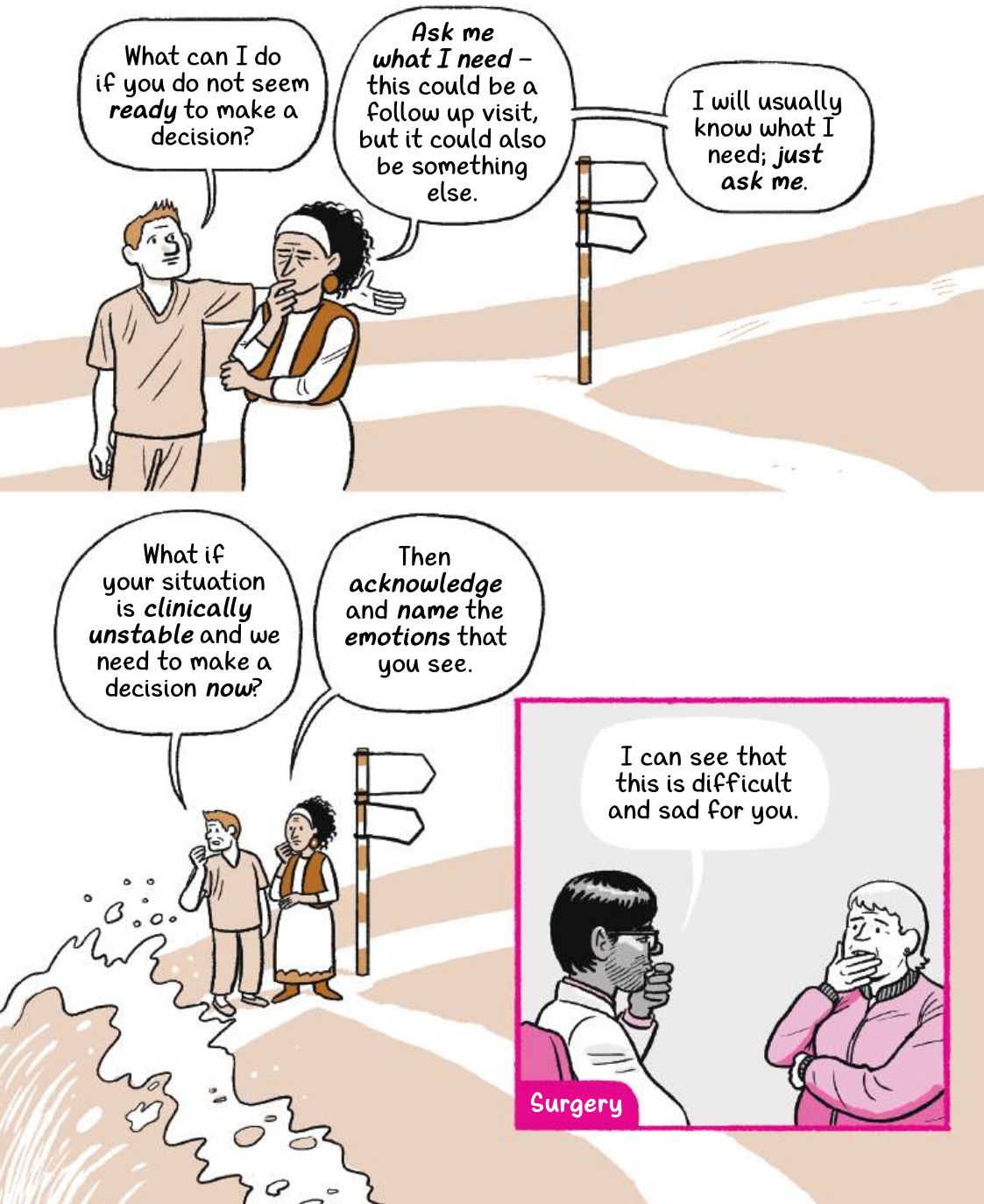

Let's meet again in the afternoon to continue this discussion.
Surgery

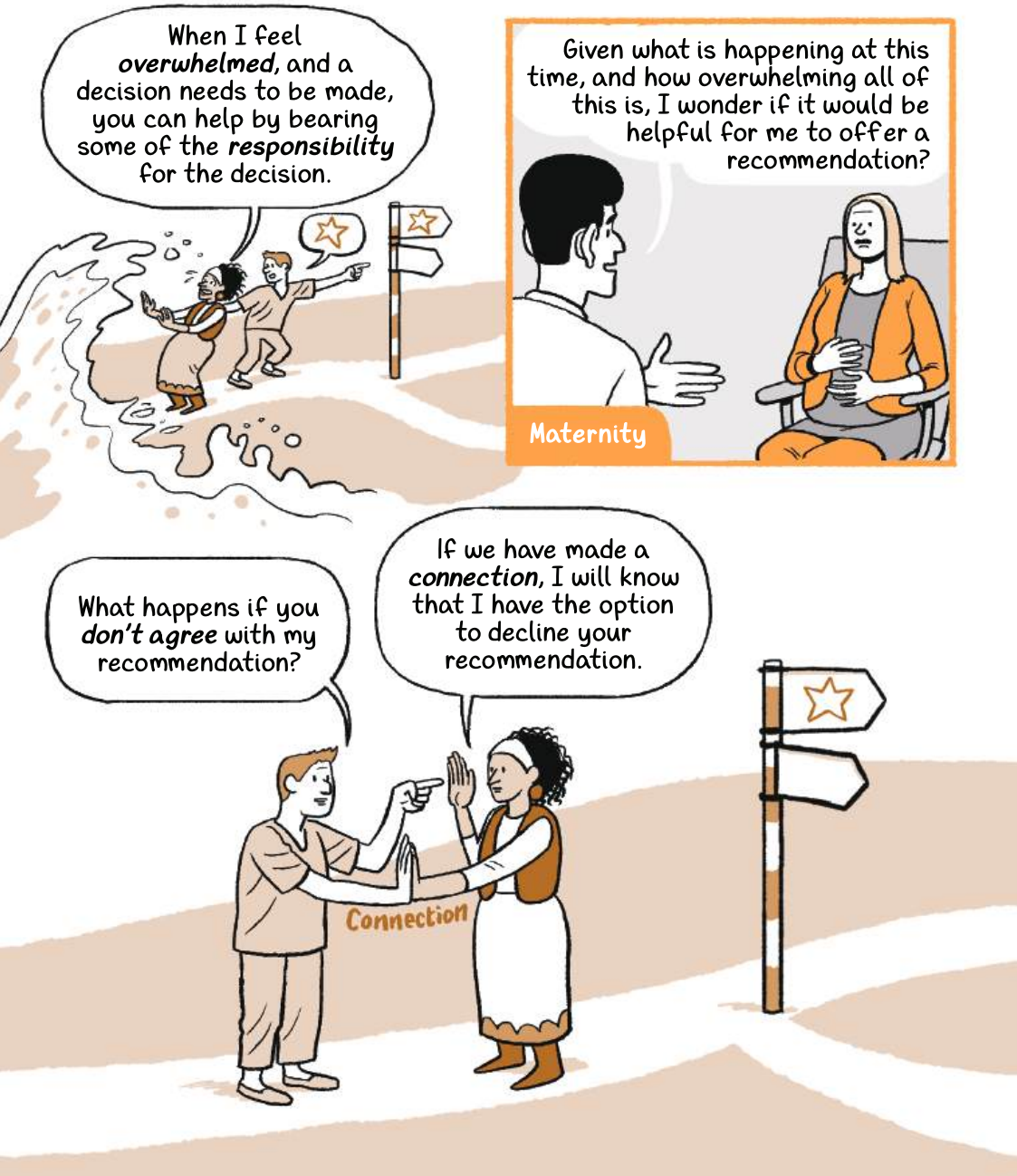

In the meantime, here is some information for you to read and discuss with your family.

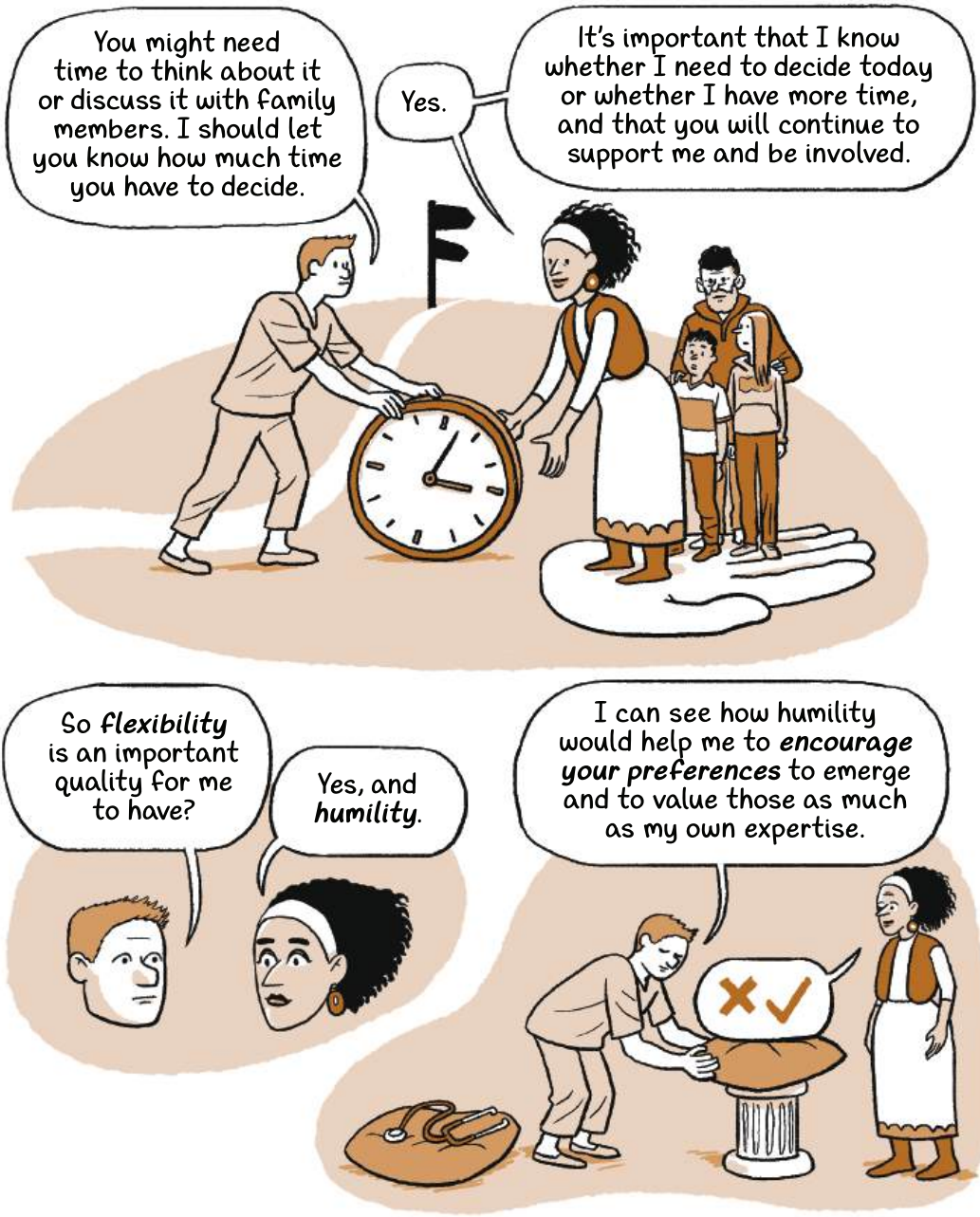

What happens next?
I might commit.
I might say something like...
Okay, Alright, Let's do that.
...or...
Good.
I might resist.
What would that look like?
I might raise questions or concerns about the problem or proposed treatment.
Questions are good...
Yes! By questions I assert myself as an involved participant.
Questions might also give me an indication if we have a shared understanding of the situation and options.
That's right.


I might remain *silent*...
What does this mean?
zip!
Usually I am *withholding commitment* until I am clear about what is being proposed.
Or perhaps I might *advocate for an alternative* to what has been proposed.
What should I do?
Ask *what's on my mind*.
Ensure that my perspective is taken into consideration – I will feel *involved*.

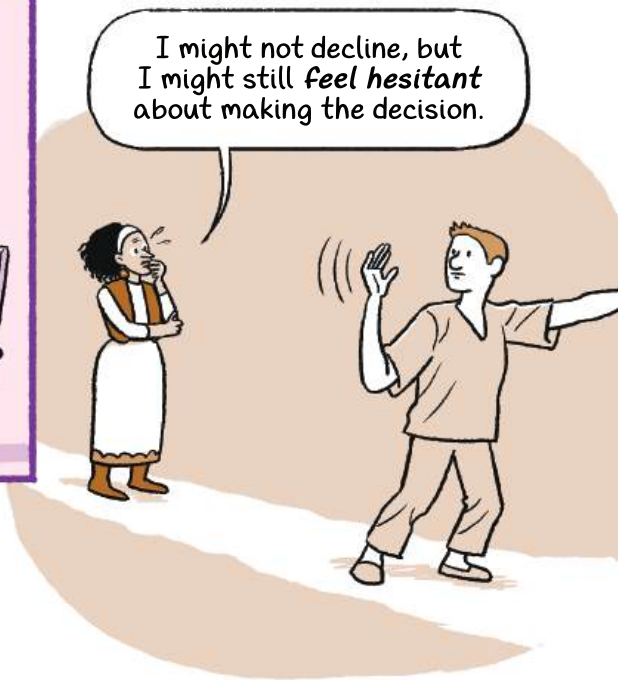

To foster my involvement you must *listen* to me.
Why?
This will enable you to incorporate my *goals of care* as much as possible.
It will help me to feel comfortable enough to choose *against* your recommendation, without threatening our relationship.

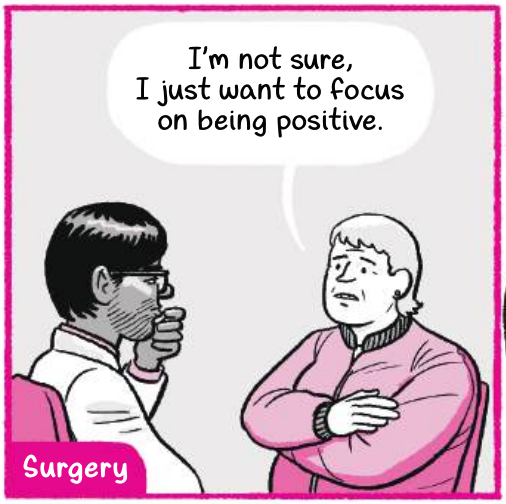

What can I do if you do not seem ready to make a decision?
Ask me what I need – this could be a follow up visit, but it could also be something else.
I will usually know what I need; just ask me.
What if your situation is clinically unstable and we need to make a decision now?
Then acknowledge and name the emotions that you see.
I can see that this is difficult and sad for you.
Surgery


When I feel *overwhelmed*, and a decision needs to be made, you can help by bearing some of the *responsibility* for the decision.
Given what is happening at this time, and how overwhelming all of this is, I wonder if it would be helpful for me to offer a recommendation?
Maternity
What happens if you *don't agree* with my recommendation?
If we have made a *connection*, I will know that I have the option to decline your recommendation.
Connection

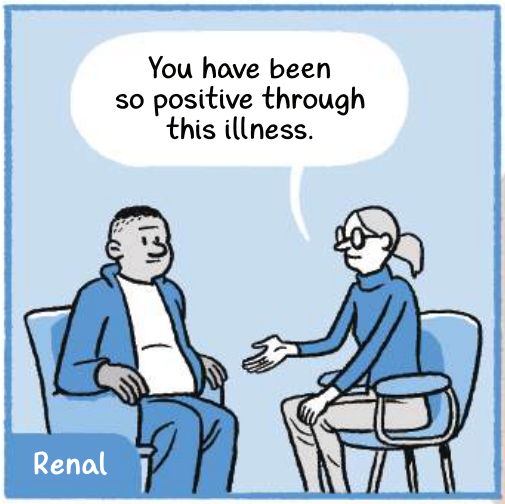

You might need time to think about it or discuss it with family members. I should let you know how much time you have to decide.
Yes.
It's important that I know whether I need to decide today or whether I have more time, and that you will continue to support me and be involved.
So **flexibility** is an important quality for me to have?
Yes, and **humility**.
I can see how humility would help me to **encourage your preferences** to emerge and to value those as much as my own expertise.


We will continue to work together and figure this out.
Rheumatology

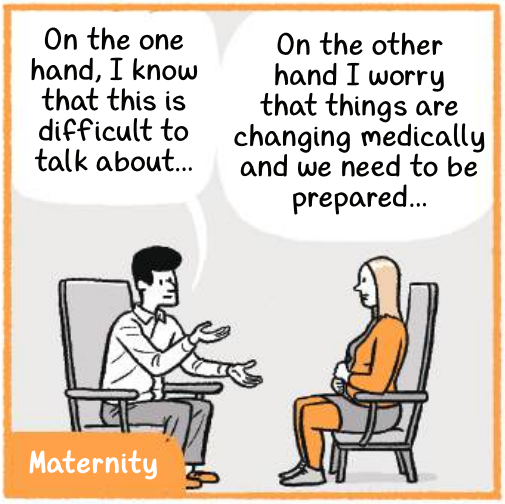

I might not decline, but I might still *feel hesitant* about making the decision.


I'm not sure, I just want to focus on being positive.
Surgery


How can I help?
Acknowledge the values that you are hearing.

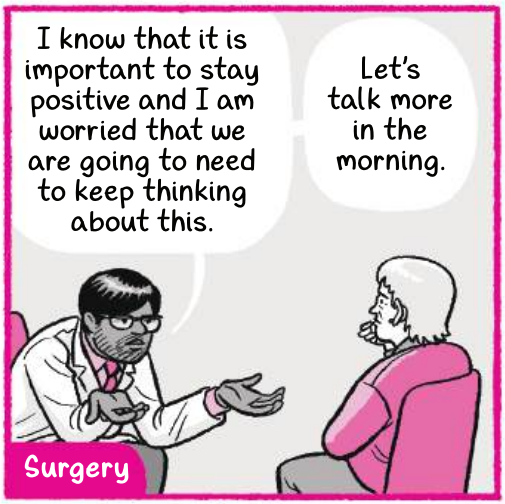

You have been so positive through this illness.
Renal


After **acknowledging** this, you can decide whether we need to discuss it further **now**, depending on the **clinical urgency**.


On the one hand, I know that this is difficult to talk about...
On the other hand I worry that things are changing medically and we need to be prepared...
Maternity

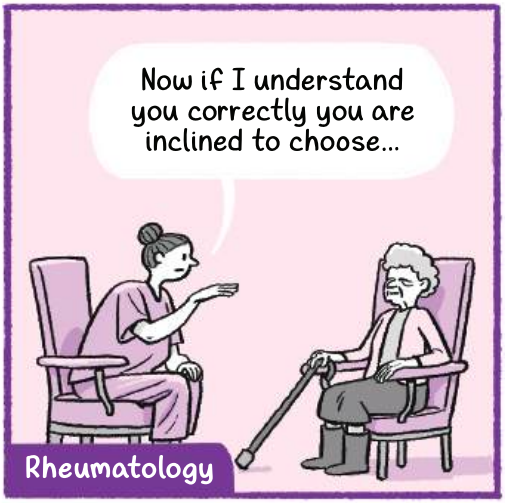

Can we talk more about that?


So **name** the dilemma and then offer a **path forward** to allow for **further discussion**.
That might require **courage** on my part.
Dilemma
Path Forward
Yes – courage to do the **right thing** and be open and **transparent** with me, especially when you and I decide to go **against** usual practice...
...and need to face some opposition to our shared decision.
We could **defer the conversation**, for example, for a **nonurgent** situation.
You can create time and offer to see me again **later**.


I know that it is important to stay positive and I am worried that we are going to need to keep thinking about this.
Let's talk more in the morning.
Surgery


It sounds like shared decision making requires *good communication skills*.
Practicing these skills will help.


Yes and at the core, it is a *value*, valuing *partnership* in making decisions together.


Now if I understand you correctly you are inclined to choose...
Rheumatology


You mentioned some *qualities* that I might need to think about...
being curious
courageous
creative
empathic
fair
flexible
honest
humble
self-aware
Yes, these qualities can be *nurtured* to bridge the gap between *your knowledge and technical skills*...
and *real, authentic efforts to work together* in making decisions about my care and treatment.
Knowledge and Technical Skills
Working Together


How can I nurture these qualities?
Regular self-reflection will support the integration of these qualities and skills into your clinical practice and professional identity.
Self Reflection
Not as a checklist of techniques, but as a natural expression of who you are as a healthcare practitioner.
As I become more skilled, we will both be more comfortable working together.
Yes. I will have a better care experience and improved healthcare outcomes...
...and I will have a better work experience and more meaningful interactions with you...

Document reference number	NHCG-D-053-1
Document developed by	National Directorate Public Involvement, Culture & Risk Management
Version number	V1.0
Document approved by	National Healthcare Communication Programme
Approval date	V1.0 May 2026
Revision date	May 2028

www.hse.ie/nhcprogramme @NHCProgramme

National Healthcare Communication Programme

HSE