

Shared Decision Making

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NHS的SDM五大步驟

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

Ottawa Personal Decision Guide
For People Making Health or Social Decisions

1 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?

2 Explore your decision.

3 **4**

	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				
Option #2				
Option #3				

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

5

Who else is involved?
Which option do they prefer?
Is this person pressuring you?
How can they support you?
What role do you prefer in making the choice?

3 **5**

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Identify your decision making needs.

1 **2** **3** **4** **5**

確認病人是否知道下決定時，各個向面的需要？

知識是否充足？
是否符合病人的價值？
周邊的支持？
是否確認？
如否，再重複2到4步驟。

Plan the next steps based on your needs.

Decision making needs Things you could try

2 **3** **4** **5**

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The SHARE Approach

A five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

AHRQ's SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

Step 1: Seek your patient's participation.

Step 2: Help your patient explore and compare treatment options.

Step 3: Assess your patient's values and preferences.

Step 4: Reach a decision with your patient.

Step 5: Evaluate your patient's decision.

The **SHARE** Approach

Essential Steps of Shared Decision Making

Five steps for you and your patients to work together to make the best possible health care decisions.

Step 1:

Seek your patient's participation

Communicate that a choice exists and invite your patient to be involved in decisions.

Step 2:

Help your patient explore and compare treatment options

Discuss the benefits and harms of each option.

Step 3:

Assess your patient's values and preferences

Take into account what matters most to your patient.

Step 4:

Reach a decision with your patient

Decide together on the best option and arrange for a followup appointment.

Step 5:

Evaluate your patient's decision

Plan to revisit decision and monitor its implementation.



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Effective Health Care Program

www.ahrq.gov/shareddecisionmaking

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一、設定國內 SDM 推廣重點主題

經向衛福部指定之醫療相關醫學會、衛生法人組織問卷調查（共 103 家）、召開座談會及本計畫專案小組票選後，共選出以下 22 項今年國內 SDM 重點推廣主題，後續也將應用於「醫病共享決策輔助工具競賽」及醫院響應活動相關活動。

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

二、徵求及製作醫療決策輔助工具

(一) 辦理輔助工具競賽：

為鼓勵機構以實證醫學為基礎，支持病人依其價值觀進行醫療決策，將以上述 22 個主題邀請各醫院及醫學會投稿參加「醫療決策輔助工具競賽」，報名時間自即日起至 7 月 1 日止，交件期間自即日起至 8 月 1 日止，詳細活動辦法請參閱病人安全資訊網

(<http://www.patientsafety.mohw.gov.tw/>)。

(二) 製作醫病共享決策輔助工具：

醫策會今年邀集專家製作 4 個輔助工具，主題包括「生產方式之決定」、「退化性膝關節炎是否選擇人工膝關節置換術」、「長期呼吸器使用病人要不要執行氣管造口術」及「心絞痛的治療選擇」。

三、建置分享平台

為鼓勵醫療機構在臨床工作運用 SDM，醫策會將建置 SDM 輔助工具分享平台，將上述輔助工具競賽評選之優良作品及由本會召集專家製作之 4 項輔助工具上傳至該平台，讓醫療提供者能方便搜尋到可以使用的資源，病人亦能在看診的過程中，透過醫療人員提供網址至平台瀏覽、使用醫療團隊提供之決策輔助資源。

四、號召醫療機構響應推廣 SDM 活動

為了讓醫療人員了解如何在臨床中實施 SDM、向民眾宣導在就醫過程中主動表達自己「最在意的考量」及「期待」，並鼓勵醫療人員跟病人溝通使用自行開發或本計畫分享平台上的 SDM 輔助工具，醫策會將會製作民眾及醫療人員之宣導素材，邀請醫院響應推廣 SDM 活動，並且挑選部份醫院進行「SDM 專家到你家」的深度輔導。透過醫院推廣及回饋成果後，醫策會也將評估成效良好之機構頒發「105 年醫病共享決策推廣績優」獎項，並邀請於標竿活動或撰稿分享，期望促進更多醫療機構加入推廣 SDM 的行列。

為了推廣 SDM 的概念，醫策會除了四至五月間已辦理完成之計畫說明會、推廣課程及輔助工具製作說明會，在 9 月份將有一場國際研討會，暫定邀請 Ottawa Hospital Research Institute 之 SDM 專家來台，與國內醫療機構領導人和醫品病安推動人員共同交流，11 月也將辦理標竿分享活動，邀請 SDM 推廣績優機構蒞臨經驗分享，各項推廣活動簡報及課程影像在徵求講師同意後，也將集中放置病人安全資訊網及未來建置之醫病共享決策平台，提供有意願執行 SDM 的醫療人員資訊交流與學習，詳情請密切關注病人安全資訊網之最新消息、醫策會網站及 Facebook 專頁。

IT IS NOT ENOUGH

TO GET SECOND

請看一手資料

HAND

INFORMATION.

PERSPECTIVE

Shared Decision Making: A Model for Clinical Practice

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The principles of shared decision making are well documented but there is a lack of guidance about how to accomplish the approach in routine clinical practice. Our aim here is to translate existing conceptual descriptions into a three-step model that is practical, easy to remember, and can act as a guide to skill development. Achieving shared decision making depends on building a good relationship in the clinical encounter so that information is shared and patients are supported to deliberate and express their preferences and views during the decision making process. To accomplish these tasks, we propose a model of how to do shared decision making that is based on *choice*, *option* and *decision talk*. The model has three steps: a)

(SDM) has been defined as: ‘an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences’.²

The principles of SDM are well documented and the common elements have been summarized.⁵ The earliest mention was in 1982,⁶ but the idea draws on and deepens the principles of patient centered care.^{7,8} Others^{9,10} provided more detail and this led to a greater focus on the skills required.^{11,12} Yet, despite attention to principles and competences, there remains a lack of clear guidance about

Case 1 Katherine: early stage breast cancer

Katherine (aged 67) had recently been diagnosed with breast cancer. She was widowed, living alone in a rural location and did not drive. She was offered a choice between lumpectomy with radiotherapy (breast conservation surgery) or mastectomy, and was told of the equal survival rates for the two procedures. She was surprised by this choice and became anxious. She listened to the advice and, although she was given good information, felt steered towards having a lumpectomy and radiotherapy as the “less invasive” option. She became very tired during the radiotherapy, and her breast became tender and much smaller, an effect that she did not anticipate. Two years later, an ipsilateral local recurrence of the breast cancer necessitated a mastectomy. At this point, she became aware that there was a higher (double) rate of local recurrence after lumpectomy. She felt regret and considered that her decision might have been different if she had been given more information and a chance to express her strong wish to avoid recurrence.

Case 1 凱瑟琳：早期乳癌

凱瑟琳（67歲）最近被診斷出患有乳癌。她喪偶，在鄉村獨居和沒有開車。她被提供兩個選項，乳房腫瘤切除術加上放療（保乳手術）或乳房切除術，被告知兩個程序的存活率相同，要在兩者之間進行選擇。她因須作出選擇而感到驚訝和焦慮。她聽取了意見，雖然給了她很好的資料，但覺得一直被指引接受侵入性較低的乳房腫瘤切除術和放療。她在放療期間變得非常疲憊，她的乳房變得有壓痛和較小，這是她沒有預料到的效果。

兩年後，乳癌的同側局部復發，必須手術切除。此時她才知道，乳房腫瘤切除術之後局部復發率較高（雙倍）。她感到遺憾，並認為如果她當初被賦予更多的信息，並有機會表達自己對於不想有復發的強烈願望，也許她的決定會有所不同。

Case 2 Edward: symptoms due to an enlarged prostate

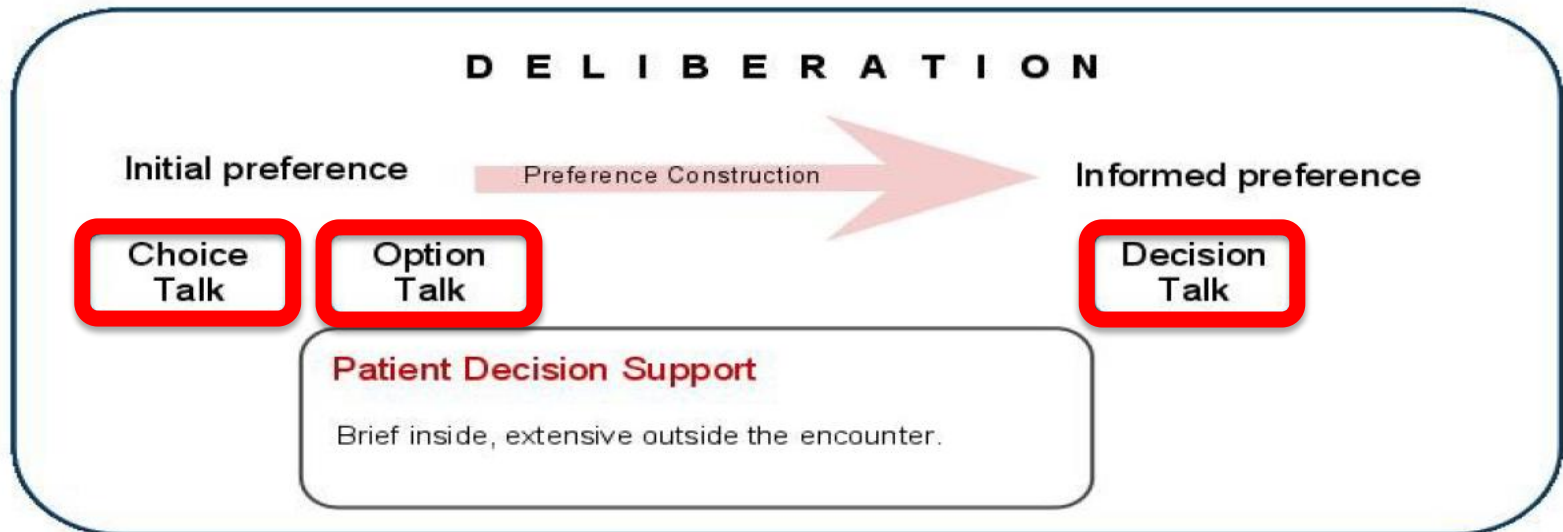
Edward (aged 75) had recently been diagnosed as having an enlarged prostate gland causing him bothersome urinary symptoms. He was offered surgery as the most effective treatment and accepted the recommendation. Before surgery he enjoyed an active sex life which was important to him and his wife but this was seriously affected by the surgery. He had been made aware that some men have sexual problems after surgery but he did not feel as if he'd had a chance to consider the extent of this risk or to consider whether this was a concern to him personally. Looking back, he feels that if he had been given more of a chance to discuss his preferences, he may have postponed surgery in favor of “watchful waiting”.

Case 2 愛德華：前列腺肥大引起的症狀

愛德華（75歲）最近被診斷為前列腺肥大造成他麻煩的泌尿系統症狀。他被告知手術是最有效的治療，並接受了建議。

手術前，他享受著活躍的性生活，這對他和他的妻子都是重要的。但手術卻對他的性生活有嚴重的影響。他曾被告知一些男性在手術後性生活會有問題，但他並不覺得他曾有機會考慮這種風險的程度或有機會針對個人的狀況作出考量。回想當時，如果他被賦予了更多的機會來討論他的意願，他可能寧願「觀察等待」而延後手術。

Shared decision making : a model for clinical practice



Box 1. Choice Talk

Choice talk is about making patients that reasonable options exist. This step does not necessarily have to be done face-to-face – an email, letter or a telephone call can also be effective: e.g. asking a patient whose tests come back showing a herniated intervertebral disc to use a decision support website.

Choice talk is a *planning* step. Components of the choice talk include:

- a. Step back.** Summarize and say: “Now that we have identified the problem, its time to think what to do next.”
- b. Offer choice.** Beware that patients often misconstrue the presentation of choice and think that the clinician is either incompetent or uninformed, or both. Reduce this risk by saying: “There is good information about how these treatments differ that I’d like to discuss with you.”
- c. Justify choice.** Emphasize: 1) the importance of respecting individual preferences and, 2) the role of uncertainty.

Personalizing preferences: Explaining that different issues matter more to some people than to others should be easily grasped. Say: “treatments have different consequences ... some will matter more to you than to other people...”

Uncertainty: Patients are often unaware about the extent of uncertainty in medicine: that evidence may be lacking and that, individual outcomes are unpredictable at the individual level. Say: “Treatments are not always effective and the chances of experiencing side effects vary...”

- d. Check reaction.** Choice of options may be disconcerting: some patients may express concern. Suggested phrases: “Shall we go on” or “Shall I tell you about the options?”
- e. Defer closure.** Some patients react by asking clinicians to “tell me what to do ...” We suggest that *deferring closure* if this occurs, reassuring that you are willing to support the process. Say: “I’m happy to share my views and help you get to a good decision. But before I do so, may I describe the options in more detail so that you understand what is at stake?”

Box 1. Choice Talk

選擇談話是要讓病人知道有合理的選項。這一步驟不一定要面對面進行－電子郵件、信件或電話也可以是有有效的。例如：向一位檢查結果是椎間盤突出的病人請他使用決策支持網站。

選擇談話是一個**計劃**步驟。**選擇談話**的組成部分包括：

- a. **後退** 總結並說：「我們現在已經確定是什麼問題，該想想下一步怎麼辦。」
- b. **提出選擇** 注意，病人常對「選擇」有誤解，會認為醫師是能力差或糊塗，或兩者兼而有之。用下面的說法來降低這種風險：「**有一些不錯的信息，能說明各種治療方式有哪些差異，我想和你討論。**」
- c. **驗證選擇** 強調：1) 尊重個人偏好的重要性，2) 醫療存在不確定性。
 - 個人化偏好**：解釋每個人會偏好不同選擇，有人對其中的差異很重視，也有人無所謂。說：「**不同治療有不同的後果...有些後果你會比其他人更在意...**」
 - 不確定性**：病人通常不了解醫療存在的**不確定性**：可能是缺乏實證，也可能是個別病人的結果不能預測。說：「**各項治療並不一定有效，而發生副作用的機會也會不同...**」
- d. **檢查反應** 選項的選擇可能會令病人不安：有些病人甚至因為要選擇而擔心。建議的短語：「**我們要繼續嗎？**」或「**要我跟您說明那些選擇嗎？**」
- e. **延遲結束** 一些病人的反應是問醫師「告訴我該做什麼...」。如果發生這種情況，我們建議延遲作結，以向病人保證您願意支持該過程。說：「**我很高興能夠分享我的觀點，並幫助您做出一個好的決定。但在我這樣做之前，我可以更詳細地描述選項，以便你了解危險在什麼地方，好嗎？**」

Box 2. Option Talk

- a. Check knowledge.** Even well-informed patients may only be partially aware of options and the associated harms and benefits, or misinformed, Check by asking: “What have you heard or read about the treatment of prostate cancer?”
- b. List options.** Make a clear *list* of the options as it provides good structure. Jot them down and say: “Let me list the options before we get into more detail”. If appropriate, include the option of ‘watchful waiting’, or use positive terms such as “active surveillance’.
- c. Describe options.** Generate dialog and explore preferences. Describe the options in practical terms. If there are two medical treatments, say: “Both options are similar and involve taking medication on a regular basis”. Point out when there are clear differences (surgery or medication), where postponement is possible or where decisions are reversible. Say: “These options will have different implications for you compared to other people, so I want to describe ...”

Harms and benefits. Being clear about the pros and cons of different options is at the heart of shared decision making. Learn the about effective risk communication, about framing effects and the importance of providing risk data in absolute as well as relative terms. Try giving information in ‘chunks’ (chunking and checking).

- d. Provide patient decision support.** These tools make options visible and may save time. Some are sufficiently concise to use in clinical encounters. Examples of these short tools are Issues Cards, Decision Boards, and Option Grids (<http://www.optiongrid.co.uk/>). SDM may need more than one encounter. More extensive patient decision support tools may play a crucial role. Say: “These tools have been designed to help you understand options in more detail. Use them and come back so that I can answer your questions”.
- e. Summarize.** List the options again and assess understanding by asking for reformulations. This is called a ‘teach-back’ method and is a good check for misconceptions.

Box 2. Option Talk

- a. 檢查知識** 縱使知情的病人也可能只了解部分的選項和相關的傷害和利益，或者有誤解。透過詢問來檢查：「你對前列腺癌的治療有什麼看法？」
- b. 表列選項** 列出選項的清單以提供了良好的思維架構。記下選項，並說：「在我們進入更詳細的討論前，讓我列出各個選項。」如果適當，可包括「謹慎等待」的選項，或使用積極的術語，如「主動監控」。
- c. 描述選項** 進行對話並探索意願。以實用名詞描述選項。如果有兩種治療方法，說：「兩種選擇都是類似的，包括定期用藥。」當有明顯的差異時（如手術或藥物）便須指明差異，其中延後決定和更改決定都是可被容許的。說：「這些選項對您和別人會有不同的意義，所以我想描述...」
- 傷害和利益** 明確指出不同選項的利弊是共同決策的核心。說明者要了解有效的風險溝通、框架效應，以及以絕對和相對陳述提供風險數據的重要性。嘗試以「組塊」（組塊和檢查）方式提供訊息。
- d. 提供病人決策支持** 這些工具使選項更明確且可節省時間。已有一些簡明而可用於臨床情境的工具。這些簡短工具的例子包括議題卡、決策板和選項格子（<http://www.optiongrid.co.uk/>）。SDM可能需要多次面談。更廣泛的病人決策支持工具可以發揮關鍵作用。說：「這些工具目的是要幫助您更詳細地了解選項。你試試使用這些工具，以便下次返診時我可以回答你的問題」。
- e. 摘要** 再次列出選項，並請由病人用自己的話述說一遍，趁此檢查病人是否了解。這就是「回覆示教」，是檢查錯誤觀念的良好方法。

Box 3. Decision Talk

- a. Focus on preferences.** Guide the patient to form preferences. Suggested phrases: “What, from your point of view, matters most to you?”
- b. Elicit a preference.** Be ready with a back-up plan by offering more time or being willing to guide the patient, if they indicate that this is their wish.
- c. Moving to a decision.** Try checking for the need to either *defer* a decision or *make* a decision. Suggested phrases: “Are you ready to decided?” or “Do you want more time? Do you have more questions?” “Are there more things we should discuss?”
- d. Offer review.** Reminding the patient, where feasible, that decisions may be reviewed is a good way to arrive at closure.

Box 3. Decision Talk

- a. **專注於偏好** 指導病人形成偏好。建議的短語：「從您的觀點，什麼是對您最重要的？」
- b. **獲取偏好** 要備好更多的時間和願意以執行後備方案，如果病人表明希望多知道一些，便依他們所願來指導他們。
- c. **進行決定** 嘗試檢查是否需要延後決定或做出決定。建議的短語：「你準備好了嗎？」或「你想要更多的時間嗎？你還有其他問題嗎？」「我們應該討論更多的事情嗎？」
- d. **提供回顧** 在可行的情況下提醒病人，在結束前回顧一下決定是個好的作法。

Box 4. Summary of the model: choice talk, option talk And Decision talk

Choice talk

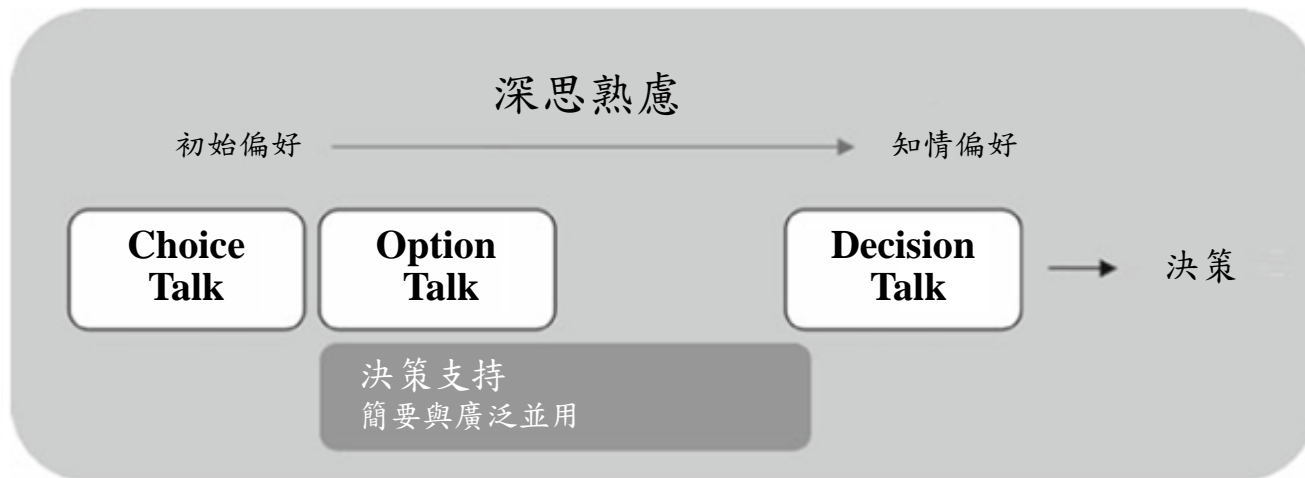
- Step back
- Offer choice
- Justify choice – preference matter
- Check reaction
- Defer closure

Option talk

- Check knowledge
- List options
- Describe options – explore preferences
- Harms and benefits
- Provide patient decision support
- Summarize

Decision talk

- Focus on preferences
- Elicit preferences
- Move to a decision
- Offer review



Key to the figure

Talk 才是重點

Deliberative	A process where patients become aware of choices, understand their options and have the time and support to consider 'what matters most to them'; may require more than one clinical contact, not necessarily face-to-face and may include the use of decision support and discussions with others.
Choice talk	Convey awareness that a choice exists – initiated by either a patient or a clinician. This may occur before the clinical encounter.
Option talk	Patients are informed about treatment options in more detail.
Decision talk	Patients are supported to explore 'what matters most to them', having become informed.
Decision Support	Decision support as designed in two formats: 1) brief enough to be used by clinician and patient together and 2) more extensive, designed to be used by patients either before or after clinical encounters (paper, DVD, web).
Initial Preferences	Awareness of options leads to the development of initial preferences, based on existing knowledge. The goal is to arrive at informed preferences.
Informed Preferences	Personal preferences based on 'what matters most to patients', predicated on an understanding of the most relevant benefits and harms.



Shared Decision Making to Improve Care and Reduce Costs

Emily Oshima Lee, M.A., and Ezekiel J. Emanuel, M.D., Ph.D.

A sleeper provision of the Affordable Care Act (ACA) encourages greater use of shared decision making in health care. For many health situations in which there's not one clearly superior course of treatment, shared decision making can ensure that medical care better aligns with patients' preferences and values. One way to implement this approach is by using patient decision aids — written materials, videos, or interactive electronic presentations designed to inform patients and their families about care options; each option's outcomes, including benefits and possible side effects; the health

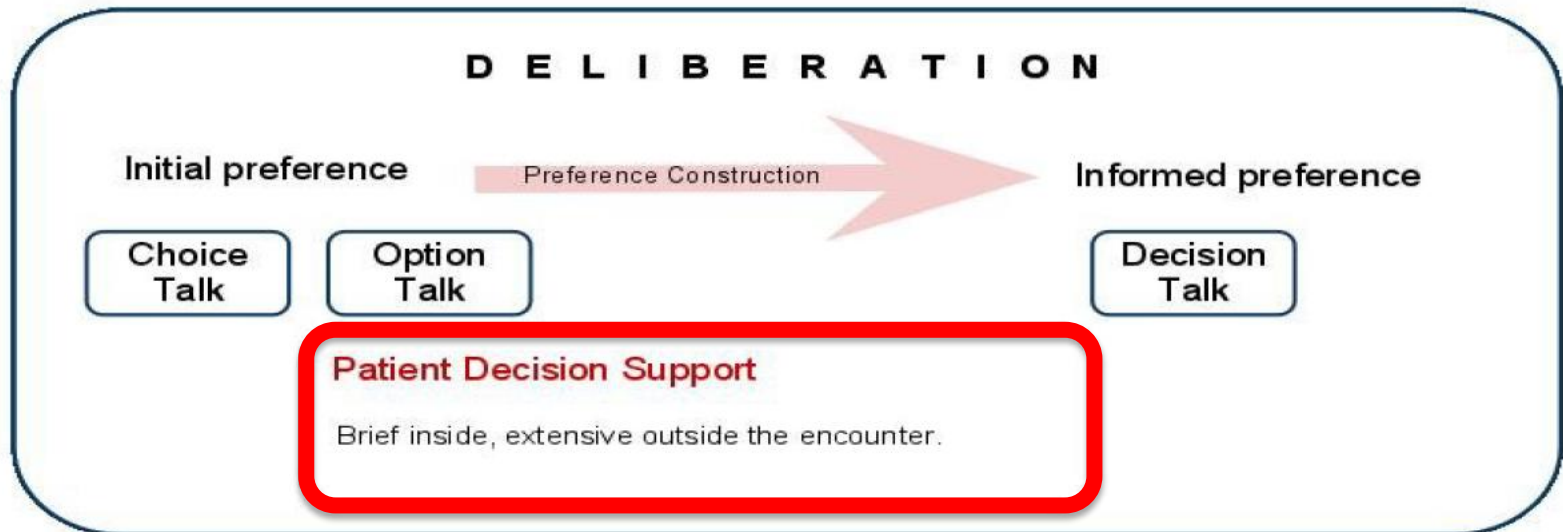
However, more than 2 years after enactment of the ACA, little has been done to promote shared decision making. We believe that the Centers for Medicare and Medicaid Services (CMS) should begin certifying and implementing patient decision aids, aiming to achieve three important goals: promote an ideal approach to clinician–patient decision making, improve the quality of medical decisions, and reduce costs.


In a 2001 report, *Crossing the Quality Chasm*, the Institute of Medicine recommended redesigning health care processes according to 10 rules, many of which emphasize shared decision making.

than 1000 office visits in which more than 3500 medical decisions were made, less than 10% of decisions met the minimum standards for informed decision making.¹ Similarly, a study showed that only 41% of Medicare patients believed that their treatment reflected their preference for palliative care over more aggressive interventions.²

There's also significant variation in the utilization of procedures, particularly those for preference-sensitive conditions, which suggests that patients may receive care aligned not with their values and preferences, but with their physicians' payment incentives.

Shared decision making : a model for clinical practice



PATIENT CARE & HEALTH
INFO

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EDUCATION

FOR MEDICAL
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PRODUCTS &
SERVICES

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[KER Unit](#)

[Contact Us](#)

[Training Opportunities](#)

Diabetes Medication

- Diabetes Medication Choice
- The information gathered

[Cardiovascular Primary Prevention Choice](#)

[Chest Pain Choice](#)

[Depression Medication Choice](#)

[Diabetes Medication Decision](#)

[Graves Disease Decision Aid](#)

[Osteoporosis Medication Choice](#)

[PCI Choice](#)

[Smoking Cessation around the time of Surgery](#)

[Anticoagulation Choice](#)

[Rheumatoid Arthritis \(RA\) Choice](#)



on medications commonly used to treat type 2 diabetes.
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Decision aids to be used during

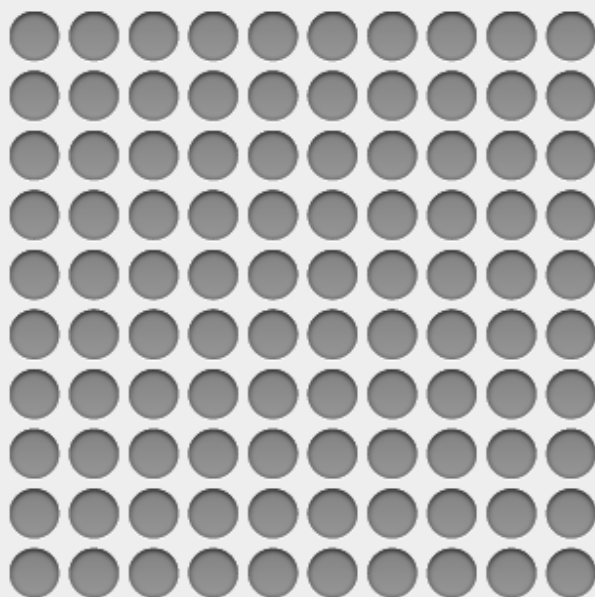
- Online [interactive](#) version
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English Spanish

[HBA1C Reduction](#)
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[Daily Routine](#)
[Daily Routine](#)
[Low Blood Sugar](#)
[Low Blood Sugar](#)
[Cost](#)
[Daily Sugar Test](#)
[Considerations](#)

[Cost](#)
[Daily Sugar Test](#)
[Considerations](#)





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

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 - 75

Gender M F

Population Group

Smoker Yes No

Diabetes Yes No

Treated SBP Yes No

Conv. Unit

SI Unit

Systolic Blood Pressure 90 - 250 mmHg

HDL Cholesterol 10 - 120 mg/dL

Total Cholesterol 100 - 350 mg/dL

Select Current Intervention

Statins

No

Std Dose

High Dose

Current Risk

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

These figures are used to calculate my risk of having a heart attack in the next 10 years:

Age

Gender M F

Population Group

Smoker Yes No

Diabetes Yes No

Treated SBP Yes No

Conv. Unit

SI Unit

Systolic Blood Pressure mmHg

HDL Cholesterol mg/dL

Total Cholesterol mg/dL

Select Current Intervention

Statins

No

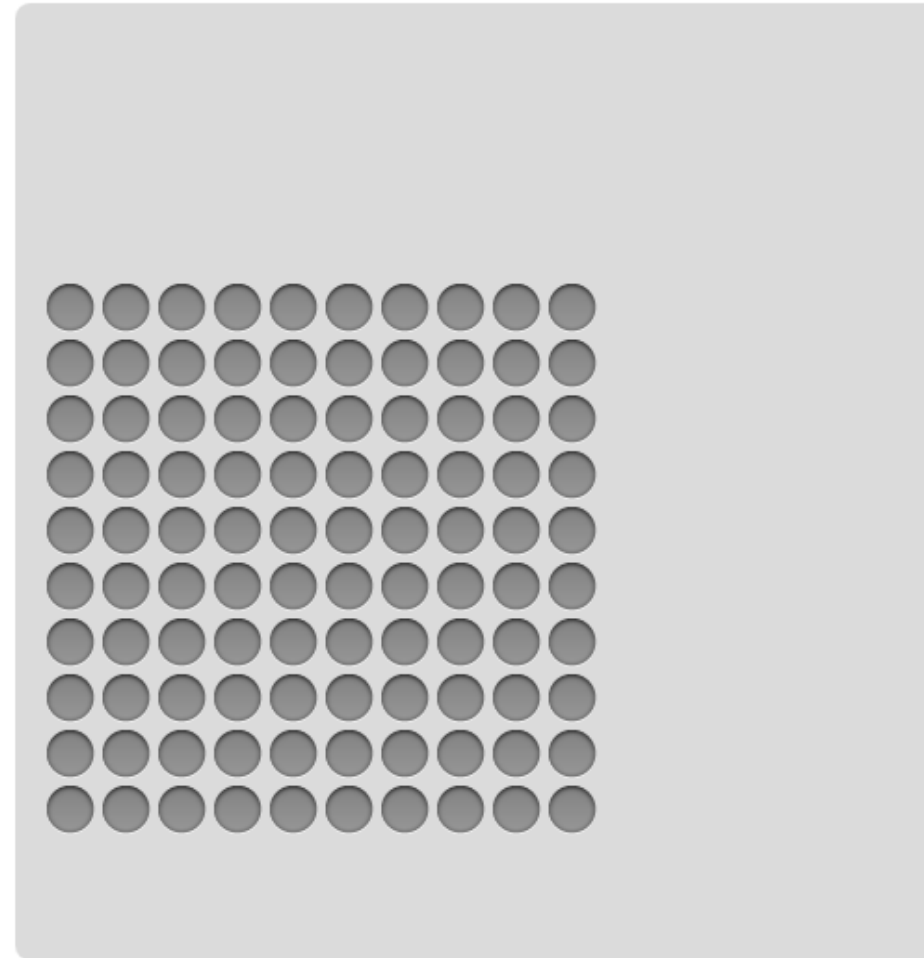
Std Dose

High Dose

Notes

Document

Benefits vs Downsides according to my personal health information



Current Risk

Current Risk

Intervention

Issues

Notes

Document

Benefits vs Downsides according to my personal health information

Using ACC/AHA ASCVD Risk Calculator

2. Select Intervention

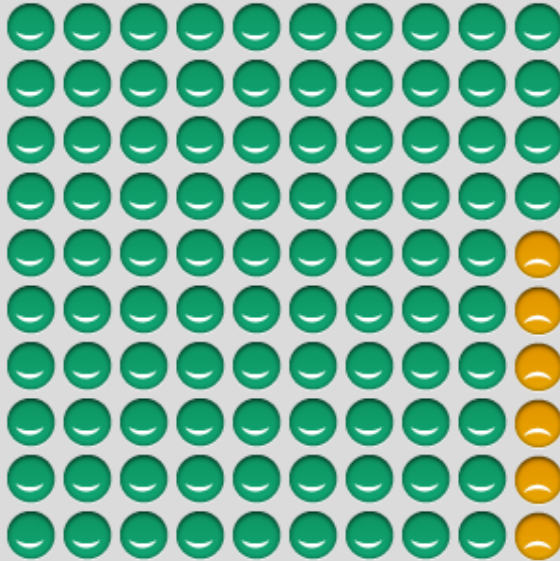
Current Risk of having a heart attack

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

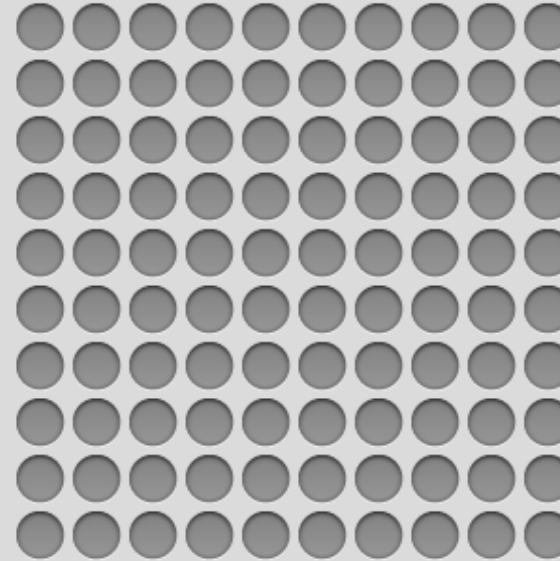
Over 10 years

6 people will have a heart attack

94 people will have no heart attack



⚠ No alternative intervention was selected



Current Risk

Intervention

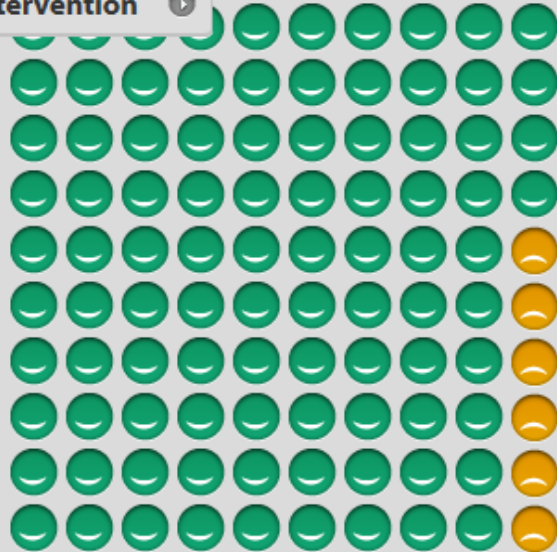
Current Intervention

Statins No

Select Next Intervention

Statins No Std Dose High Dose

Intervention



Over 10 years

6 people will have a heart attack

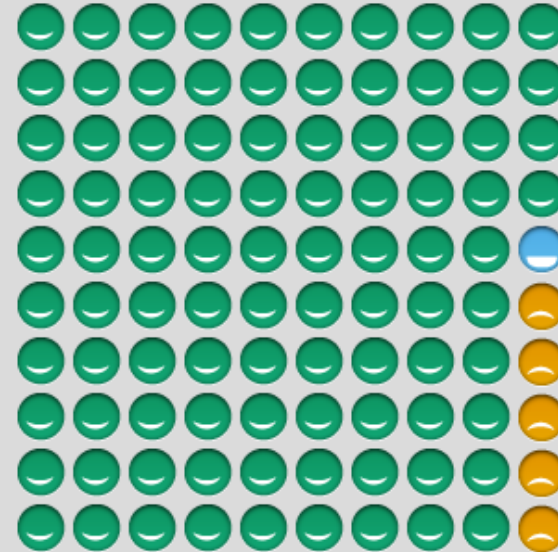
94 people will have no heart attack

Document

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

Future Risk of having a heart attack

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



Over 10 years

5 people will have a heart attack

94 people will have no heart attack

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

Current Risk

Intervention

Issues

Notes

Document

Benefits vs Downsides according to my personal health information

Using ACC/AHA ASCVD Risk Calculator

**Current Risk
of having a heart attack**

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



Over 10 years
6 people will have a heart attack
94 people will have no heart attack

Cost

Standard dose statins
about \$4/month

Daily Routine

Standard dose statins
One pill once a day

Other Benefits

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

Side Effects

Standard dose statins

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

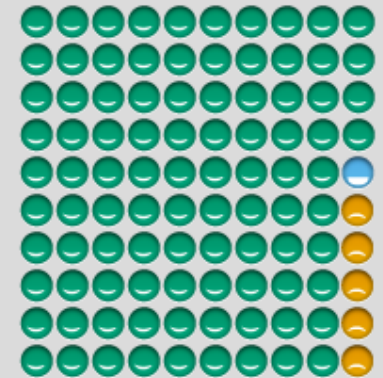
Muscle aching/stiffness
5 in 100 patients
(some need to stop statins because of this);

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).

**Future Risk
of having a heart attack**

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



Over 10 years
5 people will have a heart attack
94 people will have no heart attack
1 people will be saved from a heart attack by taking medicine

Diabetes Medication

- Diabetes Medication Choice
- The information gathered

- Cardiovascular Primary Prevention Choice
- Chest Pain Choice
- Depression Medication Choice
- Diabetes Medication Decision
- Graves Disease Decision
- Osteoporosis Medication Choice
- PCI Choice
- Smoking Cessation around the time of Surgery
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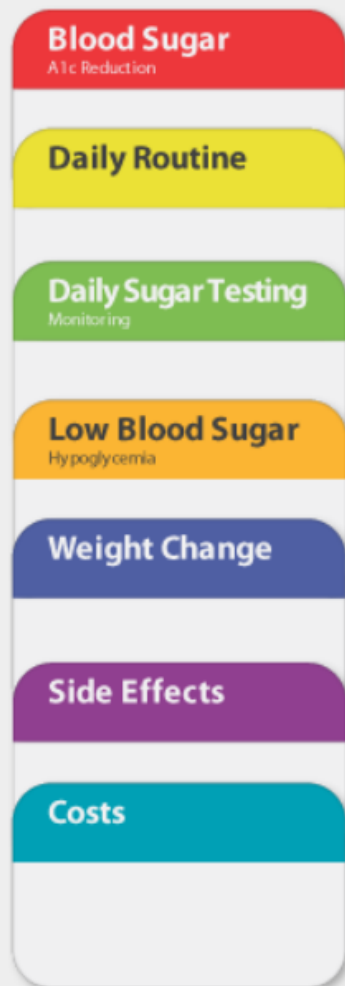
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English Spanish

- HBA1C Reduction
- HBA1C Reduction
- Daily Routine
- Daily Routine
- Low Blood Sugar
- Low Blood Sugar
- Cost
- Daily Sugar Test
- Considerations

- Cost
- Daily Sugar Test
- Considerations





Welcome to the **Diabetes Medication** Choice Decision Aid.

This guide provides information on medications commonly used to treat type-2 diabetes.

Let's get started

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

Blood Sugar**Daily Routine****Daily Sugar
Testing****Low Blood
Sugar****Weight Change****Side Effects****Costs**

Select Issues for
side by side comparison

Blood Sugar

Daily Routine

Daily Sugar Testing

Low Blood Sugar

Weight Change

Side Effects

Costs

Blood Sugar ✕

Metformin	1 - 2%
Insulin	Unlimited %
Pioglitazone	1%
Liraglutide/ Exenatide	0.5% - 1%
Sulfonylureas	1 - 2%
Gliptins	0.5 - 1%

- Blood Sugar
- Daily Routine
- Daily Sugar Testing
- Low Blood Sugar
- Weight Change
- Side Effects
- Costs

Daily Routine
✕

Metformin

^{AM} ^{PM}

Insulin

²⁴ _{hours} OR ^{AM} ^{PM}

Pioglitazone

²⁴ _{hours}

Liraglutide / Exenatide

²⁴ _{hours} OR WEEKLY / ^{AM} ^{PM}

Take in the hour before meals.

Sulfonylureas

²⁴ OR ^{AM} ^{PM}

Gliptins

²⁴ _{hours}

- Blood Sugar
- Daily Routine
- Daily Sugar Testing
- Low Blood Sugar
- Weight Change
- Side Effects
- Costs

Daily Sugar Testing ✕

Metformin

S	M	T	W	T	F	S
•			•		•	

Monitor 2 - 5 times weekly, less often once stable.

Insulin

S	M	T	W	T	F	S
•	•	•	•	•	•	•

Monitor once or twice daily, less often once stable.

Pioglitazone

S	M	T	W	T	F	S
•		•		•		•

Monitor 3 - 5 times weekly, less often once stable.

Liraglutide/Exenatide

S	M	T	W	T	F	S
•	•	•	•	•	•	•

Monitor twice daily after meals when used with Sulfonylureas, as needed when used with Metformin.

Sulfonylureas

S	M	T	W	T	F	S
•			•		•	

Monitor 2 - 5 times weekly, less often once stable.

Gliptins

S	M	T	W	T	F	S
•			•		•	

Monitor 2 - 5 times weekly, less often once stable.

Blood Sugar

Daily Routine

Daily Sugar Testing

Low Blood Sugar

Weight Change

Side Effects

Costs

Low Blood Sugar ✕

Metformin



Insulin



Pioglitazone



Liraglutide/Exenatide



Sulfonylureas



Gliptins



Blood Sugar

Daily Routine

Daily Sugar Testing

Low Blood Sugar

Weight Change

Side Effects

Costs

Weight Change

- Metformin**
- - - - - | + + + + + + + + + + + + + + + + + + +
None
- Insulin**
- - - - - | + + + + + + + + + + + + + + + + + + +
4 to 6 lb. gain
- Pioglitazone**
- - - - - | + + + + + + + + + + + + + + + + + + +
More than 2 to 6 lb. gain
- Liraglutide/Exenatide**
- - - - - | - - - - - +
3 to 6 lb. loss
- Sulfonylureas**
- - - - - | + + + + + + + + + + + + + + + + + + +
2 to 3 lb. gain
- Gliptins**
- - - - - | + + + + + + + + + + + + + + + + + + +
None

Blood Sugar

Daily Routine

Daily Sugar Testing

Low Blood Sugar

Weight Change

Side Effects

Costs

Side Effect



Metformin

In the first few weeks after starting Metformin, patients may have some **nausea, indigestion or diarrhea**.

Insulin

There are no other side effects associated with Insulin.

Pioglitazone

Over time, 10 in 100 people may have **fluid retention (edema)** while taking the drug. For some it may be as little as ankle swelling. For others, **fluid may build up in the lungs making it difficult to breathe**. This may resolve after you stop taking the drug. 10 in 100 people at risk of bone fractures who use this drug will have a bone fracture in the next 10 years. There appears to be a slight increase in the risk of bladder cancer with this drug.

Liraglutide/Exenatide

Some patients may have **nausea or diarrhea**. In some cases, the nausea may be severe enough that a patient has to stop taking the drug. There are reports of pain in the abdomen that may be caused by inflammation of the pancreas with these agents.

Sulfonylureas

Some patients get **nausea, rash and/or diarrhea** when they first start taking Sulfonylureas. This type of reaction may force them to stop taking the drug.

Gliptins

A few patients may get nose and sinus congestion and headaches.

Blood Sugar

Daily Routine

Daily Sugar Testing

Low Blood Sugar

Weight Change

Side Effects

Costs

Costs



Metformin *(Generic available)*

\$0.10 per day

\$10 / 3 months

Insulin *(No generic available - price varies by dose)*

Lantus: Vial, per 100 units: \$10
Pen, per 100 units: \$43

NPH: Vial, per 100 units: \$6
Pen, per 100 units: \$30

Short acting analog insulin: Vial, per 100 units: \$10
Pen, per 100 units: \$43

Pioglitazone *(No generic available)*

\$10.00 per day

\$900 / 3 months

Liraglutide/Exenatide *(No generic available)*

\$11.00 per day

\$1000 / 3 months

Sulfonylureas *(Generic available)*

\$0.10 per day

\$10 / 3 months

Gliptins *(No generic available)*

\$7.00 per day

\$630 / 3 months



1 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 Close to choosing
 Thinking about it Made a choice

2 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		<input type="text"/>		<input type="text"/>
Option #2		<input type="text"/>		<input type="text"/>
Option #3		<input type="text"/>		<input type="text"/>

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

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...

3 Identify your decision making needs.

Adapted from The SURE Test © 2008 O'Connor & Lages.

- 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 and four, 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.

4 Plan the next steps based on your needs.

Decision making needs **Things you could try**

- Knowledge**
 - 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**
 - Review the stars in step two 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**
 - 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).
- Certainty**
 - 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.
 - Work through steps two and four, focusing on your needs.

Other factors making the decision DIFFICULT _____

List anything else you could try: _____



1 Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

	Person 1		Person 2	
How far along are you with making a choice?	<input type="checkbox"/> Not thought about it	<input type="checkbox"/> Close to choosing	<input type="checkbox"/> Not thought about it	<input type="checkbox"/> Close to choosing
	<input type="checkbox"/> Thinking about it	<input type="checkbox"/> Made a choice	<input type="checkbox"/> Thinking about it	<input type="checkbox"/> Made a choice

2 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	
		Person 1	Person 2		Person 1	Person 2
		Person 1	Person 2		Person 1	Person 2
Option #1		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Option #2		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Option #3		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

	Person 1		Person 2	
Which option do you prefer?	<input type="checkbox"/> Option #1 <input type="checkbox"/> Option #3	<input type="checkbox"/> Option #2 <input type="checkbox"/> Unsure	<input type="checkbox"/> Option #1 <input type="checkbox"/> Option #3	<input type="checkbox"/> Option #2 <input type="checkbox"/> Unsure
Support				
Who else is involved?				
Which option do they prefer?				
Is this person pressuring you? How can they support you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What role do you prefer in making the choice?	<input type="checkbox"/> Share the decision with... <input type="checkbox"/> Decide myself after hearing views of... <input type="checkbox"/> Someone else decides...		<input type="checkbox"/> Share the decision with... <input type="checkbox"/> Decide myself after hearing views of... <input type="checkbox"/> Someone else decides...	

3 Identify your decision making needs.		Person 1	Person 2
Knowledge	Do you know the benefits and risks of each option?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Values	Are you clear about which benefits and risks matter most to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support	Do you have enough support and advice to make a choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certainty	Do you feel sure about the best choice for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adapted from The SURGE Test © 2008 O'Connor & Leggett.
If you answer 'no' to any question, you can work through steps two and four, 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.

4 Plan the next steps based on your needs.

Decision making needs	Person 1	Person 2	Things you could try
Knowledge If you feel you do NOT have enough facts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> 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): <input type="text"/>
Values If you are NOT sure which benefits and risks matter most to you	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Review the stars in step two to see what matters most to you. <input type="checkbox"/> Find people who know what it is like to experience the benefits and risks. <input type="checkbox"/> Talk to others who have made the decision. <input type="checkbox"/> Read stories of what mattered most to others. <input type="checkbox"/> Discuss with others what matters most to you.
Support If you feel you do NOT have enough support	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends). <input type="checkbox"/> Find help to support your choice (e.g. funds, transport, child care).
If you feel PRESSURE from others to make a specific choice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Focus on the views of others who matter most. <input type="checkbox"/> Share your guide with others. <input type="checkbox"/> 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.) <input type="checkbox"/> Find a person to help you and others involved.
Certainty If you feel UNSURE about the best choice for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Work through steps two and four, focusing on your needs.
Other factors making the decision DIFFICULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> List anything else you could try: <input type="text"/>



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 - 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.
 - Work through steps two and four, focusing on your needs.

Other factors making the decision DIFFICULT _____

List anything else you could try: _____

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For People Making Health or Social Decisions



1 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?

<input type="checkbox"/> Not thought about it	<input type="checkbox"/> Close to choosing
<input type="checkbox"/> Thinking about it	<input type="checkbox"/> Made a choice

渥太華個人決策指引

供作醫療或社會決策的人使用



① 釐清您的決定

你面臨的是什麼決定？

你做這個決定的理由是什麼？

什麼時候你需要做出選擇？

你做了多少選擇？

- 沒有想過
- 正在思考

- 將要選擇
- 已作選擇



1 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 Close to choosing
 Thinking about it Made a choice

2 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		<input type="text"/>		<input type="text"/>
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Option #3		<input type="text"/>		<input type="text"/>

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

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...

3 Identify your decision making needs.

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4 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 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

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- Find help to support your choice (e.g. funds, transport, child care).

If you feel PRESSURE from others to make a specific choice

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- Find a person to help you and others involved.

Certainty
If you feel UNSURE about the best choice for you

- Work through steps two and four, focusing on your needs.

Other factors making the decision DIFFICULT

List anything else you could try:

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For People Making Health or Social Decisions



2 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				
Option #2				
Option #3				

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2 探索您的決策



知識

列出選項以及您知道的利益和風險



價值

使用星號(*)評估每個利益和風險，以顯示每一項對您的重要程度



肯定

選擇利益對您最為重要的選項，避免風險對您最為重要的選項

	選擇這個選項的理由 利益/好處/優點	對您來說有多重要： 0* 毫不重要 5* 非常重要	避免這個選擇的原因 風險/壞處/缺點	對您來說有多重要： 0* 毫不重要 5* 非常重要
選項 #1				
選項 #2				
選項 #3				



1 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 Close to choosing
 Thinking about it Made a choice

2 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.

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Option #3		<input type="text"/>		<input type="text"/>

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

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...

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- Certainty** Do you feel sure about the best choice for you? Yes No

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4 Plan the next steps based on your needs.

Decision making needs **Things you could try**

Knowledge Find out more about the options and the chances of the benefits and risks.
 List your questions.
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Values Review the stars in step two to see what matters most to you.
 Find people who know what it is like to experience the benefits and risks.
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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.
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 Find a person to help you and others involved.

Certainty Work through steps two and four, focusing on your needs.

If you feel **UNSURE** about the best choice for you

Other factors making the decision **DIFFICULT**

List anything else you could try:

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Which option do you prefer?

Option #1

Option #2

Option #3

Unsure



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...

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你比較喜歡哪個選項？

選項 #1

選項 #2

選項 #3

不確定



支持

還有誰參與？

他們比例喜歡哪個選項？

這個人是否給你施加壓力？

是

否

是

否

是

否

他們能怎樣支持你？

對於選擇你喜歡扮演
什麼樣的角色？

與...分享決策

聽取...意見後自行決定

別人決定...



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Option #3		<input type="text"/>		<input type="text"/>

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

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...
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 Find a person to help you and others involved.

Certainty Work through steps two and four, focusing on your needs.
 If you feel UNSURE about the best choice for you

Other factors making the decision DIFFICULT _____

List anything else you could try: _____

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Adapted from The SURE Test © 2008 O'Connor & Légaré.

3 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 2 and four 4, 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.

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3 識別您的決策需求



知識

您知道每個選項的利益和風險嗎？

是

否



價值

您是否清楚哪些利益和風險對你最重要？

是

否



支持

您有足夠的支持和建議做出選擇嗎？

是

否



肯定

您確定什麼是對您最好的選擇嗎？

是

否

如果您對任一問題回答“否”，您可以聚焦於您的需求來進行第二步²和第四步⁴來完成決策。

凡對這些問題中的一個或多個回答“否”的人，較可能延後他們的決定、改變他們的想法、對他們的選擇感到遺憾，或者因不好的結果來責怪別人。



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What decision do you face?

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 Thinking about it Made a choice

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Option #3		<input type="text"/>		<input type="text"/>

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

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?
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4 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 to see what matters most to you.
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Certainty If you feel UNSURE about the best choice for you

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Other factors making the decision DIFFICULT

List anything else you could try:

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4 Plan the next steps based on your needs.

Decision making needs

✓ Things you could try



Knowledge

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- 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 2 to see what matters most to you.
- Find people who know what it is like to experience the benefits and risks.
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4 根據您的需求規劃下一步

決策需要

✓ 您可嘗試的事情



知識

如果您覺得您沒有足夠的事實

- 找尋更多有關選項的資訊以及其利益和風險的機會
- 列出您的問題
- 列出哪裡可以找到答案（例如：圖書館、衛生專業人員、輔導員）



價值

如果您不確定哪些利益和風險對您最重要

- 查看第二步 2 中的星號，看看什麼對您最重要
- 找到知道體驗利益和風險是怎樣的人
- 與其他已做出決定的人交談
- 閱讀對別人最為重要的故事
- 與他人討論對您最為重要的事情



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Which option do you prefer? Option #1 Option #2 Option #3 Unsure

Support

Who else is involved?

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 Find a person to help you and others involved.

Certainty Work through steps two and four, focusing on your needs.

If you feel UNSURE about the best choice for you

Other factors making the decision DIFFICULT

List anything else you could try:

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4 Plan the next steps based on your needs.



Support

If you feel you do NOT have enough support

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Certainty

If you feel UNSURE about the best choice for you

- Work through steps two 2 and four 4, focusing on your needs.

Other factors making the decision DIFFICULT

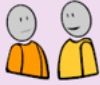
List anything else you could try:

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4 根據您的需求規劃下一步



支持

如果你覺得你沒有足夠的支持

如果你做出特定的選擇時感到別人的壓力

- 與可信任的人討論你的選擇（例如：醫療專業人員、顧問、家人、朋友）
- 尋找支援來支持您的選擇（例如：資金、交通、托兒）
- 聚焦於其他最為關注的人的觀點
- 與他人分享您的指引
- 要求他人填寫本指引（找上你認同的地方。如果你不同意事實，獲取更多的信息。如果你不同意您最在意的事情，請考慮他人的觀點。找機會聽取他人談論他們最在意的事情。）
- 找一個人來幫助你和其他涉及的人



肯定

如果你不確定你的最佳選擇

其他因素使決策變得困難

- 聚焦於您的需求來進行第二步 2 和第四步 4

醫病共享決策輔助分析表

※可自行修改排版

輔助工具主題(需包含「選擇」的含義)

適用對象 / 適用狀況
(例如：年齡、前置處置、
病程發展階段....)

疾病介紹

治療方式介紹

了解病人對治療方案的偏好

步驟一：
提供所有治療方案的比較資訊供病人參考

(包括不治療)

步驟二、您選擇治療方式會在意的因素有什麼?以及在意的程度

了解病人的價值觀和考量

您決定的治療方式是

- 不接受心導管檢查手術
- 接受藥物治療控制
- 接受心導管檢查手術
- 需與醫師再討論

步驟三、您對治療方式的認知有多少?

步驟三：
確認病人是否已經具備做
決策應瞭解的知識

步驟四、您現在確認好治療方式了嗎?

步驟四：
詢問病人是否已經能夠進行決策，或是還需要跟其他人商量，或者還有想要瞭解的問題

完成以上評估後，您可以列印及攜帶此份結果與您的主治醫師討論。

醫病共享決策輔助分析表(草案)

選擇

長期呼吸器使用病人要不要接受氣管造口術

(請使用此決策輔助工具與您的醫療照護者討論您的選擇)

適用病人：經由醫師判斷有可能需長期使用呼吸器的病人。

何謂「氣管造口術」：

對於長期呼吸衰竭而必須接受呼吸器治療的病人，必須建立呼吸器和肺部之間的通路，而其中的通路，可分為氣管內插管及氣切管兩種。氣管內插管是經由嘴巴置入管子到氣管中。另外氣切管的使用必須先行「氣管造口術」，「氣管造口術」顧名思義就是用手術的方式從病人頸部建立一個通道，然後即可放入氣切管，方便於病人使用。

治療方式介紹：

在治療病人的時候，脫離呼吸器是醫師和病人及家屬最大共同努力的目標，但是許多情況下因為病情的關係，無法順利脫離呼吸器，而必須一直使用呼吸器。在長期使用呼吸器使用的患者，醫師常會建議將氣管內插管更換為氣切管。

氣切管相對於氣管內插管雖然在呼吸器使用總天數及加護病房天數統計學上沒有差異，但是可能會有較低的呼吸器相關的肺炎發生率，較高的呼吸器脫離率，及較低的加護病房死亡率。另外有研究發現早期氣切(7天內)可以有效提升呼吸器脫離成功率、降低呼吸器及加護病房天數。

氣切管因為不需要經過口腔，所以氣切患者不適感較輕微，可以改善病人的口腔衛生，減少口腔及嘴唇的潰瘍，而且沒有食道壓迫的問題，所以氣切患者仍可經口進食。因為氣切管距離肺部較近，所以抽痰等呼吸道照護也較容易，可以有效的清除呼吸道分泌物，在執行胸部呼吸拍背照護方面更加方便。另外呼吸器脫離訓練的過程在氣切病人上也較安全，一般氣管內插管患者呼吸器脫離就是要拔管，若拔管失敗就要重新面臨再插管，而可能會有困難插管的風險。而氣切患者如果成功脫離呼吸器則只需將呼吸器移除，氣切管仍可留置，若訓練失敗只需將呼吸器直接接回，幾乎沒有任何風險。

是接受氣切照口的缺點的部分就是手術相關的風險例如傷口感染、缺氧、氣管動脈瘻管、氣管食道瘻管、氣管瘻肉、出血及麻醉風險)和手術花費。

如果病人不願意接受氣管造口術，可能需要繼續使用經口插管，來維持呼吸道暢通和呼吸器使用。而長期經口置入氣管內插管，可能會導致口腔或呼吸道黏膜損傷及狹窄，氣管及支氣管的痰液分泌物多，無法有效的清除，而造成病人更長時間的呼吸器依賴和更長的加護病房住院天數。

醫病共享決策輔助分析表(草案)

幫助病人表達重要的好惡與價值觀

個案背景描述：

- 您的家人曾經表達若病情需要時，接受氣管造口術的意願？
 - 曾經說過可以配合病情及醫師的建議接受氣管造口術
 - 好像對接受氣管造口術不會排斥
 - 好像表達不願意接受氣管造口術
 - 未曾討論過
- 您的家人對於氣管造口術可能會影響身體外觀的看法？
 - 對於身體健康與舒適的重視高過於身體外觀的重視
 - 對於因為醫療處置而造成身體外觀的影響好像是不會排斥
 - 非常重視自己身體的外觀，無法接受任何不完整的可能
 - 未曾討論過
- 預計可能需要繼續依賴呼吸器的情形：
 - 暫時性，可能會有改善（脫離）的可能性（Temporary and likely to improve.）
 - 永久依賴（Permanent and likely to remain the same.）
 - 永久依賴而且可能惡化（Permanent and likely to get worse.）
 - 不確定會好轉或惡化（Not known whether it will get better or worse over time.）
- 個案目前的生活品質為何？
 - 無疼痛或不適，並能跟他人互動。
 - 雖然有些疼痛或不舒服，但有時也是可以跟他人互動。
 - 時常感到疼痛或不舒服，不太有能力跟他人互動。
 - 大部分時間都感到疼痛或不舒服，無法跟任何跟他人互動。

醫病共享決策輔助分析表(草案)

請透過以下四個步驟來幫助您做決定

步驟一、比較每一項選擇的優點、風險、副作用(併發率)

提供所有治療方案的比較資訊供病人參考

	氣管造口術	插管治療
病人的舒適性	較佳	較差
病人生活品質	較佳	較差
病人痰液清潔度	較佳	較差
照護的方便性	較佳	較差
手術的後遺症	輕微	無
照護風險	較安全	滑脫時較危險
身體外觀改變	頸部2公分傷口	口腔潰瘍

步驟二、您選擇治療方式會在意的因素有什麼?以及在意的程度。

請圈選下列考量因素：0分代表對您不重要，5分代表對您非常重要

考量因素	不重要	較不重要	普通	重要	很重要	非常重要
病人自主意願	0	1	2	3	4	5
經濟考量因素	0	1	2	3	4	5
病人生活品質(可以進食或說話等)	0	1	2	3	4	5
照護的方便性	0	1	2	3	4	5
自我照護風險	0	1	2	3	4	5
病人的舒適性	0	1	2	3	4	5
病人可存活時間	0	1	2	3	4	5
手術的後遺症	0	1	2	3	4	5
其他親友的感受	0	1	2	3	4	5
身體外觀改變	0	1	2	3	4	5

了解病人的考量與期待

評鑑認證、品質促進、專業教育的卓越機構



醫病共享決策輔助分析表(草案)

步驟三、您對治療方式的認知有多少？

- | | | | |
|---------------------------|----------------------------|-----------------------------|------------------------------|
| 1. 接受氣切手術後，會提升病人的舒適度。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 2. 接受氣切手術後，可以降低肺炎發生率及死亡率。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 3. 接受氣切手術後，可以增加脫離呼吸器的機會。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 4. 接受氣切手術後，氣切管路永遠無法拔除。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 5. 接受氣切手術後，可以降低脫離呼吸器時的風險。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 6. 接受氣切手術後，可以方便抽痰及呼吸道清潔。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 7. 接受氣切手術後，可以降低口腔潰瘍的情形。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 8. 接受氣切手術後，就絕對無法說話。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 9. 接受氣切手術後，就絕對無法進食。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 10. 接受氣切手術後，家屬照護一定會感染。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |
| 11. 接受氣切手術後，就必須一輩子躺床。 | <input type="checkbox"/> 對 | <input type="checkbox"/> 不對 | <input type="checkbox"/> 不清楚 |

確認病人是否已經具備做決策應瞭解的知識

步驟四、您現在確認好治療方式了嗎？

已經確認好想要的治療方式，我(們)決定選擇：(下列擇一)

接受氣管造口術

目前繼續維持口(鼻)氣管內管治療

我(們)仍然無法決定，我(們)想要：(下列擇一)

再與我(們)的主治醫師討論我(們)的決定。

再與其他人(包含配偶、家人、朋友或第二意見提供者…)討論我(們)的決定，大約何時可以決定：_____。

對於以上治療方式，我(們)想要再瞭解更多，我(們)的問題有：

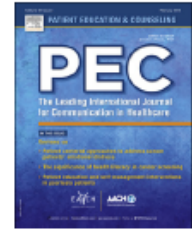
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Twelve myths about shared decision making



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ABSTRACT

Objective: As shared decision makes increasing headway in healthcare policy, it is under more scrutiny. We sought to identify and dispel the most prevalent myths about shared decision making.

Methods: In 20 years in the shared decision making field one of the author has repeatedly heard mention of the same barriers to scaling up shared decision making across the healthcare spectrum. We conducted a selective literature review relating to shared decision making to further investigate these commonly perceived barriers and to seek evidence supporting their existence or not.

Results: Beliefs about barriers to scaling up shared decision making represent a wide range of historical, cultural, financial and scientific concerns. We found little evidence to support twelve of the most common beliefs about barriers to scaling up shared decision making, and indeed found evidence to the contrary.

Conclusion: Our selective review of the literature suggests that twelve of the most commonly perceived barriers to scaling up shared decision making across the healthcare spectrum should be termed myths as they can be dispelled by evidence.

Practice implications: Our review confirms that the current debate about shared decision making must not deter policy makers and clinicians from pursuing its scaling up across the healthcare continuum.

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Twelve myths about shared decision making

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Myth 1: **Shared decision making** is a fad – it will pass.

Myth 2: In **shared decision making** , patients are left to make decisions alone

Myth 3: Not everyone wants **shared decision making**

Myth 4: Not everyone is good at **shared decision making**

Myth 5: **Shared decision making** is not possible because patients are always asking me what I would do

Myth 6: **Shared decision making** takes too much time

Myth 7: We're already doing **shared decision making**

Myth 8: **Shared decision making** is easy! A tool will do

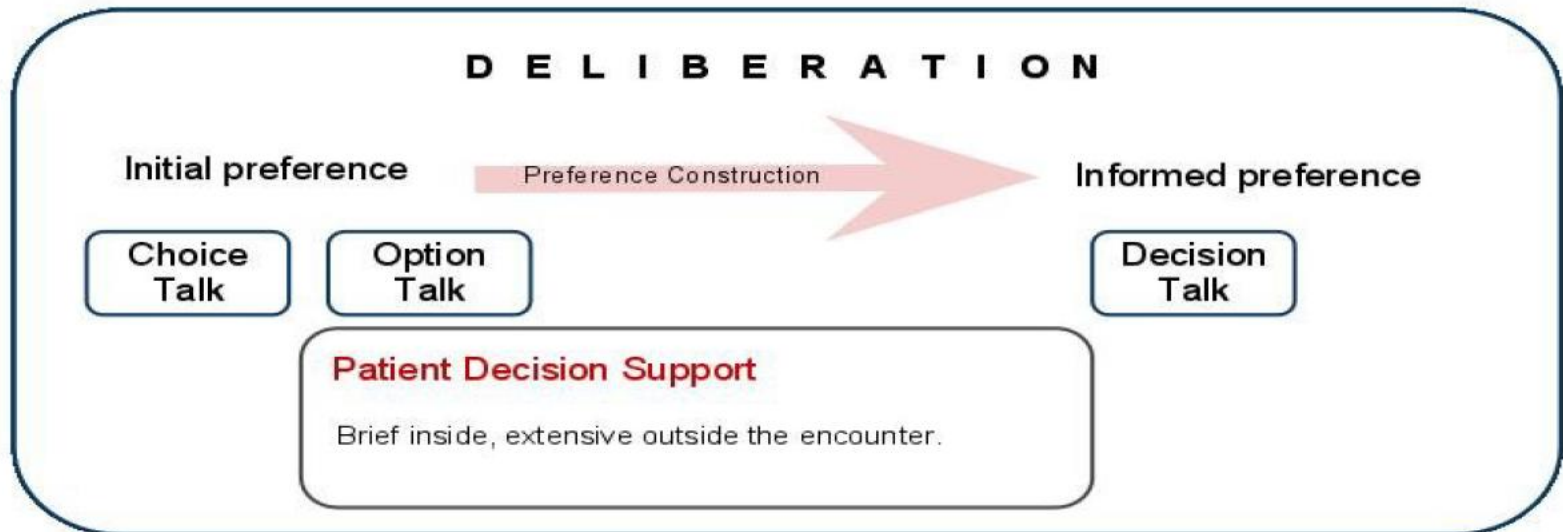
Myth 9: **Shared decision making** is not compatible with clinical practice guidelines

Myth 10: **Shared decision making** is only about the doctors and their patients

Myth 11: **Shared decision making** will cost money

Myth 12: **Shared decision making** does not account for emotions

Shared decision making : a model for clinical practice



The **SHARE** Approach

Essential Steps of Shared Decision Making

Five steps for you and your patients to work together to make the best possible health care decisions.

Choice Talk

Step 1:

Seek your patient's participation

Communicate that a choice exists and invite your patient to be involved in decisions.

Option Talk

Step 2:

Help your patient explore and compare treatment options

Discuss the benefits and harms of each option.

Step 3:

Assess your patient's values and preferences

Take into account what matters most to your patient.

Decision Talk

Step 4:

Reach a decision with your patient

Decide together on the best option and arrange for a followup appointment.

Step 5:

Evaluate your patient's decision

Plan to revisit decision and monitor its implementation.



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