醫病共享決策
(Shared Decision Making)
提升以實證為主體的醫療照護

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學習目標

- 在這堂課後
  - 了解EBM的基本精神
  - 了解SDM的基本概念
  - 學習如何應用於平時照護病人

Evidence Based Medicine

- EBM requires the integration of the **best research evidence** with our **clinical expertise** and our **patient's** unique **values** and **circumstances.**
- 最佳的研究證據、專家意見、病人臨床狀況的總合。

實證醫學三大要素 (3E)

- Best research **E**vidence
  - 與臨床問題相關的，以病人為中心
  - 新的診斷或治療方法，更有效或更安全
- Clinical **E**xpertise
  - 臨床技巧及累積經驗
  - 分析病人的危險因子，鑑別診斷及常規處置
- Patient values (**E**xpectation)
  - 病人偏好、對副作用的疑慮、文化背景等

臨床診療的新模式
BMJ. 1996; 312: 71-2.

- 1996 年 David Sackett 對實證醫學的涵義做了明確的定義。
- EBM is the conscientious (一絲不苟), explicit (明確), and judicious (明智) use of current best evidence in making decisions about the care of individual patients.
- 著重於臨床診療領域。

實證醫學的兩個鴻溝

GAP 1: 從知識到結論

Ask **Acquire** **Appraise**

GAP 2: 從結論到臨床運用

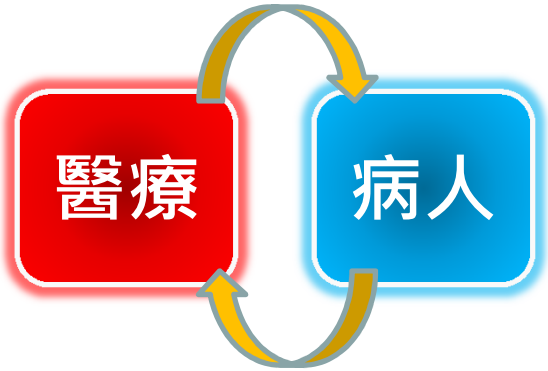
Apply **Assess**

Shared Decision Making

- 1997由Cathy Charles提出操作型定義
  - Shared decision-making involves at lease two participants—**the physician and patient**
  - Both parties **take steps** to participate in the process of treatment decision-making
  - **Information sharing** is a prerequisite to shared-decision-making
  - A treatment decision is made and **both parties agree to the decision**

SDM的照顧模式

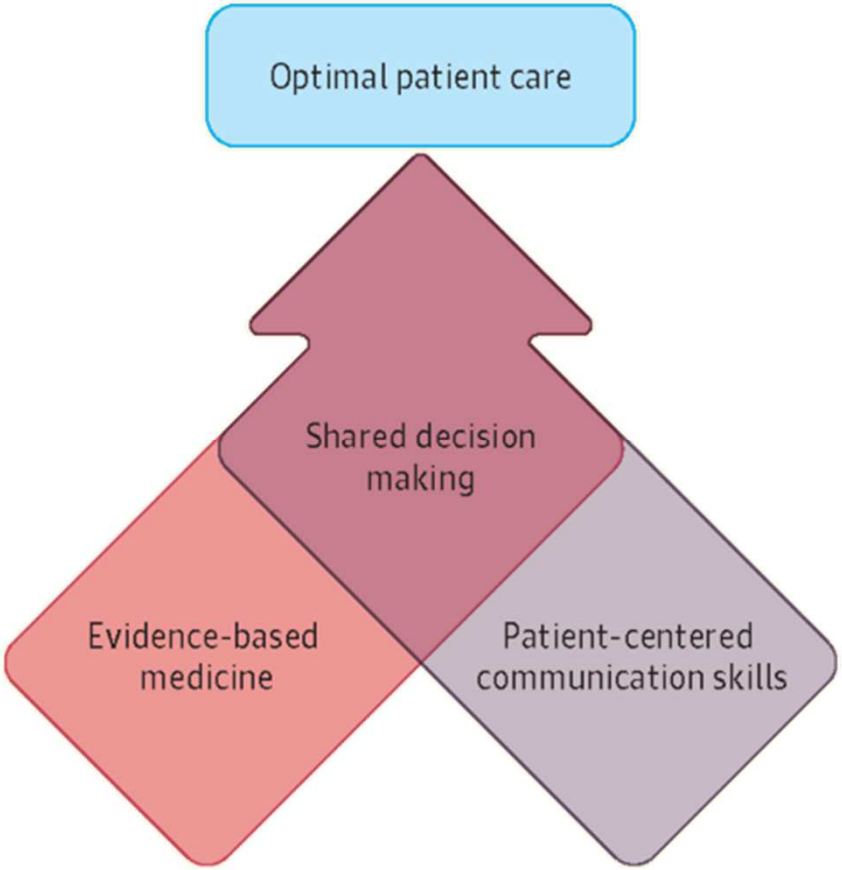
- 醫療和病人的共享模式
  - 醫療端提供資訊
  - 病人端提供個人偏好、需求
- 醫療端要做好的準備
  - 不是只是片面的提供資訊
  - 即使是內心覺得最好的選擇，也不是單方面只提供一種選項 (NEJM, 374;2:105-6)
  - 使用病人可以理解的語言和工具



SDM的執行步驟


步驟一
向病人說明疾病、處置方案和可能有的選擇
步驟二
提供所有治療方案的比較資訊供病人參考
步驟三
了解病人對治療方案的偏好
步驟四
分析治療方案的優缺點
步驟五
支持病人依其價值觀進行醫療決策

EBM? SDM?



JAMA. 2014;312(13):1295-1296. doi:10.1001/jama.2014.10186

SDM的執行步驟

- **Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
- **Step 2 (Compare options)** - accurate information on the similarities and differences between treatment options
- **Step 3 (My Views)** - here you are asked for your personal likes and dislikes about the different treatments
- **Step 4 (My Trade-offs)** - helping you to trade-off the advantages and disadvantages of each option
- **Step 5 (My Decision)** - supporting you to choose an option that is best for you

步驟一、二：EBM

- Introduction and compare options
- 實證醫學在這邊提供病人不同的治療概念。
- GRADE: quality of evidence
- 基本功

GRADE system

- A new grading system for:
  - Assess the relative importance of outcomes
  - Assess **overall** quality of evidence
  - **Decide direction and strength of recommendations.**

GRADE的應用

- 著重在證據如何影響醫療決策。
  - 證據等級：High／Moderate／Low／Very Low
  - 推薦指數：強／弱
- 可以用於評判系統性文獻回顧中，不同結果的統合分析情形。
- 亦可運用在治療指引上。

GRADE加分、減分

- 加分項目
  - 效果顯著 (RR<0.5 or RR>2)
  - 劑量效應dose response
  - 干擾因子影響小
- 扣分項目
  - 研究風險Risk of bias
  - 不一致 inconsistency (heterogeneity)
  - 不精確 imprecision
  - 間接證據 indirectiveness
  - 刊登偏差 publication bias

需要SDM的時機

- 醫療不確定性比重愈大者，複雜、多重選擇
- 目前尚無明確實證結果之處置與用藥
- 越嚴重致命疾病
- 可能有重大身心功能、形像改變或併發症之處置與用藥
- 需長期服用之藥物

較不需要SDM的時機

- 已具有高實證基礎證據等級之臨床常規：例如抽菸和肺癌的關係
- 須緊急處置之突發危害生命狀況：急診室、加護病房、洗腎中心、產房和手術室之突發危急狀況
- SDM不等於family conference！目的是要解決醫療較難解的問題，不是所有問題都需要SDM！

SDM的執行步驟

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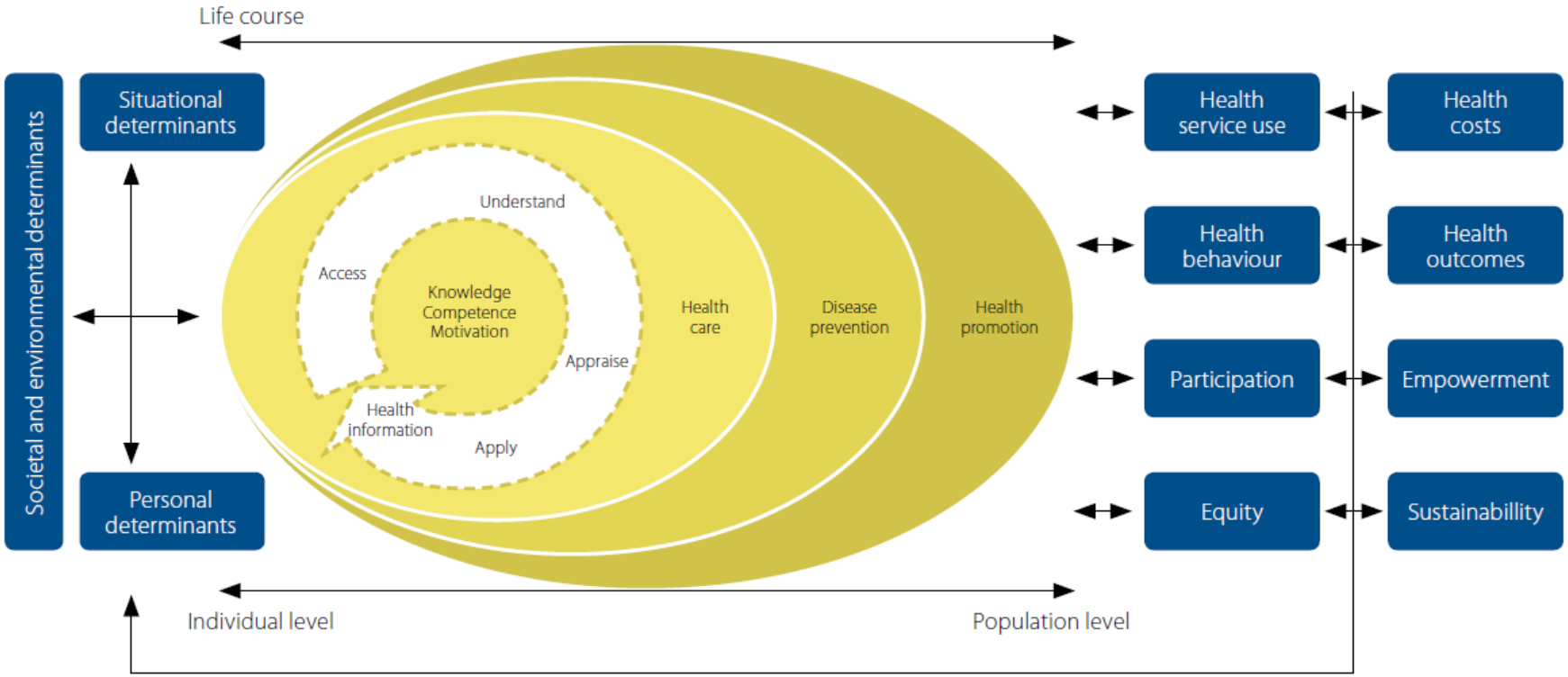
步驟三：引導病人講出想法

- 病人對於醫療的認識若不足，很難讓他們具有足夠的批判力。
- 基本知識與相關決策。
- 資料的轉化與翻譯。
- 對於健康識能(Health literacy)的認識。

Health Literacy 健康識能

Fig. 2. Conceptual model of health literacy of the European Health Literacy Survey



Source: adapted from: Sørensen K et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 2012, 12:80.

WHO 2013

Health Literacy 健康識能

Table 1. The European Health Literacy Survey: the 12 subdimensions as defined by the conceptual model

Health literacy	Access or obtain information relevant to health	Understand information relevant to health	Appraise, judge or evaluate information relevant to health	Apply or use information relevant to health
Health care	**1)** Ability to access information on medical or clinical issues	**2)** Ability to understand medical information and derive meaning	**3)** Ability to interpret and evaluate medical information	**4)** Ability to make informed decisions on medical issues
Disease prevention	**5)** Ability to access information on risk factors	**6)** Ability to understand information on risk factors and derive meaning	**7)** Ability to interpret and evaluate information on risk factors	**8)** Ability to judge the relevance of the information on risk factors
Health promotion	**9)** Ability to update oneself on health issues	**10)** Ability to understand health-related information and derive meaning	**11)** Ability to interpret and evaluate information on health-related issues	**12)** Ability to form a reflected opinion on health issues

Source: adapted from: Sørensen K et al. Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 2012, 12:80.

民眾的理解度是SDM成功的關鍵

- 民眾若知識不足，便沒有辦法理解疾病有哪些治療選項。
- 即使知道治療選項，也會不了解這些選項的好壞、適不適合自己。
- 如果不知道便可能會傾向權威式醫療或拒絕對話。

SDM的執行步驟

- **Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
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步驟四：分析好壞

- 慢慢釐清問題及方向，同時確認病人對於疾病的認知。
- 善用輔助工具及資源
  - SDM tools (衛教單張, 多媒體素材, Mayo clinic等等)
  - 跨領域團隊資源：護理師、個管師、營養師等等其他醫療專業領域

Ottawa Personal Decision Guide

Ottawa Personal Decision Guide

For People Making Health or Social Decisions

❶ Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

- ☐ Not thought about it
- ☐ Thinking about it
- ☐ Close to choosing
- ☐ Made a choice

❷ Explore your decision.

Knowledge

List the options and benefits and risks you know.

Values

Rate each benefit and risk using stars (★) to show how much each one matters to you.

Certainty

Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option Benefits / Advantages / Pros	How much it matters to you: 0★ not at all 5★ a great deal	**Reasons to Avoid this Option** Risks / Disadvantages / Cons	How much it matters to you: 0★ not at all 5★ a great deal
Option #1				

Ottawa Personal Decision Guide

Support

Who else is involved?							
Which option do they prefer?							
Is this person pressuring you?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
How can they support you?							

What role do you prefer in making the choice?	☐ Share the decision with… ☐ Decide myself after hearing views of… ☐ Someone else decides…	

❸ Identify your decision making needs.

	**Knowledge**	Do you know the benefits and risks of each option?	☐ Yes	☐ No
	**Values**	Are you clear about which benefits and risks matter most to you?	☐ Yes	☐ No
	**Support**	Do you have enough support and advice to make a choice?	☐ Yes	☐ No
	**Certainty**	Do you feel sure about the best choice for you?	☐ Yes	☐ No

If you answer 'no' to any question, you can work through steps two ❷ and four ❹, focusing on your needs.
People who answer "No" to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.

Ottawa Personal Decision Guide

❹ Plan the next steps based on your needs.

Decision making needs	✓	Things you could try
Knowledge If you feel you do NOT have enough facts	☐	Find out more about the options and the chances of the benefits and risks.
	☐	List your questions.
	☐	List where to find the answers (e.g. library, health professionals, counsellors):
Values If you are NOT sure which benefits and risks matter most to you	☐	Review the stars in step two ❷ to see what matters most to you.
	☐	Find people who know what it is like to experience the benefits and risks.
	☐	Talk to others who have made the decision.
	☐	Read stories of what mattered most to others.
	☐	Discuss with others what matters most to you.
Support If you feel you do NOT have enough support	☐	Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends).
	☐	Find help to support your choice (e.g. funds, transport, child care).
If you feel PRESSURE from others to make a specific choice	☐	Focus on the views of others who matter most.
	☐	Share your guide with others.
	☐	Ask others to fill in this guide. (See where you agree. If you disagree on facts, get more information. If you disagree on what matters most, consider the other person's views. Take turns to listen to what the other person says matters most to them.)
	☐	Find a person to help you and others involved.
Certainty If you feel UNSURE about the best choice for you	☐	Work through steps two ❷ and four ❹, focusing on your needs.

Prepared exclusively for patient

1 What is your risk of having a heart attack in the next 10 years?

Using information about your health we've estimated that you have a **15-30%** chance of having a heart attack sometime in the next 10 years. This table shows you how we estimated this risk.

In addition you are lowering your cardiovascular risk by regularly using **metformin and gemfibrozil (Lopid).**

Your risk	<15%	15-30%	>30%
Gender	woman	man	man
Age	60 or younger	60-75	75 or older
Had diabetes for	less than 10 yrs	less than 10 yrs	10 or more yrs
Have protein in urine	no	no	yes
Latest A1c	<6%	6-7%	>7%
Usual blood pressure	<120	120-140	>140
Total/HDL cholesterol	<4	4-6	>6
Smoking	non-smoker	ex-smoker	smoker

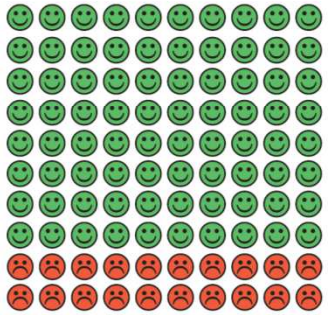
WHAT DOES THIS ESTIMATE MEAN?
It means that out of 100 people like you, about 20 will have a heart attack in the next 10 years, and about 80 will not.

Keep in mind that we do not know what will happen **to you;** if you were to have a heart attack we cannot tell **when** this will happen.

2 What benefit can you expect from taking statins compared to not taking statins?

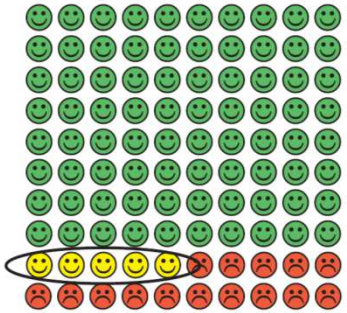
NO STATIN

Our guess of what will happen to 100 people like you if they were to decide NOT to take statins; out of 100 people like you, about 20 will have a heart attack in the next 10 years, and about 80 will not.



YES STATIN

Our guess of what will happen to 100 people like you if they were to decide to take statins; out of 100 people like you, about 15 will have a heart attack in the next 10 years and about 85 will not. About 5 people will avoid a heart attack by taking statins; about 95 did not change their outcome by taking statins.



had a heart attack
avoided a heart attack
didn't have a heart attack

ATTENTION!
If you were to decide to take statins, we will not know if you would be among those who would not benefit (either by having a heart attack or by having one despite taking statins regularly) or those who would benefit (by avoiding a heart attack by taking a statin.)

3 What downsides can you expect from taking statins compared to not taking statins?

- Statins need to be taken daily for years.
- Some statins may cost less to you depending on your drug plan.
- **Common side effects:** nausea, diarrhea, constipation (most patients can tolerate)
- **Muscle aching/stiffness:** 5 in 100 patients (some need to stop statins because of this)
- **Liver enzymes go up** (no pain, no permanent liver damage); 2 in 100 patients (some need to stop statins because of this)
- **Muscle and kidney damage:** 1 in 20,000 patients (requires patients to stop statins)

4 What do you want to do now?

- ☐ Take (or continue to take) statins
- ☐ Not take (or stop taking) statins
- ☐ Discuss with your clinician today
- ☐ Discuss with your clinician in the future
  When? _____
- ☐ Discuss with others
  Who? _____

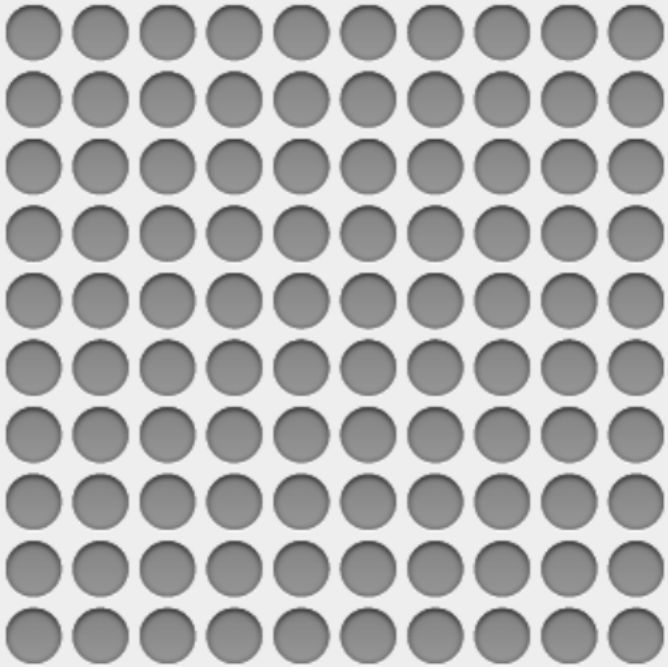
Figure 1. Personalized *Statin Choice* decision aid for a hypothetical patient with an estimated 10-year cardiovascular risk of 20%. HDL indicates high-density lipoprotein. Reproduced with permission from the Mayo Foundation for Medical Education and Research. All rights reserved.

SDM tools

- 衛教單張、影片、幻燈片
- 互動式選單
- 強調圖像化、語言簡單化
- 病人可先自行使用

醫策會資料

- 1.人工植牙
- 2.大腸癌
- 3.子宮頸癌
- 4.心房顫動
- 5.心絞痛
- 6.失智症
- 7.生命末期照護、安寧療護
- 8.白內障
- 9.低溫療法
- 10.更年期
- 11.乳癌
- 12.周邊動脈疾病
- 13.注意力不足過動症
- 14.冠狀動脈介入術選擇
- 15.氣管造口術
- 16.消化系統疾病內視鏡手術
- 17.退化性膝關節炎
- 18.骨質疏鬆
- 19.高血壓
- 20.慢性腎臟疾病
- 21.糖尿病
- 22.靜脈曲張
- 23.其他

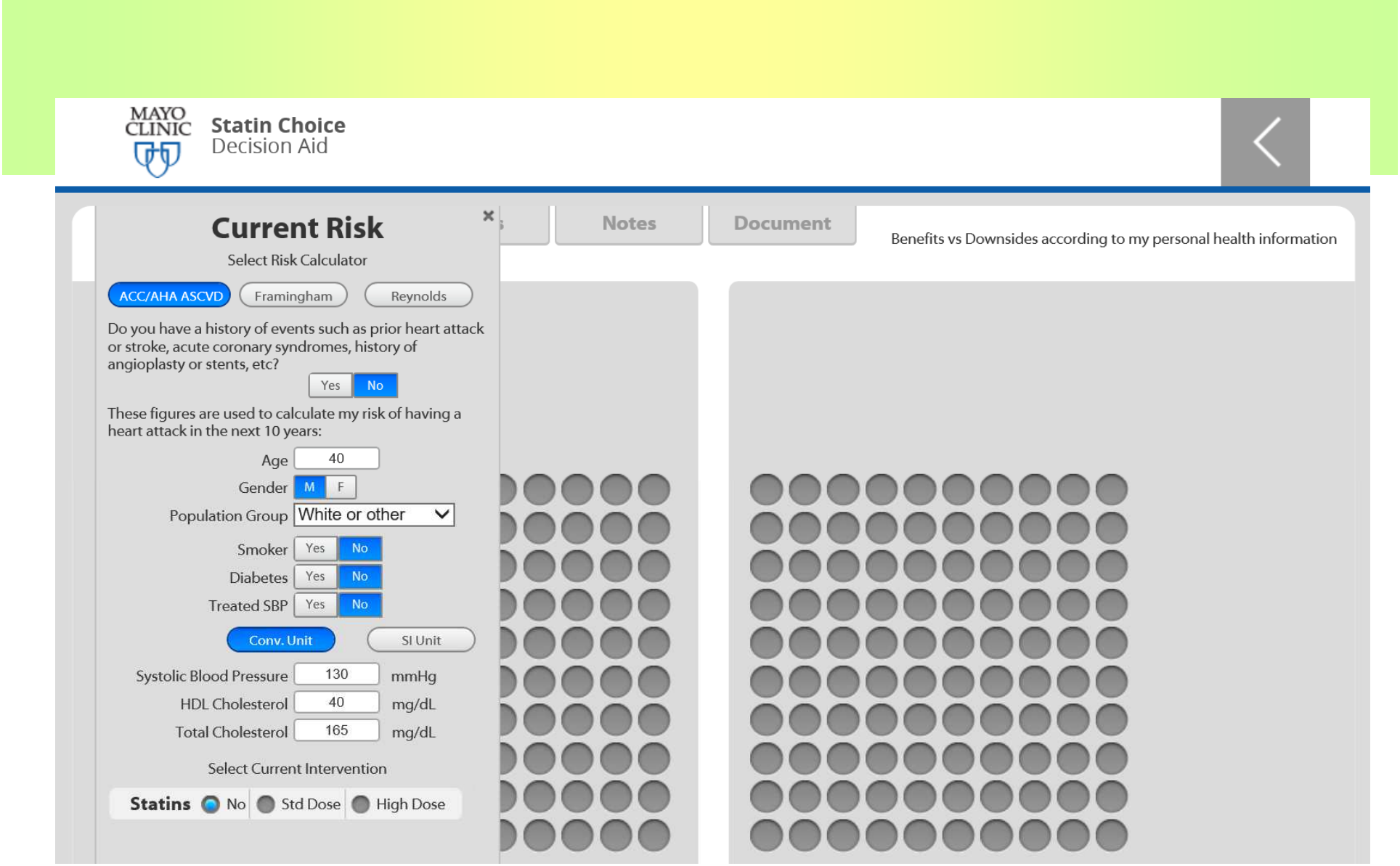


Welcome to the **Statin Choice** Decision Aid.

This tool will help you and your doctor discuss how you might want to reduce your risk for heart attacks.

Let's get started

Caution: This application is for use exclusively during the clinical encounter with your clinician


MAYO CLINIC
Statin Choice
Decision Aid
Current Risk
Select Risk Calculator
ACC/AHA ASCVD
Framingham
Reynolds
Do you have a history of events such as prior heart attack or stroke, acute coronary syndromes, history of angioplasty or stents, etc?
Yes
No
These figures are used to calculate my risk of having a heart attack in the next 10 years:
Age 40
Gender M F
Population Group White or other
Smoker Yes No
Diabetes Yes No
Treated SBP Yes No
Conv. Unit
SI Unit
Systolic Blood Pressure 130 mmHg
HDL Cholesterol 40 mg/dL
Total Cholesterol 165 mg/dL
Select Current Intervention
Statins No Std Dose High Dose
Notes
Document
Benefits vs Downsides according to my personal health information


Mayo clinic

MAYO CLINIC **Statin Choice**
Decision Aid

Current Risk | **Intervention** | Issues | Notes | Document

Benefits vs Downsides according to my personal health information
Using **ACC/AHA ASCVD** Risk Calculator

2. Select Intervention

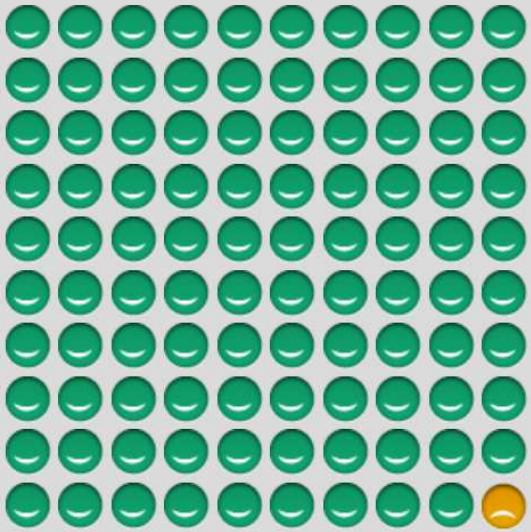
Current Risk
of having a heart attack

Risk for 100 people like you who **do not** medicate for heart problems

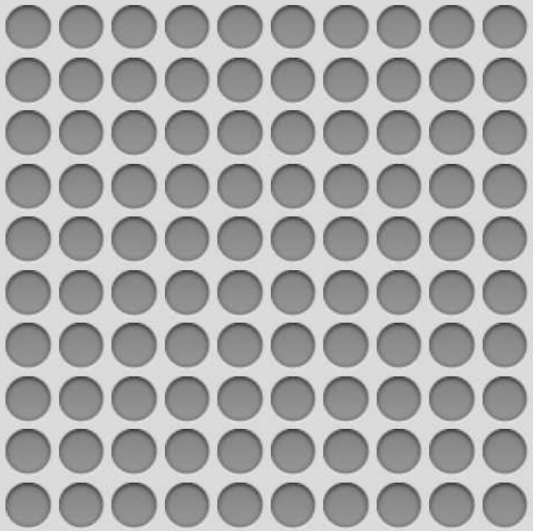
Over 10 years

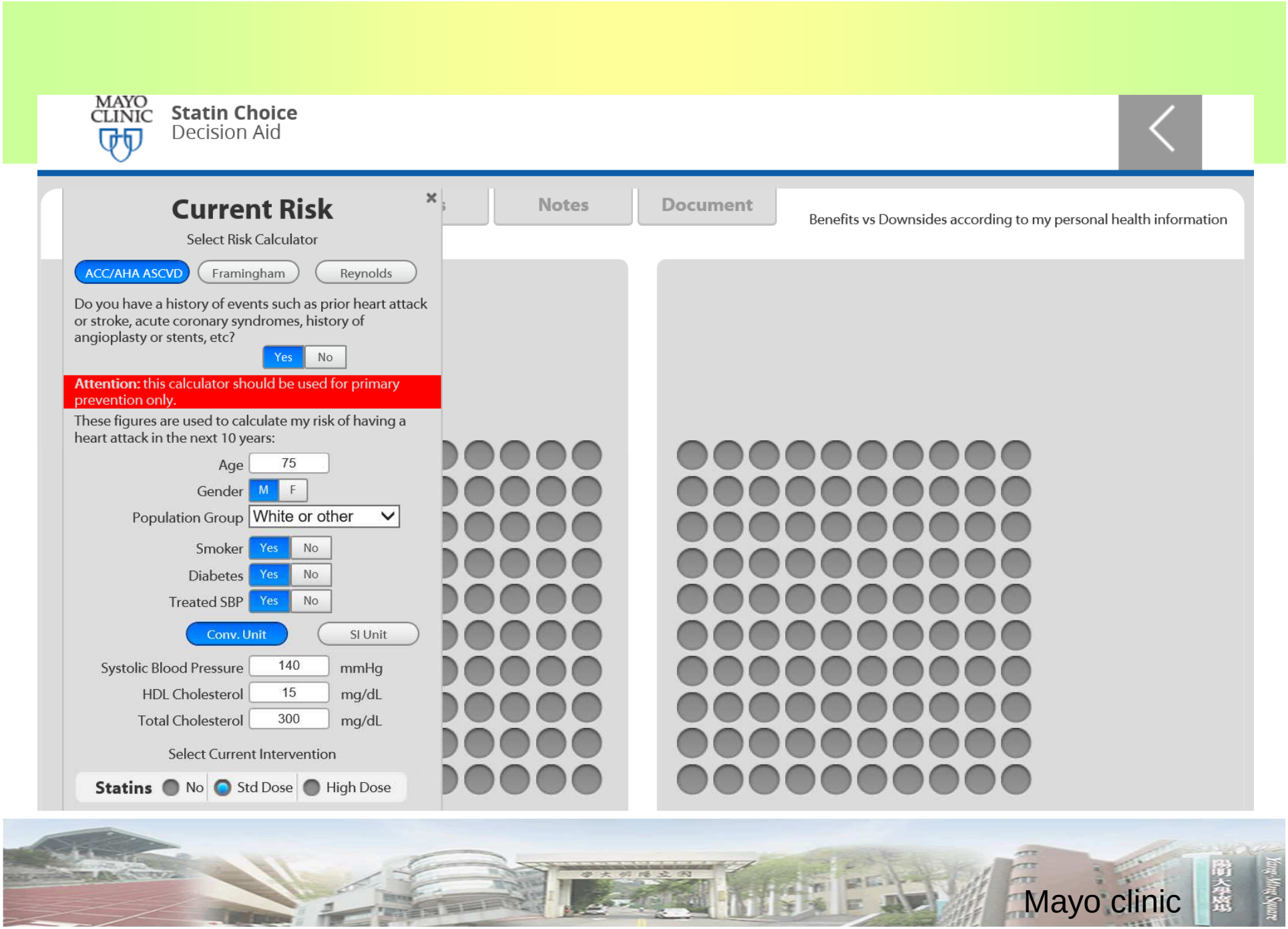
1 people will have a heart attack

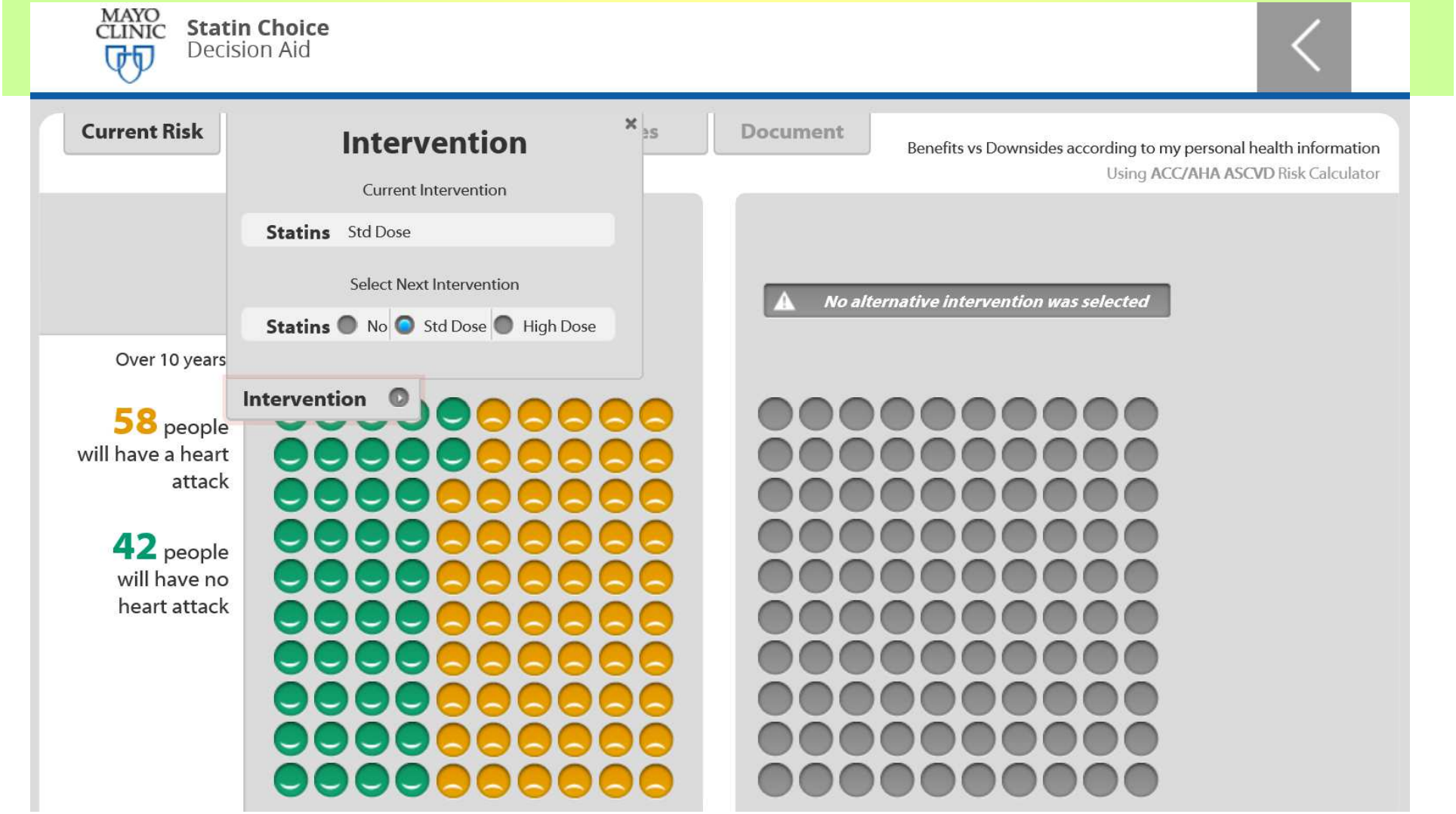
99 people will have no heart attack



⚠ ***No alternative intervention was selected***




MAYO CLINIC
Statin Choice
Decision Aid
Notes
Document
Benefits vs Downsides according to my personal health information
Current Risk
Select Risk Calculator
ACC/AHA ASCVD
Framingham
Reynolds
Do you have a history of events such as prior heart attack or stroke, acute coronary syndromes, history of angioplasty or stents, etc?
Yes
No
Attention: this calculator should be used for primary prevention only.
These figures are used to calculate my risk of having a heart attack in the next 10 years:
Age 75
Gender M F
Population Group White or other
Smoker Yes No
Diabetes Yes No
Treated SBP Yes No
Conv. Unit
SI Unit
Systolic Blood Pressure 140 mmHg
HDL Cholesterol 15 mg/dL
Total Cholesterol 300 mg/dL
Select Current Intervention
Statins No Std Dose High Dose


MAYO CLINIC
Statin Choice
Decision Aid
Current Risk
Intervention
Document
Current Intervention
Statins Std Dose
Select Next Intervention
Statins No Std Dose High Dose
Intervention
Benefits vs Downsides according to my personal health information
Using ACC/AHA ASCVD Risk Calculator
No alternative intervention was selected
Over 10 years
58 people will have a heart attack
42 people will have no heart attack


Mayo clinic

MAYO CLINIC **Statin Choice**
Decision Aid

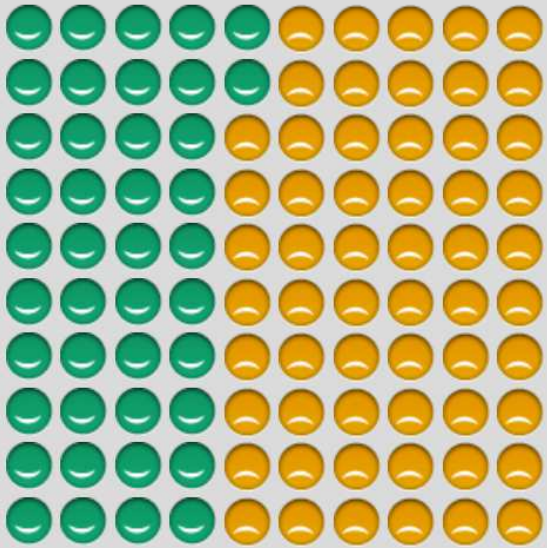
Current Risk | Intervention | Issues | Notes | Document

Benefits vs Downsides according to my personal health information
Using **ACC/AHA ASCVD** Risk Calculator

3. View Issues

Current Risk
of having a heart attack

Risk for 100 people like you who do take **standard dose statins**



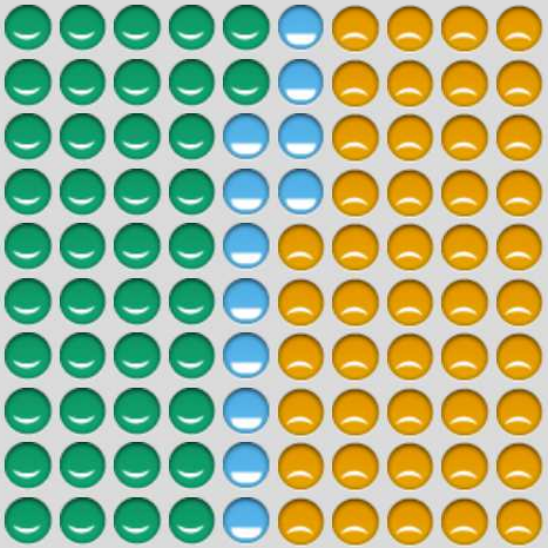
Over 10 years

58 people will have a heart attack

42 people will have no heart attack

Future Risk
of having a heart attack

Risk for 100 people like you who do take **high dose statins**



Over 10 years

46 people will have a heart attack

42 people will have no heart attack

12 people will be saved from a heart attack by taking medicine

MAYO CLINIC **Statin Choice** Decision Aid

Issues | Notes | Document

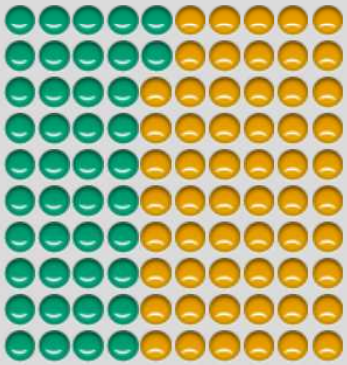
Benefits v

圖像化

治療比較

Current Risk of having a heart attack

Risk for 100 people like you who do take **standard dose statins**



Over 10 years
58 people will have a heart attack
42 people will have no heart attack

Cost

High dose statins
about $150/month

Daily Routine

High dose statins
One pill once a day

Other Benefits

High dose statins
The use of statins reduces your stroke risk by about one fifth.

Side Effects

High dose statins

Common side effects
nausea, diarrhea, constipation
(most patients can tolerate);

Muscle aching/stiffness
5 in 100 patients
(some need to stop statins because of this);

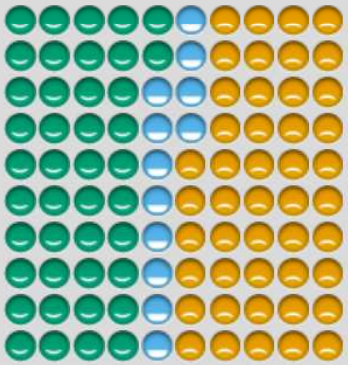
Liver blood test goes up
(no pain, no permanent liver damage):
2 in 100 patients
(some need to stop statins because of this);

Muscle and kidney damage
1 in 20,000 patients
(requires patients to stop statins).

The risk for these side effects may be higher by taking high dose/intensity statins compared to low dose statins.

Future Risk of having a heart attack

Risk for 100 people like you who do take **high dose statins**



Over 10 years
46 people will have a heart attack
42 people will have no heart attack
12 people will be saved from a heart attack by taking medicine

資訊數字化

Mayo clinic

衛福部　台灣病人安全資訊網

決策輔助工具

- 決策輔助工具清單
- 我的最愛
- 基本資料與密碼異動
- 滿意度問卷調查

您現在的位置 › 首頁 › 決策輔助工具 › 決策輔助工具清單

決策輔助工具清單

依主題類別

請輸入您要查詢的關鍵字 搜尋

▸ 懷孕及生產	▸ 慢性阻塞性肺病	▸ 高血脂
▸ 肥胖防治	▸ 戒菸	▸ 人工植牙
▸ 大腸癌	▸ 子宮頸癌	▸ 心房顫動
▸ 心絞痛	▸ 失智症	▸ 生命末期照護、安寧療護
▸ 白內障	▸ 低溫療法	▸ 更年期
▸ 乳癌	▸ 周邊動脈疾病	▸ 注意力不足過動症
▸ 冠狀動脈介入術選擇	▸ 氣管造口術	▸ 消化系統疾病內視鏡手術
▸ 退化性膝關節炎	▸ 骨質疏鬆症	▸ 高血壓
▸ 慢性腎臟疾病	▸ 糖尿病	▸ 靜脈曲張

決策輔助工具

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決策輔助工具清單

依主題類別 | 請輸入您要查詢的關鍵字 | 搜尋

回上頁

主題類別	SDM決策輔助工具標題	開發團隊、機構	年份	摘要表	加入最愛
退化性膝關節炎	治療退化性關節炎：我該接受人工膝關節置換手術嗎？	醫病共享決策影片-骨科工作小組	2016		加入

什麼是退化性膝關節炎？

關節炎的成因是關節內的軟骨損壞，關節軟骨是一個軟墊，可以緩和體重及平常活動對骨頭的衝擊。

當軟骨退化並暴露出其下方的骨頭時，就是膝關節炎，會造成關節疼痛、僵硬、腫脹，活動受到限制。

症狀通常發生的很慢，會隨著時間逐漸惡化，它並沒有治癒的方式，但可以透過適當的醫療，獲得良好的控制。

有什麼方式可以減輕退化性膝關節炎

藥物：如果症狀輕微，可以使用藥物止痛。包括消炎藥、嗎啡類止痛藥、關節內注射藥物等。

冰敷、熱敷：在活動前熱敷可以放鬆關節，活動後冰敷可以減緩疼痛。

復健運動：復健運動可以增加肌力，減少關節受力。請事先和您的醫生討論什麼樣的復健運動比較適合您。

輔具：許多類型的輔具可以幫助減緩膝關節的壓力，包括拐杖、助行器、護具，穿著舒適的鞋子或鞋墊。

關節鏡手術：可以移除關節內游離的軟骨或骨頭，但這項手術對於退化性關節炎的療效尚有爭議。

截骨矯正手術：可以矯正退化性膝關節炎合併膝外翻 (X 型腿) 或是膝內翻 (O 型腿) ，通常用在較年輕且關節炎較輕微的病人。

什麼是人工膝關節置換手術？

大多數會接受人工膝關節置換手術的病人，是因為他們的疼痛已經無法使用藥物或其他治療來緩解，而且嚴重影響到生活品質。

人工膝關節置換手術有「全人工膝關節置換」或「部份置換」兩種選擇，醫生會移除受損的關節軟骨，然後使用人工材質來取代。

全人工膝關節置換術後

手術後，通常很快就可以下床活動，但仍需配合醫師建議的復健運動，來增加肌肉力量及加強膝關節活動角度。

為什麼您的醫生會建議人工膝關節置換手術？

部份人工膝關節置換術後

如果您有嚴重的關節炎疼痛，試過其他治療方式卻無效。

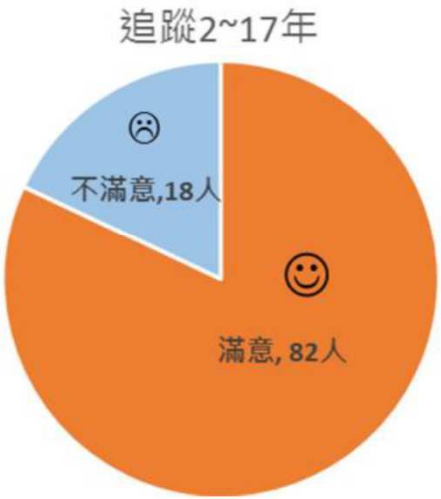
如果您的關節軟骨已經嚴重磨損。

如果您的膝關節疼痛造成起身、行走、上下樓梯困難，嚴重影響日常生活。

如果您沒有嚴重的身體健康問題。

步驟一：瞭解人工膝關節置換手術的好處及風險

	人工膝關節置換手術	其他治療方式
好處	● 大多數人疼痛明顯改善，而且可以恢復日常生活的活動。 ● 滿意度：追蹤 100 個接受手術的人，追蹤 2 至 17 年，有 82 人感到滿意。	● 可以避免人工膝關節置換手術可能產生的風險及併發症。



步驟二：您要不要選擇人工膝關節置換手術前，會在意的因素有？

您本身的感覺和醫學上的客觀數據一樣重要。

接下來請想一想，以下幾個情況，哪一邊對您比較重要？請勾選

兩邊情況，哪一邊對您比較重要？		
我想要能做一些簡單的活動，像是爬樓梯、跳元極舞、游泳或是家事	比較重要 4 3 2 一樣重要 1 2 3 比較重要 4	關節疼痛不會影響我現在做喜歡的活動
現在大多數的日子我常常感覺很疼痛，過得不好	比較符合 4 3 2 一樣 1 2 3 比較符合 4	現在大多數的日子我都覺得狀況還不錯
我了解日後有可能還需要再一次手術，但我願意嘗試	比較重要 4 3 2 一樣重要 1 2 3 比較重要 4	我很擔心 10 或 20 年後可能要再次做手術
我願意手術後必須花幾個禮拜的時間做復健運動	比較重要 4 3 2 一樣重要 1 2 3 比較重要 4	我不想要手術後還得花時間做復健
我知道手術可能會有風險，但為了解決關節疼痛及恢復膝關節功能，承擔風險是值得的	比較重要 4 3 2 一樣重要 1 2 3 比較重要 4	我非常害怕手術可能會有的風險
我想手術的理由		**我不想手術的理由**

步驟三：您是否已經清楚知道是否接受人工膝關節置換手術的好處和風險了呢？

請試著回答下列問題

1. 人工膝關節置換手術應該是退化性關節炎治療的第一選擇
   - ☐ 是
   - ☐ 否 (試過其他治療方式都已經無效，才要考慮人工膝關節置換手術。)
   - ☐ 我不確定

2. 在接受人工膝關節置換手術後，可以馬上恢復原本的活動能力
   - ☐ 是
   - ☐ 否 (手術後，還需要做復健運動)
   - ☐ 我不確定

3. 雖然統計上人工膝關節可以用上 15 年，但仍有可能需要再次手術
   - ☐ 是 (大多數病人可以用超過 15 年，但少數人還是需要再次手術。)
   - ☐ 否
   - ☐ 我不確定

以上若有任何一項回答「我不確定」，請洽詢您的醫護人員再次說明。

步驟四：您準備好做決定了嗎？

經過前面幾個步驟，您已經花了一些時間了解接受或不接受人工關節置換手術的差異和自己在意的因素，現在決定好想要的治療方式了嗎？

1. 我已經清楚知道有哪些治療的選擇　☐ 知道　☐ 不知道
2. 我清楚知道不同治療方式的好處和壞處　☐ 知道　☐ 不知道
3. 我已經接受足夠的知識及建議可以做決定　☐ 是　☐ 否
4. 我做決定前還需要：
   - ☐ 我想要再更深入了解每個治療方式
   - ☐ 我需要再和其他人(如家人、朋友等)討論看看
   - ☐ 我還是想要再和醫師做更詳細的討論
   - ☐ 完全不用，我已經做好選擇了
5. 我對於自己的決定有多確定？
   - ☐ 完全不確定
   - ☐ 不是很確定
   - ☐ 完全確定
6. 我還有想和醫師討論的問題：

_____

_____

_____

完成以上所有內容後，請帶著這份結果回到門診，與您的醫師共同討論適合您的治療。


SDM的執行步驟

- **Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
- **Step 2 (Compare options)** - accurate information on the similarities and differences between treatment options
- **Step 3 (My Views)** - here you are asked for your personal likes and dislikes about the different treatments
- **Step 4 (My Trade-offs)** - helping you to trade-off the advantages and disadvantages of each option
- **Step 5 (My Decision)** - supporting you to choose an option that is best for you

步驟五：共同決策

- 經過與病人及家屬對談，共同討論的決定。
- 病人參與度提高，向心力及醫囑遵從性增加。
- 減少可能不必要之花費與醫療糾紛。

建議引導三步驟

- 回顧病情
- 退一步
- 提供資訊
- 強調個人化與不確定性
- 觀察反應

- 確認知識
- 列出所有選項
- 分析好壞
- 善用工具(tools)

- 集中在病人選擇
- 再次分析
- 共同做出決策
- 提供決策後的醫療選項

J Gen Intern Med. 2012 Oct; 27(10): 1361–1367

SDM的好處

- 減少無效醫療
- 增加順從性(compliance)
- 降低可能疏失
- 提高醫病照護品質

SDM推行下的困難

- 醫療人員對於此方式尚不熟悉
- 台灣民眾習慣“權威式(Paternalistic)”的醫療行為
- 臨床工作過於繁忙
- 缺乏足夠資源和工具

證據會說話：SDM改變了多少

Patient decision aids compared with usual care for adults considering treatment or screening decisions

Patient or population: adults considering treatment or screening decisions
Settings: all settings
Intervention: patient decision aid
Comparison: usual care

Outcomes	Illustrative comparative benefits* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed benefit	Corresponding benefit				
	Usual care	Patient decision aid				
Knowledge: decision aid versus usual care - all studies standardized on score from 0 (no knowledge) to 100 (perfect knowledge) [soon after exposure to the decision aid]	The mean knowledge score was 56.9% ranged across control groups from 31% to 85.2%	The mean knowledge score in the intervention groups was 13.34 higher (11.17 to 15.51 higher)		10,842 (42 studies)	⊕⊕⊕⊕ **high**[1]	Higher scores indicate better knowledge. 41 out of 42 studies showed an improvement in knowledge
Accurate risk perceptions - all studies [soon after exposure to the decision aid]	**296 patients per 1000**	**542 patients per 1000**	**RR 1.82** (95% CI: 1.52 to 2.16)	5868 (19 studies)	⊕⊕⊕◯ **moderate**[1,2]	
Congruence between the chosen option and their values - all studies [soon after exposure to the decision aid]	**316 patients per 1000**	**498 patients per 1000**	**RR 1.51** (95% CI: 1.17 to 1.97)	4670 (13 studies)	⊕⊕◯◯ **low** [1,2,3,4]	

Cochrane Database Syst Rev. 2014 Jan 28;(1):CD001431

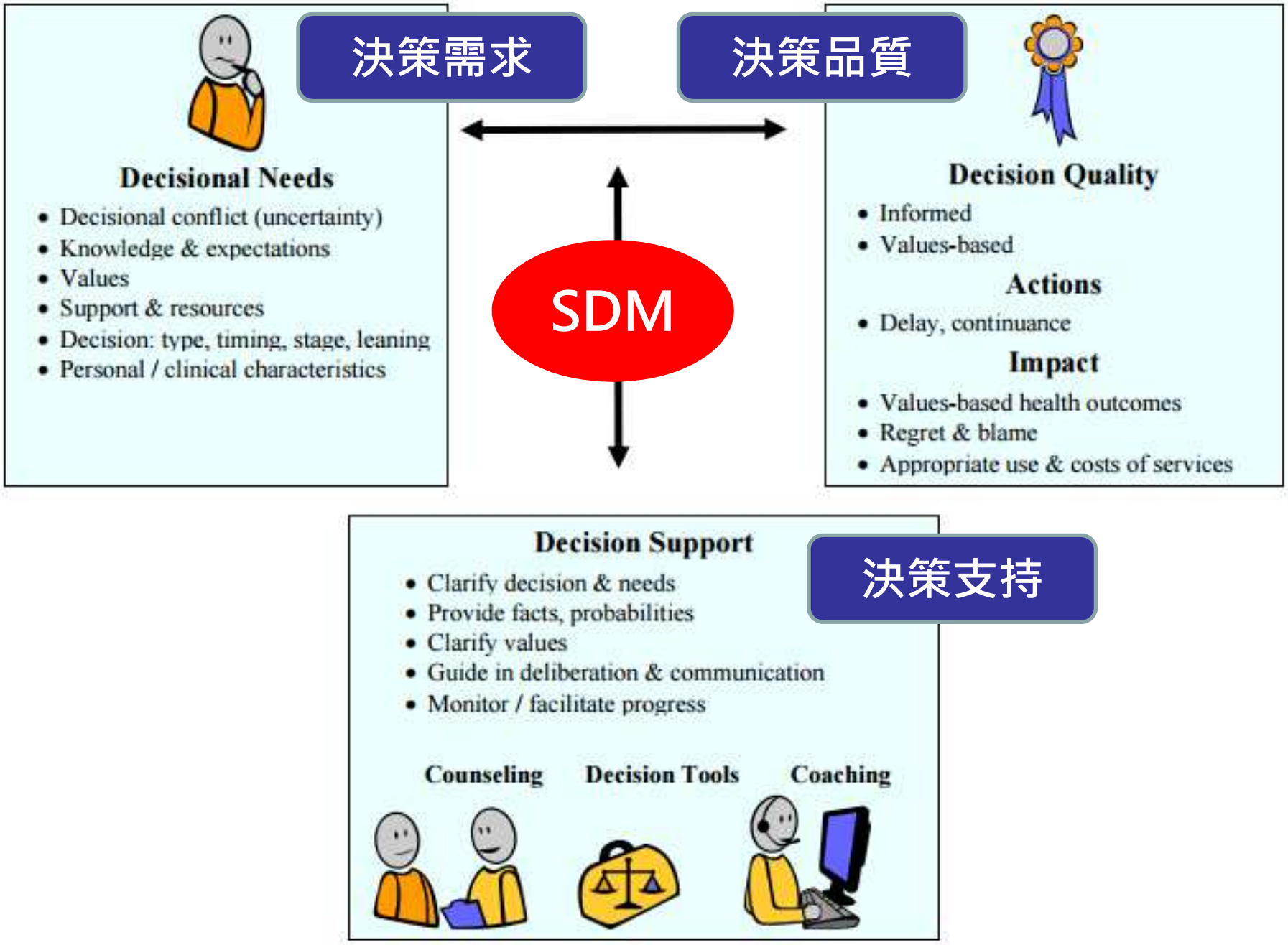
證據會說話：SDM改變了多少

Decisional conflict: decision aid versus usual care - all studies - Uninformed sub-scale standardized on score from 0 (not uninformed) to 100 (uninformed) [soon after exposure to the decision aid]	The mean feeling uninformed ranged across control groups from 12.75 to 49.1. Scores of 25 or lower are associated with follow-through with decisions; whereas scores that exceed 38 are associated with delay in decision making	The mean feeling uninformed in the intervention groups was 7.26 lower (9.73 to 4.78 lower)		4343 (22 studies)	⊕⊕⊕⊕ **high**[1]	Lower scores indicate feeling more informed.
Decisional conflict: decision aid versus usual care - all studies - Unclear values sub-scale standardized on score from 0 (not unclear) to 100 (unclear) [soon after exposure to the decision aid]	The mean feeling unclear values ranged across control groups from 15.5 to 51.29. Scores of 25 or lower are associated with follow-through with decisions; whereas scores that exceed 38 are associated with delay in decision making	The mean feeling unclear values in the intervention groups was 6.09 lower (8.50 to 3.67 lower)		3704 (18 studies)	⊕⊕⊕⊕ **high**[1]	Lower scores indicate feeling more clear about values
Participation in decision making: decision aid versus usual care - all studies - Practitioner controlled decision making [soon after consultation with practitioner]	**174 patients per 1000**	**103 patients per 1000**	**RR 0.66** (95%CI: 0.53 to 0.81)	3234 (14 studies)	⊕⊕⊕◯ **moderate**[1,3]	Patient decision aids aim to increase patient involvement in making decisions. Lower proportion of practitioner controlled decision making is better

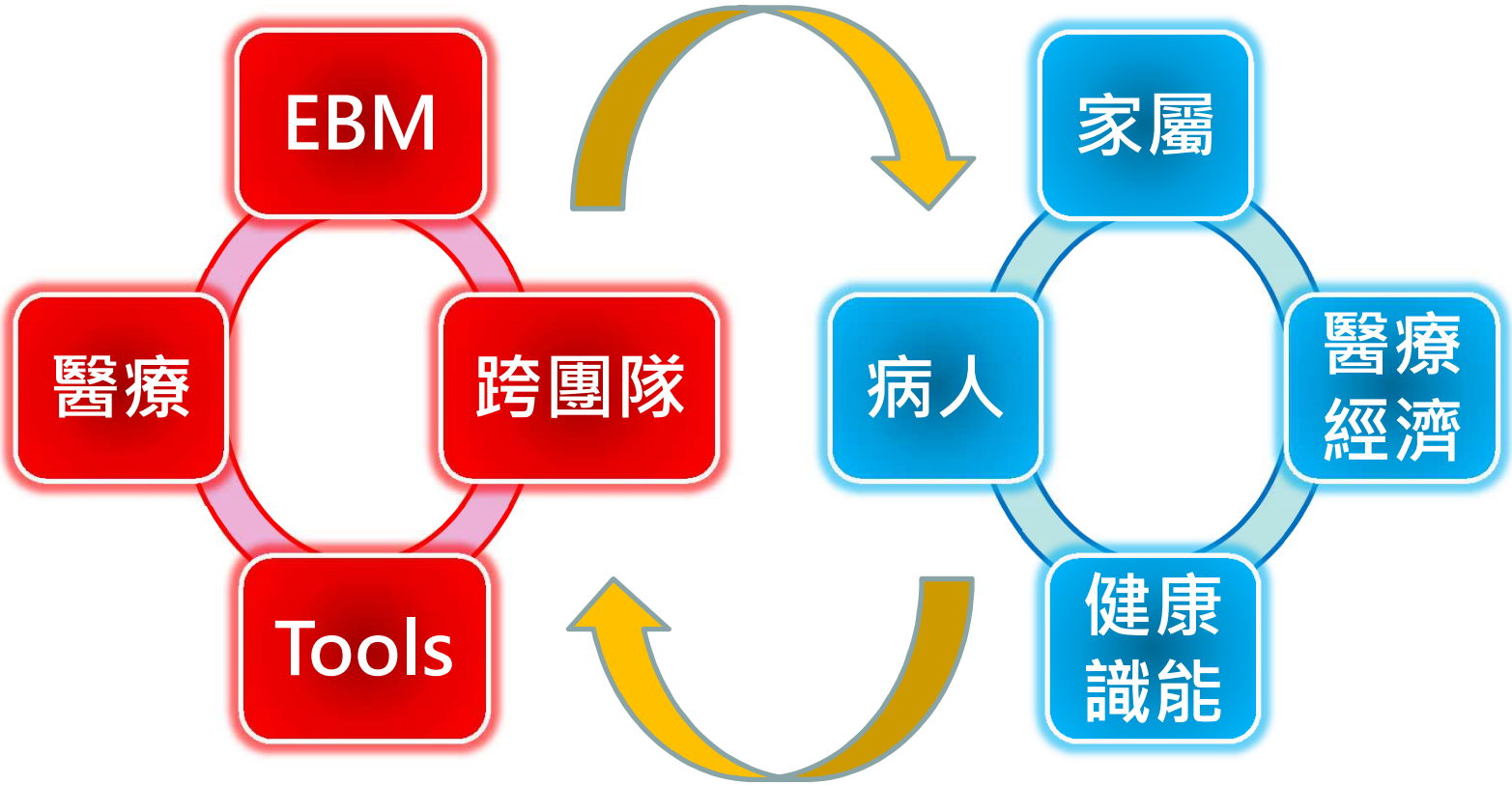
*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk Ratio

Cochrane Database Syst Rev. 2014 Jan 28;(1):CD001431


決策需求
決策品質
Decisional Needs
• Decisional conflict (uncertainty)
• Knowledge & expectations
• Values
• Support & resources
• Decision: type, timing, stage, leaning
• Personal / clinical characteristics
SDM
Decision Quality
• Informed
• Values-based
Actions
• Delay, continuance
Impact
• Values-based health outcomes
• Regret & blame
• Appropriate use & costs of services
Decision Support
• Clarify decision & needs
• Provide facts, probabilities
• Clarify values
• Guide in deliberation & communication
• Monitor / facilitate progress
決策支持
Counseling
Decision Tools
Coaching

SDM成為醫療和病人的良性互動



安寧照護，SDM能做到什麼？

- SDM在安寧照護上，具有複雜的成分：除了醫療本身，還有焦慮、生活品質、生命期待、以及決策疑慮等的部分。
- SDM能將資訊做切割與釐清，對於決策迴更全面且完整。
- 還有很多可以發揮的空間。

小複習

- 實證醫學(EBM)和醫病共同決策(SDM)乃相輔相成之工具與方法。
- 未來EBM將結合GRADE及其他評讀工具，轉換為病人可以理解的語言。
- SDM五步驟，重點在提供病人相關資訊與臨床運用判斷所需內容，輔以SDM工具和跨領域團隊。

Question & Discussion ??

與您一同守護病人的健康