

Emergency department patients want to be invited to share in medical decision-making

June 20 2018

Most emergency department patients want to be involved in some aspects of medical decision-making, but they need to be invited. These are the primary findings of a study to be published in the July 2018 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Elizabeth M. Schoenfeld, MD, MS, assistant professor, Department of Emergency Medicine, University of Massachusetts Medical School-Baystate, and a fellow at the Institute for Healthcare Delivery and Population Science, Baystate Medical Center.

The study, by Schoenfeld, et al, found that most adult [emergency department patients](#) want some degree of involvement in [decision making](#) in situations for which there are multiple reasonable options; however, they will wait for a clinicians' invitation before sharing in [decision](#) making. The study recommends that this invitation be accompanied by clear and jargon-free explanations of options and consequences and that clinicians avoid "misdiagnosing" the patients' preferences for involvement based on their verbal and nonverbal expressions of trust, deference, or disengagement.

The study —the first to evaluate the attitudes and preferences of emergency department patients regarding shared decision making (SDM)—suggests that further research should examine these issues in a larger and more representative population.

Margaret Samuels-Kalow, MD, MPhil, MSHP, assistant professor of [emergency medicine](#) at Massachusetts General Hospital commented on the study:

"This rigorous qualitative study provides important insights into patient preferences for shared decision making (SDM) in the emergency department (ED), emphasizing the importance of ED physicians identifying situations where SDM is applicable and inviting patient involvement. Some of the identified challenges to SDM are likely problematic in any clinical encounter, such as physician use of technical language/jargon, while others may be worse in the ED, such as patient inability to identify their provider. In the future, it will be interesting to see if these same themes hold true for patients with unstable critical illness or who speak a language other than English."

More information: Elizabeth M. Schoenfeld et al, A Qualitative Analysis of Patients' Perceptions of Shared Decision Making in the Emergency Department: "Let Me Know I Have a Choice", *Academic Emergency Medicine* (2018). [DOI: 10.1111/acem.13416](https://doi.org/10.1111/acem.13416)

Provided by Society for Academic Emergency Medicine

Citation: Emergency department patients want to be invited to share in medical decision-making (2018, June 20) retrieved 8 July 2023 from <https://medicalxpress.com/news/2018-06-emergency-department-patients-medical-decision-making.html>

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