

Some evidence for the association of shared decision making with fewer repeat consultations, fewer second opinion requests, increased patient satisfaction and a better patient-physician relationship

The field of research examining the association of shared decision-making and care outcomes is very young, and still developing. There is either some, still inconsistent, or indirect evidence depending on which outcome you examine. Below I have quickly summarized part of this evidence.

Patient experience of care

Numerous studies testify that shared decision-making improves the patient's experience and satisfaction of care (Stacey et al., 2014; O'Connor et al., 2004)

Trust & the patient physician relationship

The therapeutic relationship between the patient and the healthcare professionals is central to patient-centered care. An important component of that relationship is trust. The relationship between shared decision making and trust is bidirectional and curvilinear. Very autonomous patients show little trust in the health care professional, and too much reliance on the health-care professional (high trust) is associated with non-sharing. Shared decision-making is associated with higher (but not too high) trust in the relationship between patient and physician (e.g., Kraetschmer et al., 2004; Entwistle 2004, Peek et al., 2013).

Fostering a clinical environment in which shared-decision making is the norm, may increase trusting relationships. This seems to have a favorable effect on second opinion requests, although a very limited number of papers have been published on this topic (see below).

Second opinions

Lacey (2002) showed in this qualitative study that patients nominated their physician as an important decisional support throughout the treatment for breast cancer. Having a trusting patient-physician relationship made seeking a second opinion unnecessary.

Health care costs

For other clinical outcomes, such as the length of hospital stay and the health expenditure recent evidence suggests shared decision making has no influence (Gualano et al., 2019), while other studies have also shown that shared decision-making is able to may reduce health care costs for specific procedures and interventions (O'Connor et al., 2004; Lofland et al., 2017).

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