

Shared, Informed Medical Decision-making

Shared decision-making is neither clearly nor consistently defined in the research literature. The essence, however, is that a shared decision-making process engaged in by a patient and the health care professional leads to consent that is well-informed, collaborative and thoughtful. The patient's goals of care and preferences for treatment are explored through this shared decision-making process. The process results in informed consent to medical orders, as documented by signature, attestation or through witnessed verbal consent.

The term **shared decision-making** denotes more nuanced process than that of "informed consent." While the POLST conversation between a patient and the health care professional should include all elements of informed consent (information about diagnosis and prognosis; information about treatment options, including risks and benefits of each; and an opportunity to ask questions), the conversation includes more nuanced discussion that includes a deeper discussion of the patient's goals of care for the end of their life. The POLST Form not only documents treatment decisions (such as CPR or DNR) but also conveys the level of medical interventions the patient wants to receive and the patient's goal of care. Informed consent is generally used in the context of a specific procedure or course of treatment for a specific condition; the resulting document is a consent form the patient or his/her surrogate signs consenting to that specific procedure or course of treatment. The shared decision-making model used in POLST encompasses a larger discussion than just a specific procedure or course of treatment, but an entire goal of care discussion that may encompass multiple procedures or course of care decisions—all of which ultimately are respecting the overarching patient goal at the end of his/her life. The conversation for a POLST form should be more comprehensive than a typical informed consent discussion. Like informed consent, the shared decision-making discussion should be with a patient with capacity; if the patient lacks capacity, the conversation should be with the patient's surrogate.

Shared decision-making is critical to a model of care that places the person at the center of treatment decisions throughout the continuum from birth to death. To ensure an individual's preferences for treatment are honored at end of life, shared decision-making must be person-centered and well-informed. Health care professionals must be trained, comfortable with the discussions needed for well-informed shared decision making and act within their scope of practice. Similarly, the patient or surrogate must be prepared to actively participate in the process.

The principles of shared decision-making are well documented. While there is some guidance about how to approach shared decision-making in routine clinical practice, it is not well integrated into current clinical practice patterns.

Questions include:

1. Will the proposed treatment make a difference?
2. What alternative treatment options exist?
3. For each treatment option, what are the benefits and burdens? In other words: how might the treatment help and how might it be harmful? What happens if no treatment is provided?
4. Is there hope for recovery? If so, what will life be like afterward?
5. What does the person value? What matters most and makes life worth living? What are the person's goals for their medical care?

Presenting the benefits and burdens of CPR and other life-sustaining treatment in terms of what can be accomplished and what cannot be accomplished is important **after** the values, beliefs and the patient's goals for their care have been established.

It may be helpful to use the term **Allow Natural Death** in lieu of **Do Not Resuscitate (DNR)**. It is critically important that patients, families and medical decision-makers recognize DNR does not mean Do Not Intubate (DNI) or Do Not Treat (DNT). Evidence-based guidelines [Myths and Truths of CPR](#), [Guidelines for Long Term Feeding Tube Placement](#), particularly the [Benefits and Burdens of PEG Placement](#), as well as [consumer guides](#) can be helpful.