Medical Decision Making Should Be Shared With The Patient, Especially With Vascular Patients: It Can Improve Care

Dirk T. Ubbink, MD PhD
PI dept. of Surgery, Academic Medical Center
Amsterdam, The Netherlands

Financial disclosure

- The author of this presentation has no financial interests in any of the companies involved in the products mentioned in this presentation

Do you know…

- An intervention that improves patient care?
- Is proven effective, based on Cochrane systematic review?
- Has no serious side effects?
- Is increasingly popular among patients and doctors?

Abdominal aortic aneurysms

- What do you advise if diameter is 5.5 cm?
- If >5.5, about 80% of AAA-patients will get endoprosthesis
- Based on what: do benefits outweigh risks?

<table>
<thead>
<tr>
<th>Long-term risks</th>
<th>Endovascular</th>
<th>Open surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>1.6%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Rupture</td>
<td>5.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Re-interventions or hospitalization</td>
<td>27.8%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

Schermerhorn ML et al., NEJM 2015

Outcomes of treating a 6.5-cm AAA with EVAR vs. watchful waiting

- 100 patients treated with EVAR

Dealing with treatment dilemmas

- Particularly in vascular surgery:
  - Multiple treatment options
- Choices made through evidence-based medicine?

EBM

- Clinical expertise
- Evidence
- Patient values and preferences


- Who would ask and involve the patient’s preference?
**Shared Decision-Making**

- Two-way information exchange:
  - **Caregivers** provide information geared toward the patient about disease, treatment options and their benefits, risks and scientific uncertainties
  - **Patients** share their values and preferences about the treatment options and about how they weigh the pros and cons of the treatments
    - Stiggelbout AM et al., BMJ 2012
    - Ubbink DT et al., Surg Technol Int 2015
  - SDM is not equal to ‘informed consent’

**Patient involvement in decision-making**

- “AAA patients are informed inconsistently about their disorder and treatment options.”
  - Knops AM et al., Eur J Vasc Endovasc Surg 2010
- “Vascular patients have variable levels of participation in decision-making related to vascular procedures and often consider their treatments unsuccessful.”
  - Corriere MA et al., J Vasc Surg 2015
- “Although surgeons are important sources of information, 90% of patients still prefer to discuss all options being considered and to contribute to shared decision-making.”
  - Corriere MA et al., J Vasc Surg 2015

**Current SDM-practice in vascular surgery**

- Today’s vascular surgeons hardly practice SDM:
  - They hardly ever ask:
    - patients’ preferred approach to receive information,
    - whether patients understand the information provided,
    - how patients would like to be involved in SDM, and
    - which aspects matter most to them.
  - Santema TB et al., Eur J Vasc Endovasc Surg 2016
  - Little use of tools supporting decision-making
    - Patient decision aids, option grids
    - Risk communication tools (e.g. Rothwell, 2006)

**Effects of tools supporting decision-making**

- Improve people’s knowledge regarding options, reduce their decisional conflict
  - Stacey D et al., Cochrane Database Syst Rev 2014
- Help share treatment decisions with AAA-patients by increasing knowledge about disorder and available treatment options, without raising their anxiety levels
  - Knops AM et al., Eur J Vasc Endovasc Surg 2014
- Increase (by 20%) the number of patients who prefer conservative or less invasive surgical treatment options
  - Knops AM et al., Ann Surg 2013

**Take-home messages**

- SDM is modern-day ethical imperative in healthcare
  - ACA section 3506
  - Durand MA et al., Healthc 2015
- SDM can improve care and reduce costs
  - Oshima Lee E et al., NEJM 2014
- Vascular surgery particularly suited for SDM!