

Shared Decision Making in Pediatric Plastic Surgery: A Multicenter Prospective Study in a Cohort of Patients with Vascular Malformations

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INTRODUCTION: Shared decision making (SDM) is a communication approach in which clinicians and patients arrive at a joint decision about the best therapeutic action, which is not only medically relevant but also suits the situation and preferences of the patient. The importance of SDM in modern health care is stressed by many physicians and politicians. SDM would increase patient participation, patient satisfaction and therapeutic adherence. Furthermore, it would reduce the use of discretionary therapeutic interventions. However, little is known about the role of SDM in pediatric plastic surgery. In this multicenter prospective study in a cohort of patients with vascular malformations, we investigated patient preferences, the current status of SDM practice and the relationship with patient satisfaction.

METHODS: Patients with peripheral vascular malformations who were facing a treatment-related decision, visiting the outpatient clinics of 2 university hospitals in the Netherlands, were prospectively followed. Parents and patients older than 18 years completed several validated SDM questionnaires about their preferences regarding decision making (Control Preferences Scale), SDM-related content of the conversation (SDM-Q-9), the patient's perspective of involvement during the consultation (CollaboRATE) and patient satisfaction. The physicians completed a physician-specific version of the SDM-Q-9. Furthermore, all consultations were audiotaped and independently assessed for SDM-specific criteria by 2 researchers using the OPTION-5 score.

RESULTS: Fifty-five participants (31 patients and 24 parents) completed all questionnaires, 98.2% preferred active involvement in therapeutic decision-making. The SDM-Q-9 scores, assessed by patients and physicians, were acceptable (mean 68 out of 100). However, the independently assessed OPTION-5 scores were significantly lower (mean 31 out of 100). In the consultations, physicians rarely asked for patient preferences regarding involvement. In addition, the patient's freedom of choice and pros and cons of treatment options were inadequately explained. The degree of patient involvement from the patient's perspective (CollaboRATE) was significantly correlated with patient satisfaction ($p = 0.35$, $p < 0.01$).

CONCLUSION: In this cohort, almost all patients and parents preferred involvement in therapeutic decision-making. If they felt involved, they were more likely to score higher on the satisfaction scale. However, SDM was not adequately performed in this cohort. An explanation for this could be that both patients and parents are relatively unfamiliar with SDM. To enhance and facilitate SDM practice, physician and patient targeted interventions (such as trainings and digital decision aids) are essential.