

# Study questions efficacy and unintentional effects of patient/physician shared decision-making

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Shared decision-making between patients and physicians about health care decisions has previously been presented as superior to an approach that emphasizes physicians taking a leading role in directing key aspects of a patient's care. But now, a new study by researchers from the Perelman School of Medicine at the University of Pennsylvania, calls into question the efficacy of shared decision-making as a tool for eliciting a patient's genuine preference for care. The results of the study will be presented this week at the [2013 American Academy of Orthopaedic Surgeons](#) Annual Meeting in Chicago.

In the study, five [clinical scenarios](#) describing options for addressing common [bone fractures](#) were presented to 131 [medical students](#). [Respondents](#) were asked to select their preferred method of treatment. Four weeks later, the scenarios were presented again, with slight modifications in the information. In all five cases, the medical students altered their original choices based on the modified new information, none of which was medically material to the treatment alternatives being considered.

"Our results show that how physicians communicate [treatment options](#) to patients—such as how to frame the options, or what details to include—may unintentionally influence a patient's decision," said Joseph Bernstein, MD, clinical professor of Orthopaedic Surgery at Penn Medicine and lead author on the study.

In one case, respondents were asked to choose between arthroscopic and open surgical treatment. Arthroscopy was overwhelmingly favored at the onset. However, four weeks later, prior to being asked for their preferences again, the subjects were (mis)informed that in the first scenario most people had chosen [open surgery](#). This resulted in a nearly five-fold increase in the number of respondents now choosing open surgery.

Bernstein notes that similar patterns have been documented in areas outside of healthcare. "Behavioral economists have long known that in matters of finance people choose irrationality, often based on extraneous factors," he says. "In our study we too found that people will, for example, make choices based on what others are doing – even if it's not the right choice for them. Overall, our results highlight the difficulty of engaging in shared decision making. Physicians, in their attempt to discover patient preferences, might be shaping their decisions."

**More information:** [Paper 645](#): Improving Decision-Making in Fracture Care: Cognitive Bias and Rational Choice

Provided by University of Pennsylvania

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