

The Salzburg Statement On Shared Decision Making



SALZBURG
GLOBAL
SEMINAR

This statement calls for patients and clinicians to work together to be co-producers of health. It serves to guide policy and to stimulate action and research. It was jointly developed by the participants, faculty and staff of the Salzburg Global Seminar on Shared Decision Making.

Health and Healthcare Seminar Series II. The Greatest Untapped Resource in Healthcare? Informing and Involving Patients in Decisions about Their Medical Care 12 Dec - 17 Dec, 2010 (Session 477)

Participants: Robinah N. Alambuya, Shayma Ali, Katerina Apostolidis, Molly T. Beinfeld, Sanjay R. Bijwe, Paulina Bravo, William Brocklehurst, Rachel Davis, Dave deBronkart, Anubhav Dhir, Carole R. Dodd, Marie-Anne Durand, Simon Eaton, Marjan Faber, Christine M. Fisler, Peg A. Ford, Marion Grote Westrick, Dance Gudeva Nikovska, Mark A. Hendy, Carole Johnson, Robert Johnstone, Steven Laitner, Lydia S. Lam, Daniel M. Lee, Holly F. Lynch, Parag C. Mankeekar, Lairumbi M. Mbaabu, Layla McCay, Marco Monti, Benjamin W. Moulton, Tendani C. Muthambi, Jenniffer T. Paguio, Tessa Richards, Nadia N. Sawicki, Medha S. Talpade, Heather W. Tesoriero, Ruth Tunick, Eckhard Volbracht, Bruce H. Wade, Christopher D. Weaver, Richard M. Wexler, Biao Xu.

Faculty: Michael Barry, Kate Clay, Angela Coulter, Jennifer Dixon, Susan Edgman-Levitan, Glyn Elwyn, Gerd Gigerenzer, Carol Mangione, Albert Mulley, Gary Schwitzer, Anne Stiggelbout, John Wennberg.

Staff: Kathrin Bachleitner, John Lotherington, Sinja Strangmann.

Medicine is an uncertain science, where it is difficult to predict what might be best for individual patients and where there are differences in what matters most to them. There is also tremendous variation in the way that patients receive care, mostly due to professional views rather than to scientific reasoning or patient preferences.

Patients have seldom been encouraged to fully realise their role in health care decisions and clinicians often fail to recognise that patients wish to understand the nature of their health problems, be informed about the best way to manage them and be supported to take part in treatment decisions that take account of their preferences and personal circumstances. Many patients and their families face barriers that make it difficult for them to participate in health care decisions, including low health literacy and difficulty in finding clear, comprehensible information.

Most health care decisions do not have to be made immediately. Clinicians should view their work as incomplete until they have given patients and their families the time and resources needed to consider treatment options and provide them with support to make informed, preference based decisions.

To make progress **we call on researchers, journalists and other information providers to ensure that health information is clear, up-to-date, evidence-based, and as free from bias as possible, with all interests, financial or otherwise, openly declared.** Presentation of treatment options, outcomes and uncertainties should comply with best practice guidance for risk communication.

We call on clinicians to accept that they have an ethical imperative to share decisions with all patients, whatever their level of health literacy. Clinical encounters should always include a two-way flow of information, allowing patients to ask questions, explain their circumstances and express their preferences. Clinicians must be ready to provide high quality information, tailored to the patient's needs and they should allow patients sufficient time to consider their options. The quality of clinical decision making should be measured and regularly monitored as a stimulus for improvement.