



Most Cancer Patients Prefer Shared Decision Making



Patient perceptions of care quality are increasingly considered in healthcare performance metrics. The Institute of Medicine has recommended that physicians accommodate patient preferences for decision making, which may be shared to different degrees between patients and physicians during treatment. A new study links physician-controlled decisions in cancer care to lower care quality ratings by patients.

The Cancer Care Outcomes Research and Surveillance Consortium (CanCORS) study evaluated the relationship between patients' involvement in decisions with their reported quality of care and physician communication. The study was conducted by Kenneth L. Kehl, MD and a team of colleagues across the US, who analysed data from 5,315 patients diagnosed with colorectal and/or lung cancer between 2003 and 2005. The patients reported decision roles (patient, physician or shared) for 10,817 treatment decisions, regarding surgery (42 percent), chemotherapy (36 percent) and radiation therapy (22 percent).

A majority of the patients (58 percent) preferred to share the decision making with their physicians, with 36 percent preferring to control the decisions themselves and only 6 percent preferring physician-controlled decision making. They reported actual decision making to be accomplished by themselves 39 percent of the time, with 44 percent shared decision making and 17 percent of decisions controlled by physicians.

Care Quality and Communication Scores

In 67.8 percent of cases, patients reported receiving excellent care from their physicians. However, care quality ratings were lower when patients reported that physicians controlled the decision making during treatment, rather than sharing decisions with the patients. There was no association between patient preferences for decision making roles and care quality ratings.

When it comes to patient perceptions of communication with their physicians, more than half (55.8 percent) rated their physicians highly. Patients who reported that their physicians controlled the decision making were

more likely to rate their physicians less favourably, as were patients who actually preferred physician-controlled to shared decision making.

The authors thus concluded that physicians should try to involve their patients in decision making whenever possible. "Given the increasing emphasis on patient experiences and ratings in health care, these results highlight the benefits of promoting shared decision making among all patients with cancer, even those who express preferences for less active roles."

Promoting Patient Involvement in Decision Making

Commentary by Sarah T. Hawley, PhD, MPH and Reshma Jagsi, MD, DPhil addressed the connection between patients' preferred and actual involvement in decision making. It is not surprising, they wrote, that patients in the Kehl et al. study were more satisfied with physician communication outcomes based on a shared decision making process, even if they preferred to have their physicians in control of the decisions. "...The individual items that constitute the communication measure described elements most likely to be absent when the actual decision is not shared," they noted.

The authors pointed out the "more compelling" association between shared decision making and care quality assessment by the patients. Patients were more satisfied when decision making was shared, even when they themselves preferred to have a less active role in the decision making process. This finding is in contrast to the results of prior research. The commentators wrote, "These conflicting results underscore the need for further work to better quantify and link measures of SDM to patient appraisal of care."

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