Personalised Decision Making

Personalised decision-making can also be referred to as shared decision-making.

What is Personalised decision-making?

Personalised decision-making is about discussing the risks and benefits of each option of care (treatment or test) available, taking into consideration the person's values, preferences, beliefs, and circumstances.

Discussing options together with the care provider can help people make an informed decision. This can reduce the risk of treatments or tests that could be unsuitable or excessive. It is particularly useful when the evidence does not overwhelmingly support one option over another.

What should be considered with Personalised decision-making?

- the benefits and risks of different options (including doing nothing)
- the person's knowledge about treatment options
- psychological issues or barriers
- the physical benefits and burdens of each option
- the person's capacity to access and afford healthcare
- the person's personal preferences, values, and circumstances
- cultural considerations, such as who should be in the room
- whether families and communities need to be involved
- two-way trust between the clinician and consumer.
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How is Personalised decision-making practised?

While personalised decision-making should be tailored to each person and their situation, it usually involves the following steps;

- Explain the situation/treatment options and invite the person to be involved in the decision-making process.
- Explain the options and the benefits and harms of each, including the likelihood that these benefits or harms will occur.
- Discuss what matters to the person and clarify how each option fits with their values, preferences, beliefs, and goals.
- Make sure you understand what the person is saying and answer any questions they may have.
- Continue to deliberate until you all agree on one option (people often move from an initial preference to an informed preference).
- Make a decision or agree to defer the decision.

You may like to use a series of questions to guide the process.

- What will happen if we wait and watch?
- What are the options?
- What are the benefits and harms of these options?
- How do the benefits and harms weigh up for you?
- Do you have enough information to make a decision?

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You can use the BRAIN acronym to help remember the steps:

Benefits	What are the benefits of making this decision?
Risks	What are the risks involved?
Alternatives	Are there any alternatives?
Intuition	What does my intuition say to do?
Nothing	What if we do nothing (can we wait and see)?

What skills do clinicians need?

The skills clinicians need to support personalised decision-making are in addition to those they already have in communication, relationship-building and evidence-based practice. They will need to:

- use active listening and provide a caring, respectful and empowering environment, so people feel comfortable participating and asking questions.
- consider their health literacy and tailor the amount and speed of information provided to their needs and preferences.
- consider their cultural background, primary language, preferred learning style and any communication or cognitive impairments.
- find out whether and how much they want to participate in personalised decision-making, or whether it is possible (such as in emergency situations).

People who are vulnerable or have low health literacy often receive less information and ask fewer questions. Clinicians may need to do more to engage these people in personalised decision-making.

Remember……

Whatever women/people decide, the team at The Royal Hospital for Women will respect their decision and care for them and their baby safely.

References

Australian Commission on Safety and Quality in Health Care. 2023. *Shared decision making*. Shared decision making | Australian Commission on Safety and Quality in Health Care

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