Just as physicians are experts in medical matters, patients are experts in their personal life circumstances, preferences and values. We advocate a culture of dialogue based on partnership, both in hospitals and in physicians’ practices.

Consider this scenario: Without discussing the benefits and risks in detail, a physician prescribes medication for a patient. Feeling strange, the patient stops the therapy after a couple of days. This scenario is not unusual – one in four patients do not follow their physician's advice. However, when physicians actively include the patient in the decision-making process, they not only increase adherence to the therapy but also demonstrably improve the treatment outcome.

A need for more consulting in consulting rooms
All too often, not enough consulting happens in consulting rooms. There are many reasons for this. First, waiting rooms in Germany are often full, and so physicians have little time for their patients: The average consultation is ten minutes, whereas in Sweden it is 24 minutes. Second, under the current economic and legal frameworks, consultative medicine is not as well paid as technical medicine. Physicians need to be better compensated for consultations with patients – but this alone is not sufficient.

In order for physicians and patients to take part in shared decision making, they need decision aids that clearly present the risk and benefits of diagnostic procedures and therapy. There are still far too few scientifically grounded decision aids.

Finally, there needs to be a change in culture and in roles – for both physicians and patients. Though studies have demonstrated the numerous advantages of physician-patient dialogue on an equal footing and shared decision making, these are not yet common in the routine provision of care.

**Learning from other countries**

Our objective is to implement shared decision making in the day-to-day provision of care. Here, we can learn from other countries that have progressed further with this implementation. In this respect, it is particularly worthwhile to look at the Netherlands, Norway, Taiwan and England. Whether it is a national plan of action, a central platform for decision aids, or a campaign to effect a change in attitudes and a cultural shift towards greater patient orientation – the examples show that a number of countries are already actively addressing the issue.
PUBLICATION

National Strategies for Implementing Shared Decision Making (engl.)

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PROJECTS

Patients with Impact