

# The submissive silence of others

Examining definitions of shared decision making

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M E D I C I N E

# Summary

Many definitions of shared decision making exist. They are inconsistent.

We conducted linguistic discourse analysis of commonly-used definitions.

Definitions understand patients as passive; clinicians grant involvement as a gift.

We suggest an alternative shared egalitarian communicative definition.

# What is shared decision making?

A dispute since the 1970s

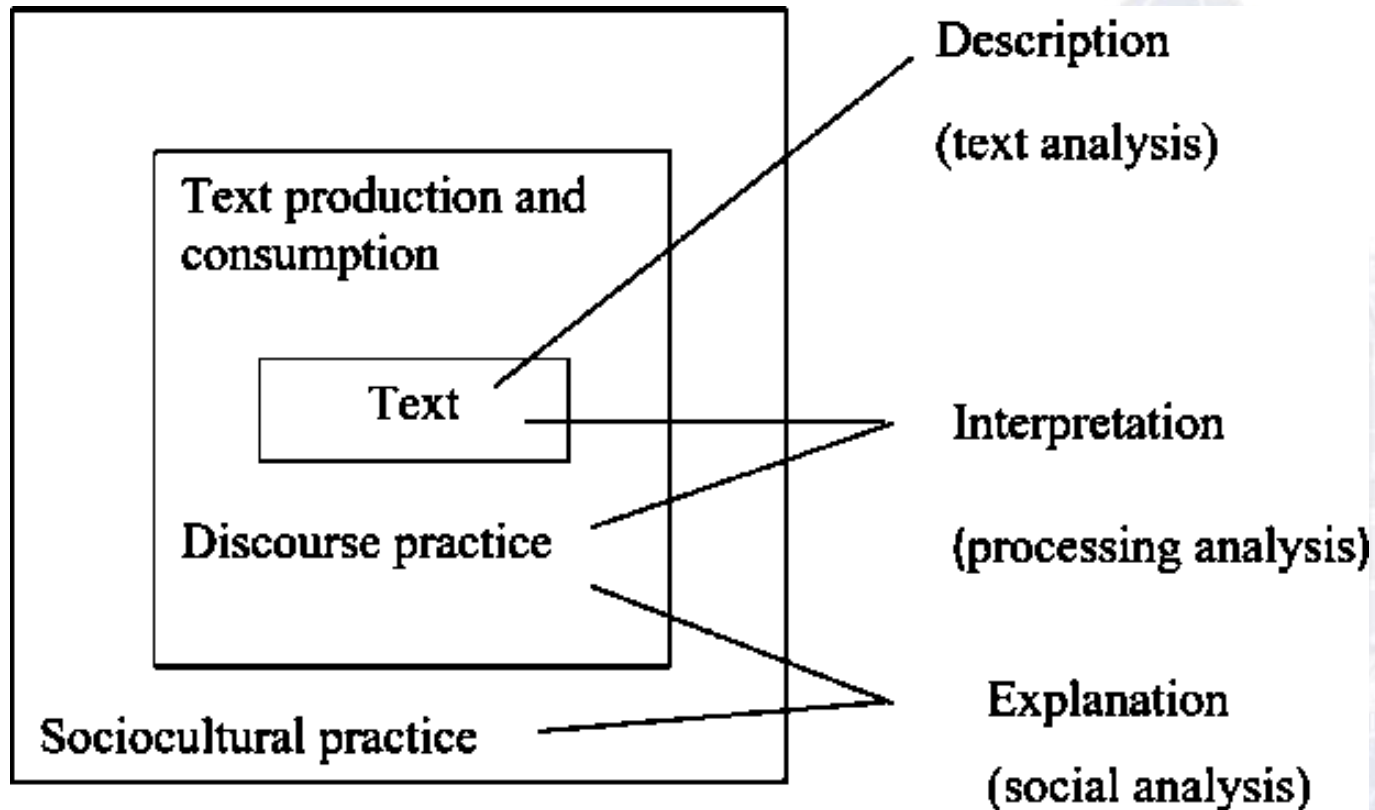
SDM applied to  
selected  
clinical  
encounters

SDM as overarching philosophy

SDM as  
operationalized

**Aim: to retrieve the most widely cited definitions of SDM and to evaluate them using the lens of critical discourse analysis.**

*A linguistic approach to the definitions and assumptions of SDM has been lacking. Language both reflects and constructs meaning, and words (together with their uses) shape our thought.*



From Ahmed et al. [Human Systems Management](#) 36(2):151-162  
DOI:[10.3233/HSM-171762](#)

# Methods

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# Systematic search guided by PRISMA guidelines

To evaluate the most widely cited definitions of SDM in the peer-reviewed literature

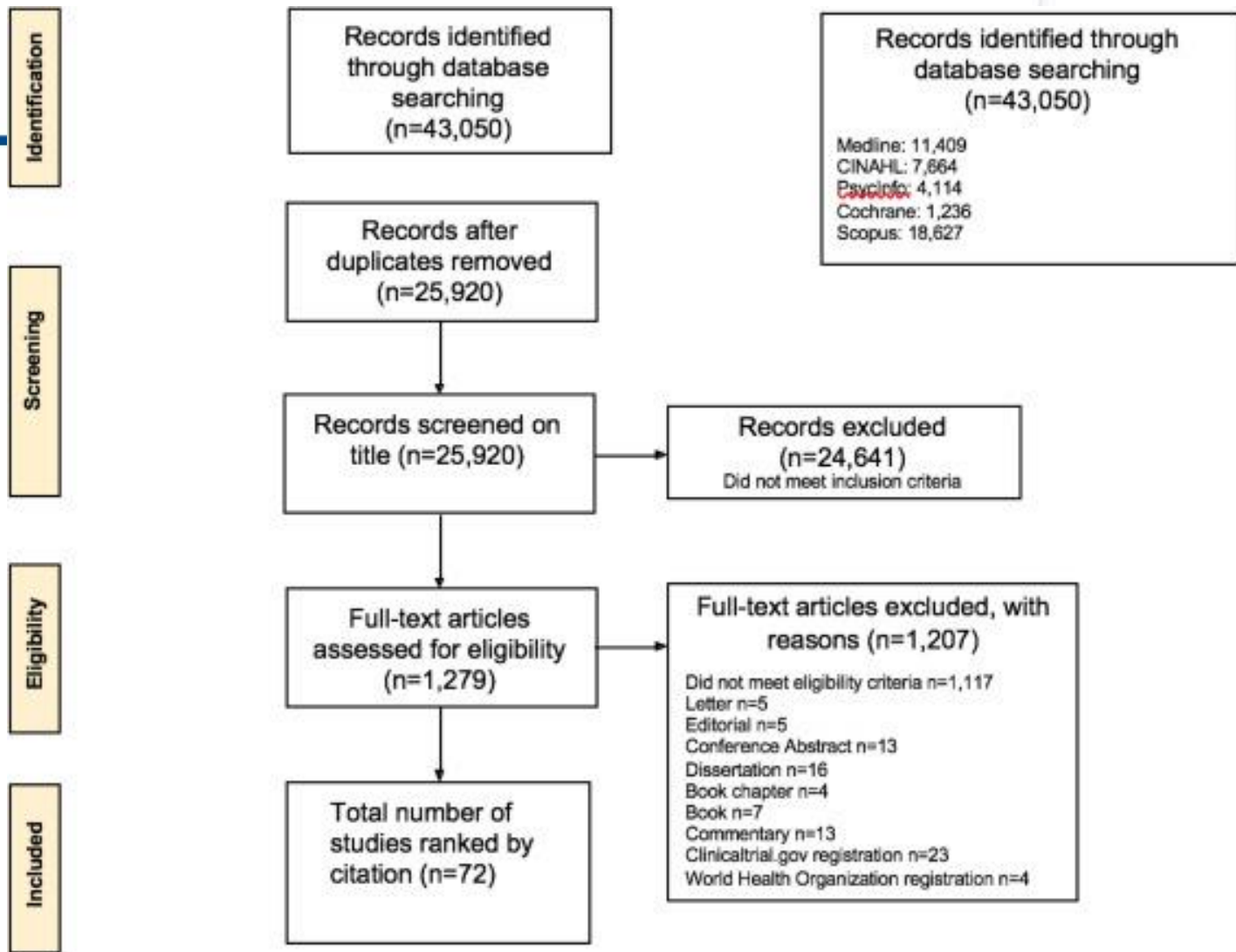
Inclusion criteria: unique definition of SDM, and be published in a peer reviewed journal (no mere citation of old definition)

Search strategy devised by informationist

SDM mentioned in title

Top 30 citations





# Linguistic analysis

*Social reality is constructed by and within language.*  
Decisions regarding SDM will represent different conceptualizations and ideas about how it is to be performed, portraying the social realities imagined by the term SDM.

# Critical discourse analysis

No text, spoken or written, represents reality in a neutral or objective way.

CDA assumes that representation is never reality 'as it really is', rather reality is always viewed through the tinted lens of ideological assumptions

CDA therefore serves our goal examining in depth how the language used in definitions of SDM reveals the underlying discursive representation of the proposed new practice.

**We disclaim any knowledge of the authors' intentions – we are analyzing definitions, not reality as such**

We found only three statements which refer to patients as communicators.

1. the patient expresses his or her preferences and values [\[15\]](#)
2. patients actively contribute to the information-sharing and decision-making process with their providers [\[21\]](#)
3. and patients should raise options of which they may be aware [\[16\]](#)

# Patients as passive cognitive participants.

## They:

- have preferences about health-care interventions and future health states [\[3\]](#)
- provide the values [\[22\]](#)
- can comprehend the options and uncertainties [\[20\]](#)
- are informed about options, and supported to deliberate about those options [\[23\]](#)

# Representation of SDM with passive participation.

- The process by which the optimal decision may be reached for a patient at a fateful health crossroads is called shared decision making and involves, at minimum, a clinician and the patient [\[15\]](#)
- “Shared decision making (SDM) provides a means of making decisions that supports the patient’s right to be involved in his or her healthcare... SDM allows that choice to be informed by relevant information about prognosis and the likely clinical course of various treatment options [\[25\]](#)
- a decision-making process jointly shared by patients and their health care providers” [\[26\]](#)

# Representation of clinicians.

- offer options and describe their risks and benefits [15]
- review options [16]
- make patients feel that their contributions are valued [17]
- provide information [18]
- support patients to deliberate about their options [19]
- help the patient determine [17]
- to provide the patient with facts [22]
- to elicit [patients' preferences] and take them seriously [3]



# Representation of SDM with participants' engagement.

- Beyond **presenting the patient with facts about a procedure**, shared decision making is a process by which doctor and patient consider available information about the medical problem in question, including treatment options and consequences, and then consider how these fit with the patient's preferences for health states and outcomes. After considering the options, a treatment decision is made based on mutual agreement. [\[17\]](#)
- Each person needs to be willing to **engage in the decision-making process by expressing treatment preferences**, in addition to whatever information they exchange; both physicians and patients have to perceive that there are treatment choices; both physicians and patients are assumed to have an investment in the treatment decision. [\[27\]](#)
- The attending physician must make patients feel that their contributions are valued. Patients in turn need to be frank about their preferences and goals for treatment. The physician **then helps the patient determine how these goals and preferences fit with the available treatment options** and a shared decision is reached [\[17\]](#) (Cites Charles et al., 1997)

The SDM definitions examined convey a process characterized by a clinician who speaks, while a patient mostly listens, and is invited to contribute.

# What should a SDM definition look like?

# SDM as a communicative endeavor: some suggestions

Represent both patients and doctors as engaged in the same communicative activities such as discussing, talking, deliberating or the like, as equal partners

Could be written in the first-person plural, i.e. with the use of the pronoun 'we'. E.g. "In shared decision-making, we, the clinician and the patient, talk about available options"..

In shared decision-making, we, the clinician and the patient, talk about available options”..



# Conclusion

*In these definitions, clinicians are constructed as active, while patients as passive. While SDM is explicitly constructed as a process between partners, the definitions depict SDM as something governed by the clinician, to which they can invite patient participation if they so choose.*

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