# Shared decision making in haemato-oncology

## How shared decision making in haemato-oncology differs from general medicine

Communication on joint care decisions in cancer treatment and management is particularly challenging for patients and their families because:[1]

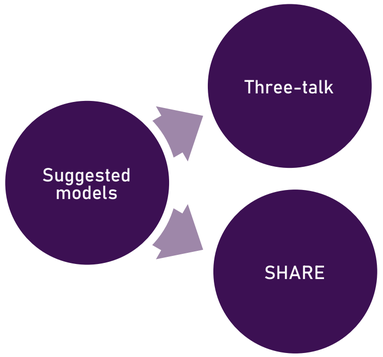
- There are often **multiple effective therapies** and they may be **interconnected**
- There is a **complex interplay** between treatment benefits and risks
- Cancer treatment is recommended based on **complicated clinical information**

## Considerations when embedding shared decision making into care

In 2010, the Health Foundation in the UK commissioned the MAGIC programme. This was designed to identify the best ways to embed shared decision making into healthcare. The learnings from MAGIC outlined five key challenges associated with implementing shared decision making:[2]

1. **"We already do shared decision making"**
   Many clinicians believe that shared decision making is already embedded into their current practice. However, shared decision making is a skill, and many HCPs could benefit from training to master considering and recognising patients' values, opinions or preferences that may differ from their own.[2,3]
2. **"We don't have the right tools"**
   All patients are different, with different experiences and levels of knowledge. It is important to consider an individualised approach and provide people with the right information, such as patient decision aids to support medical decisions.[2]
3. **"Patients don't want shared decision making"**
   Different patients want varying levels of involvement, and it is important to respect the patient's preference. Many patients may feel unable rather than unwilling to participate in decision making, and so effective shared decision making practices should be adopted by the clinician.[2]
4. **"How do we measure shared decision making?"**
   Shared decision making is difficult to measure, but research suggests less decisional conflict and regret, as well as better relationships, when shared decision making is practiced effectively.[4,5]
5. **"I have no time for this"**
   As shared decision making is a skill, in the beginning, it can take a little more time to practice it in consultations. A recent systematic review found that when HCPs become more confident with shared decision making, it doesn't have to take significantly longer.[6]

## Effectively involving patients in the shared decision making process

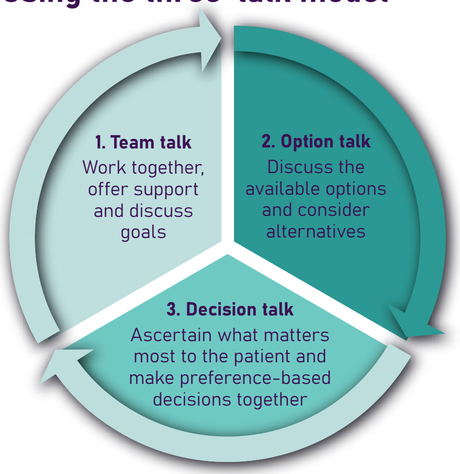



The three-talk model was developed as a brief and practical way to train clinicians on shared decision making in busy clinical teams. Research indicates that the three-talk model is "easy to understand" and "could be helpful in clinical practice".[7]

The SHARE model is a five-step process outlining an approach to shared decision making.
(**S**eek participation, **H**elp your patient explore & compare, **A**ssess your patient's values and preferences, **R**each a decision together, **E**valuate your patient's decision)[8]

Since cancer treatment and management are complex and often evoke distressing responses, shared decision making in haemato-oncology requires an adaptable approach that can be tailored to the patient's needs as they develop over time.[9] Therefore, the **three-talk model** may be preferred as a more simplified method of tackling a complex topic.

## Using the three-talk model




Follow the **three-talk model** as a general model for implementing shared decision making, and consider additional techniques to enhance delivery in practice. These might include:[7]

### A compassionate introduction

- Start with a **compassionate, open approach** to the consultation with relevant introductions, and allow time for the patient to discuss their perspective[2]

### Patient decision aids

- **Provide patient decision aids in the preferred format** during the 'option talk' step, as this will enable patients to make informed decisions[7]

### Teach-back technique

- Ask the patient to state, in their own words, what they understand from what has been discussed. This is a way to confirm patient understanding and increase adherence[10]

HCPs, healthcare professionals; MAGIC, making good decisions in collaboration

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