

ONCOLOGY SHARED DECISION MAKING IN THE UNITED STATES: CONSISTENT INCONSISTENCIES

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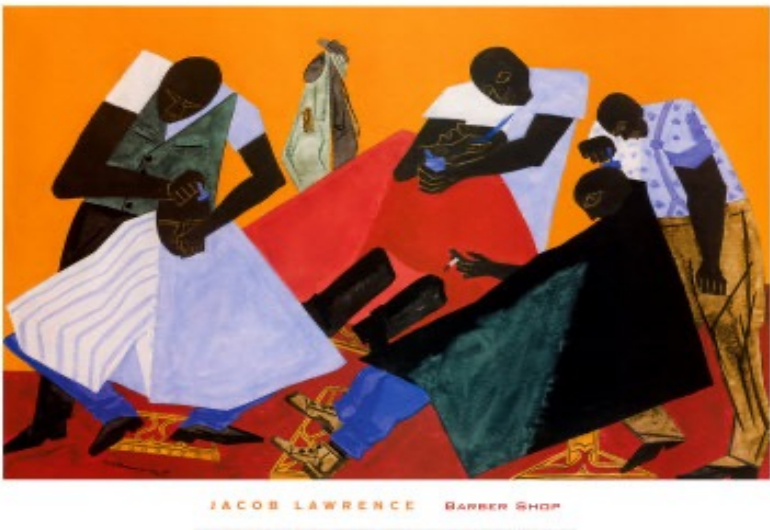
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Introduction: Healthcare decision making is complex, particularly as it relates to cancer screening and treatment. There is a dearth of literature that has systematically examined Shared Decision Making (SDM) in the adult oncology population. This work explores SDM within the U.S. oncology literature to provide guidance in the development of clear SDM definitions and interventions.



Findings: 364 articles were initially screened, eleven publications met inclusion criteria. Articles included in the review were original research, cancer related, and focused on SDM. Most studies were limited by not defining SDM or operationalizing a model of SDM. Additional themes included: 1) racial inequality related to SDM, 2) the critical importance of quality communication among patients, family caregivers, and clinicians to accurately elicit preferences, and 3) the use of decision-making aids to provide value to the patient experience.

Methods: A scoping review using the Arksey & O’Malley approach along with the PRISMA Extension for Scoping Reviews Checklist was conducted. A systematic search was conducted in four databases that included publications since 2016.



Conclusions: Inconsistencies regarding the meaning and operationalization of SDM and inequality of the SDM process among patients from different racial/ethnic backgrounds impacts health and the quality of cancer care patients receive. There is a need for future studies to define the meaning of SDM clearly and consistently and develop decision aids that incorporate bi-directional, interactive communication between patients, caregivers, and clinicians that account for diversity of racial, ethnic, and sociocultural backgrounds and preferences.

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Reference

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