Consultation Techniques Using Shared Decision Making for Patients With Cancer and Their Families

Yuko Kawasaki, PhD

This article elucidates the nursing consultation techniques in shared decision making (SDM) for patients with cancer and their family members. Descriptive data (207 records) from the nurse-led SDM consultation facility and content analysis were used to extract the nursing consultation techniques. In addition, the order in which these techniques were used to structure the SDM process for patients with cancer was identified. The author extracted eight categories pertaining to nurse consultation techniques for the SDM process: sharing feelings, helping to identify the focus of the consultations, helping to devise a personalized recovery plan, providing information in accordance with the patient’s responses, supporting the patient to understand the information provided, ensuring continued treatment and care, strengthening the patient support system, and exploring possibilities on the basis of patient needs. The identified logical order in which these techniques were applied may be useful as a guide to systematic decision-making support.

Literature Review

Research trends have divided the process of SDM into three stages: (a) The information exchange stage: The physician presents the patient with treatment options that have different therapeutic effects and risks, and patient responses are based on their personal beliefs, values, and preferences (including cultural factors); (b) The deliberation stage: Treatment options are explored on the basis of evidence, patient preferences, and other factors; and (c) The decision stage: Healthcare professionals offer specialized support to patients to facilitate SDM with common objectives (Elwyn & Charles, 2009).

According to Legare et al. (2011), healthcare professionals involved in SDM must have several abilities, including respect for patients’ opinions on treatment options and the ability to clarify the necessary details; the ability to provide evidence-based information; the ability to clarify uncertain elements within the clinical decision-making process; the ability to ensure that patients understand the information provided to them; the ability to identify patient choices, interests, and expectations; the ability to identify or re-examine patient preferences regarding the role of medical staff in decision making; and the ability to make follow-up arrangements in accordance with the action plan. Duncan, Best, & Hagen (2010) have detailed the intervention methods for SDM as follows: (a) involving the patient in the decision-making