

Shared decision-making should be encouraged in ICU

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(HealthDay)—Shared decision-making should be implemented in the

intensive care unit (ICU) as a collaborative process involving patients (or their surrogates) and clinicians, according to a policy statement published online April 20 in the *American Journal of Respiratory and Critical Care Medicine*.

Alexander A. Kon, M.D., from the Naval Medical Center San Diego and University of California San Diego, and colleagues reviewed the literature and developed a [policy statement](#) relating to shared decision-making in the ICU.

The researchers note that the American College of Critical Care Medicine (ACCM) and American Thoracic Society (ATS) endorse the definition that shared decision-making is a collaborative process, allowing patients (or their surrogates) and clinicians to make health care decisions together. A shared decision-making process should be used to define overall goals of care and when making major treatment decisions. Once the general goals of care are agreed upon, clinicians can address routine decisions. Important preference-sensitive choices often arise throughout the ICU stay and shared decision-making should be employed for these decisions.

"ACCM and ATS recommend further research to assess the utility of various approaches to decision-making in the ICU," the authors write. "The use of decision aids, communication skills training, implementation of patient navigator or decision support counselor programs, and other interventions should be subjected to randomized controlled trials to assess efficacy."

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