

Researchers Examine Support Tools for Preference-Sensitive Decisions in Healthcare

A team of researchers from multiple institutions and countries have published a paper in the journal, [The Patient](#), examining the use of support tools for preference-sensitive decisions in healthcare. In this publication, they explore the current status, future directions, and mechanisms for increasing their use in clinical decision-making. Associate professor of [health services policy and management](#) [Jan Ostermann](#) (University of South Carolina, [Arnold School of Public Health](#)) served as lead author on the paper.

In this commentary, the authors discuss the need for shared decision-making as a core component of patient-centered care. On one end of the healthcare decision-making continuum, physicians deliberate and make decisions for patients (i.e., paternalistic decision-making) and the patients comply. On the other end of the continuum, the healthcare provider offers expertise and information to the patient who then deliberates and makes a decision (i.e., informed decision-making). Shared decision-making falls in between these two extremes.

Though circumstances may vary (e.g., emergency situations; lack of time/infrastructure), the majority of healthcare decisions are potentially preference sensitive. In other words, they are characterized by situations where the evidence for the superiority of one treatment over another is either not available or does not allow differentiation; in these situations the best choice between two or more valid approaches depends on how individuals value their respective risks and benefits.

During the 2018 International Academy of Health Preference Research in Quebec, Canada, organizers held a symposium and panel discussion on support tools for preference-sensitive decisions. Several authors of this paper presented current and future directions for this topic, which are summarized in the paper. They concluded that the need for shared decision-making can be viewed as a consequence of the advancement of modern medicine.

“Historically, not only was medicine paternalistic in nature, but there were few legitimate options available for treatment,” Dr. Ostermann et al. say. “Decades later, however, we have an amazing array of potential alternatives for many chronic and acute conditions, which can be overwhelming for clinicians without guidelines, and overwhelming for patients without shared decision-making.”

The authors suggest that health preference research may be able to provide the critical tools required for the advancement of shared decision-making and to fully take advantage of continued clinical advancements. They believe that by facilitating the communication of preferences between patients and providers, and assisting with valuations, clinicians and researchers can move healthcare into the era of patient-centered care and precision medicine with greater confidence and, potentially, economic efficiency.