

從EBM to SDM

以實證為導向的醫病共享決策

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「仁心仁術·終身學習」
「親見·親廣·關懷社會」
「多元發展·多元發展潛力」

Evidence Based Medicine


- EBM requires the integration of the **best research evidence** with our **clinical expertise** and our **patient's unique values and circumstances**.
- 最佳的研究證據、專家意見、病人臨床狀況的總合。

實證醫學三大要素 (3E)

- **Best research Evidence**
 - 與臨床問題相關的，以病人為中心
 - 新的診斷或治療方法，更有效或更安全
- **Clinical Expertise**
 - 臨床技巧及累積經驗
 - 分析病人的危險因子，鑑別診斷及常規處置
- **Patient values (Expectation)**
 - 病人偏好、對副作用的疑慮、文化背景等

臨床診療的新模式

BMJ. 1996; 312: 71-2.



- 1996 年 David Sackett 對實證醫學的涵義做了明確的定義。
- EBM is the **conscientious** (一絲不苟), **explicit** (明確), and **judicious** (明智) use of current best evidence in making decisions about the care of individual patients.
- 著重於臨床診療領域。

實證醫學的兩個鴻溝

GAP 1: 從知識到結論

Ask

Acquire

Appraise

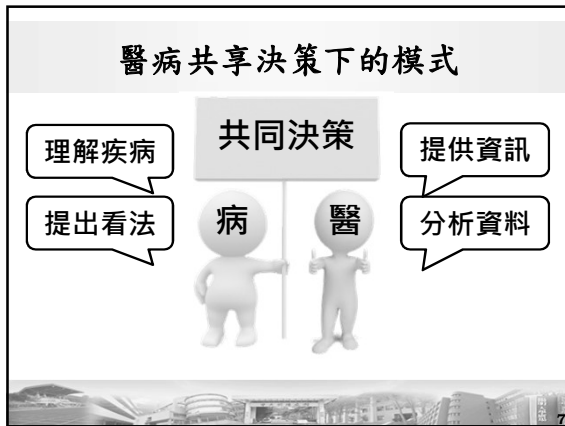
GAP 2: 從結論到臨床運用

Apply

Assess

為什麼SDM重要...



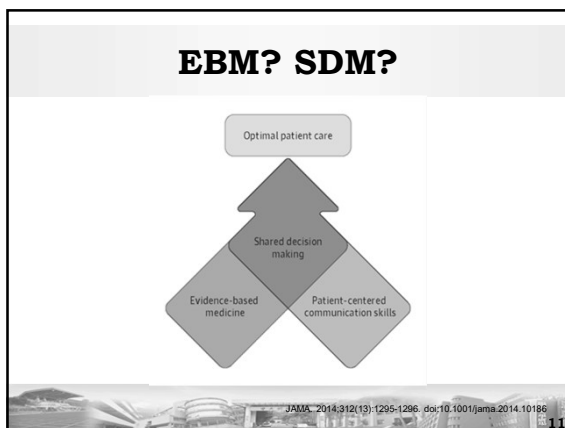


Shared Decision Making

- 1997由Cathy Charles提出操作型定義
 - Shared decision-making involves at least two participants – **the physician and patient**
 - Both parties **take steps** to participate in the process of treatment decision-making
 - **Information sharing** is a prerequisite to shared-decision-making
 - A treatment decision is made and **both parties agree to the decision**

SDM的照顧模式

- 醫療和病人的共享模式
 - 醫療端提供資訊
 - 病人端提供個人偏好、需求
- 醫療端要做好的準備
 - 不是只是片面的提供資訊
 - 即使是內心覺得最好的選擇，也不是單方面只提供一種選項 (NEJM, 374:2:105-6)
 - 使用病人可以理解的語言和工具



SDM的執行步驟

- **Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
- **Step 2 (Compare options)** - accurate information on the similarities and differences between treatment options
- **Step 3 (My Views)** - here you are asked for your personal likes and dislikes about the different treatments
- **Step 4 (My Trade-offs)** - helping you to trade-off the advantages and disadvantages of each option
- **Step 5 (My Decision)** - supporting you to choose an option that is best for you

步驟一、二：EBM

- Introduction and compare options
- 實證醫學在這邊提供病人不同的治療概念。
- GRADE: quality of evidence
- 基本功



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GRADE system

- A new grading system for:
 - Assess the relative importance of outcomes
 - Assess **overall** quality of evidence
 - **Decide direction and strength of recommendations.**

GRADE



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需要SDM的時機

- 醫療不確定性比重愈大者，複雜、多重選擇
- 目前尚無明確實證結果之處置與用藥
- 越嚴重致命疾病
- 可能有重大身心功能、形像改變或併發症之處置與用藥
- 需長期服用之藥物



澄清醫護管理雜誌, 2015年2月號

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較不需要SDM的時機

- 已具有高實證基礎證據等級之臨床常規：例如抽菸和肺癌的關係
- 須緊急處置之突發危害生命狀況：急診室、加護病房、洗腎中心、產房和手術室之突發危急狀況
- SDM不等於family conference！目的是要解決醫療較難解的問題，不是所有問題都需要SDM！



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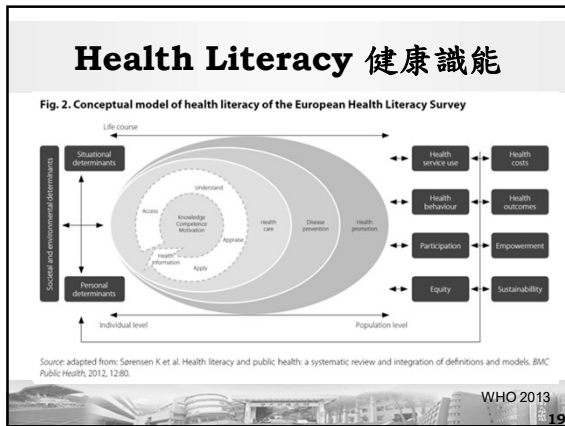
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步驟三：引導病人講出想法

- 病人對於醫療的認識若不足，很難讓他們具有足夠的批判力。
- 基本知識與相關決策。
- 資料的轉化與翻譯。
- 對於健康識能(Health literacy)的認識。



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Health Literacy 健康識能

Table 1. The European Health Literacy Survey: the 12 subdimensions as defined by the conceptual model

Health literacy	Access or obtain information relevant to health	Understand information relevant to health	Appraise, judge or evaluate information relevant to health	Apply or use information relevant to health
Health care	1) Ability to access information on medical or clinical issues	2) Ability to understand medical information and derive meaning	3) Ability to interpret and evaluate medical information	4) Ability to make informed decisions on medical issues
Disease prevention	5) Ability to access information on risk factors	6) Ability to understand information on risk factors and derive meaning	7) Ability to interpret and evaluate information on risk factors	8) Ability to judge the relevance of the information on risk factors
Health promotion	9) Ability to update oneself on health issues	10) Ability to understand health-related information and derive meaning	11) Ability to interpret and evaluate information on health-related issues	12) Ability to form a reflected opinion on health issues

Source: adapted from: Sørensen K et al. Health literacy and public health: a systematic review and integration of definitions and models. BMC Public Health, 2012, 12:280.

WHO 2013 20

- ### 民眾的理解度是SDM成功的關鍵
- 民眾若知識不足，便沒有辦法理解疾病有哪些治療選項。
 - 即使知道治療選項，也會不了解這些選項的好壞、適不適合自己。
 - 如果不知道便可能會傾向權威式醫療或拒絕對話。
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- ### SDM的執行步驟
- **Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
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- ### 步驟四：分析好壞
- 慢慢釐清問題及方向，同時確認病人對於疾病的認知。
 - 善用輔助工具及資源
 - SDM tools (衛教單張, 多媒體素材, Mayo clinic等等)
 - 跨領域團隊資源：護理師、個管師、營養師等其他醫療專業領域
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Ottawa Personal Decision Guide

For People Making Health or Social Decisions

1. Clarify your decision.

What decision do you face? _____

What are your reasons for making this decision? _____

When do you need to make a choice? _____

How far along are you with making a choice? Not thought about it Close to choosing
 Thinking about it Made a choice

2. Explore your decision.

Knowledge

List the options and benefits and risks you know.

Values

Rate each benefit and risk using stars (★) to show how much each one matters to you.

Certainty

Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option Benefits / Advantages / Pros	How much it matters to you 0 ★ not at all 5 ★ a great deal	Reasons to Avoid this Option Risks / Disadvantages / Cons	How much it matters to you 0 ★ not at all 5 ★ a great deal
Option #1		-		-
		-		-
		-		-

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Ottawa Personal Decision Guide

Support

Who else is involved? Yes No Yes No Yes No

Which option do they prefer? Yes No Yes No Yes No

Is this person pressuring you? Yes No Yes No Yes No

How can they support you? Share the decision with... Decide myself after hearing views of... Someone else decides.

What role do you prefer in making the choice? Share the decision with... Decide myself after hearing views of... Someone else decides.

Ottawa Personal Decision Guide © 2015 O'Connor, Storey, Jacobson, Ottawa Hospital Research Institute & University of Ottawa, Canada. Page 1 of 2

Identify your decision making needs. Adapted from The SDM Tool © 2008 O'Connor & Lyle

Knowledge Do you know the benefits and risks of each option? Yes No

Values Are you clear about which benefits and risks matter most to you? Yes No

Support Do you have enough support and advice to make a choice? Yes No

Certainty Do you feel sure about the best choice for you? Yes No

If you answer 'no' to any question, you can work through steps two and four, focusing on your needs. People who answer 'no' to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.

Ottawa Personal Decision Guide

Plan the next steps based on your needs.

Decision making needs

Things you could try

Knowledge

- Find out more about the options and the chances of the benefits and risks.
- List your questions.
- List where to find the answers (e.g. library, health professional, counsellors).

Values

- Review the stars in step two to see what matters most to you.
- Find people who know what it is like to experience the benefits and risks.
- Talk to others who have made the decision.
- Read stories of what mattered most to others.
- Discuss with others what matters most to you.

Support

- Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends).
- Find help to support your choice (e.g. funds, transport, child care).

Pressure

- Focus on the views of others who matter most.
- Share your guide with others.
- Ask others to fill in this guide. (See where you agree. If you disagree on facts, get more information. If you disagree on what matters most, consider the other person's views. Take time to listen to what the other person says matters most to them.)
- Find a person to help you and others involved.

Certainty

- Work through steps two to four, focusing on your needs.

Personalized Statins for patient

1 What is your risk of having a heart attack in the next 10 years?

Using information about your health we've estimated that you have a **58.8%** chance of having a heart attack sometime in the next 10 years. The table shows you how we estimated this risk.

NO STATIN

The chance of not taking statins is 58.8% higher to 100 people than if they were to take statins. In the next 10 years, about 59 will have a heart attack, and about 60 will not.

YES STATIN

The chance of not taking statins is 58.8% higher to 100 people than if they were to take statins. In the next 10 years, about 59 will have a heart attack, and about 60 will not.

WHAT DOES THIS ESTIMATE MEAN?

It means that out of 100 people like you, about 59 will have a heart attack in the next 10 years, and about 60 will not.

Keep in mind that we do not know what will happen to you if you were to take or not take statins. We cannot tell what this will happen.

2 What benefits can you expect from taking statins compared to not taking statins?

NO STATIN

100 people

YES STATIN

100 people

ATTENTION:

If you were to decide to take statins, we will not know if you would be among those who would not benefit from taking a heart attack or having one despite taking statins compared to those who would benefit by avoiding a heart attack by taking a statin.

3 What downsides can you expect from taking statins compared to not taking statins?

Statins may be to make work for some.

Some statins may lead to you depending on your drug class.

Common side effects: muscle aches, diarrhea, headache, dizziness, fatigue, nausea, constipation, and others.

Some patients can tolerate.

4 What do you want to do now?

Not take (or stop taking) statins

Discuss with your physician today

Discuss with your physician in the future (when?)

Discuss with others (when?)

Figure 1. Personalized Statin Choice decision aid for a hypothetical patient with an estimated 10-year cardiovascular risk of 20%. HDL indicates high-density lipoprotein. Reproduced with permission from the Mayo Foundation for Medical Education and Research. All rights reserved.

SDM tools

- 衛教單張、影片、幻燈片
- 互動式選單
- 強調圖像化、語言簡單化
- 病人可先自行使用

醫策會資料

- 1.人工植牙
- 2.大腸癌
- 3.子宮頸癌
- 4.心房顫動
- 5.心絞痛
- 6.失智症
- 7.生命末期照護、安寧療護
- 8.白內障
- 9.低溫療法

- 10.更年期
- 11.乳癌
- 12.周邊動脈疾病
- 13.注意力不足過動症
- 14.冠狀動脈介入術選擇
- 15.氣管造口術
- 16.消化系統疾病內視鏡手術

- 17.退化性膝關節炎
- 18.骨質疏鬆
- 19.高血壓
- 20.慢性腎臟疾病
- 21.糖尿病
- 22.靜脈曲張
- 23.其他

International Patient Decision Aid Standards (IPDAS) Collaboration

- 分三個部分
 - Content
 - Development process
 - Effectiveness
- 運用病人可以理解的語言，提供最新且完整的醫療決策選擇，協助病人判斷。

I. Content: Does the patient decision aid ...

Provide information about options in sufficient detail for decision making?

- describe the health condition 2.1
- list the options 3.2
- describe the natural course without options 2.4
- describe procedures 3.3
- describe positive features [benefits] 2.6
- describe negative features of options [harms / side effects / disadvantages] 3.7
- include chances of positive / negative outcomes 2.8

Present probabilities of outcomes in an unbiased and understandable way?

- use event rates specifying the population and time period 3.1
- compare outcome probabilities using the same denominator, time period, scale 3.2, 3.3, 3.6
- describe uncertainty around probabilities 3.4
- use visual diagrams 3.5
- use multiple methods to view probabilities [words, numbers, diagrams] 3.7

Include methods for clarifying and expressing patients' values?

- describe the procedures and outcomes to help patients imagine what it is like to experience their physical, emotional, social effects 4.1

Include structured guidance in deliberation and communication?

- provide steps to make a decision 6.1
- suggest ways to talk about the decision with a health professional 6.2

Additional items for tests

- describe what test is designed to measure 2.9
- include chances of true positive, true negative, false positive, false negative test results 2.10
- describe possible next steps based on test result 2.11
- include chances the disease is found with / without screening 2.12
- describe detection / treatment that would never have caused problems if one was not screened 2.13

Additional items for viewing probabilities


- allows the patient to select a way of viewing probabilities [words, numbers, diagrams] 2.5
- allow patient to view probabilities based on their own situation [e.g. age] 3.5
- place probabilities in context of other events 3.10
- use both positive and negative frames [e.g. showing both survival and death rates] 3.11

Additional items for clarifying and expressing patients' values

- ask patients to consider which positive and negative features matter most 4.2
- suggest ways for patients to share what matters most with others 4.3

Additional items for structured guidance in deliberation and communication

- include tools [worksheets, question list] to discuss options with others 6.3

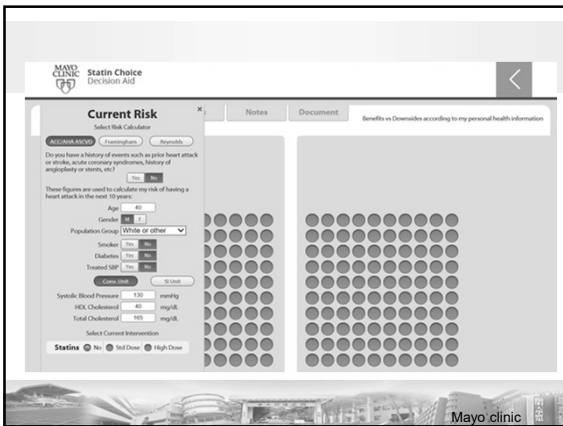



Welcome to the **Statin Choice Decision Aid.**

This tool will help you and your doctor discuss how you might want to reduce your risk for heart attacks.

Let's get started

Caution: This application is for use exclusively during the clinical encounter with your clinician.

Current Risk

Select Risk Calculator

Do you have a history of events such as prior heart attack or stroke, acute coronary syndromes, history of angina pectoris or stents, etc? Yes No

These figures are used to calculate my risk of having a heart attack in the next 10 years.

Age: 40

Gender: Male

Population Group: White or other

Smoker: No

Diabetes: No


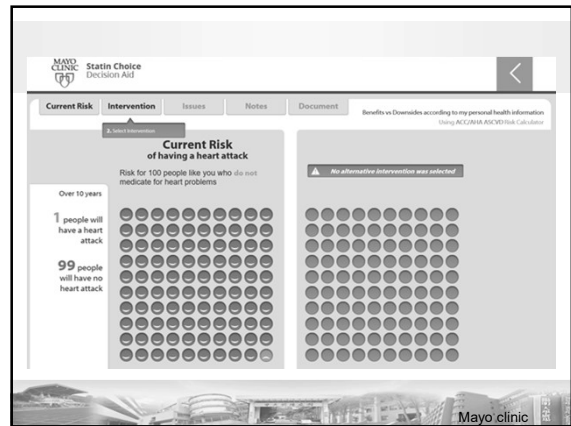
Treated SBP: No

Synthetic Blood Pressure: 120 mmHg

HEA Cholesterol: 40 mg/dL

Total Cholesterol: 195 mg/dL

Select Current Intervention: No Std Dose High Dose

Intervention


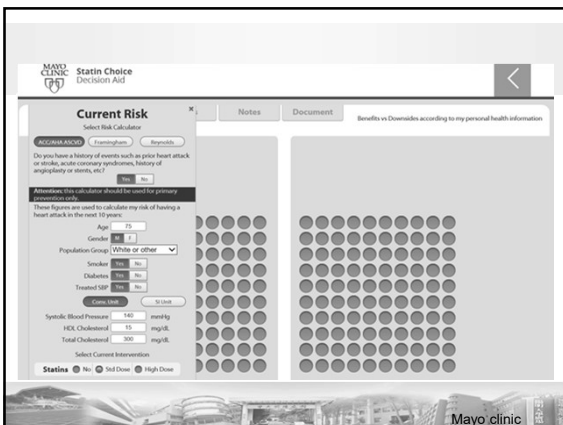
Risk for 100 people like you who do not medicate for heart problems

Over 10 years

1 people will have a heart attack

99 people will have no heart attack

No alternative intervention was selected

Current Risk

Select Risk Calculator

Do you have a history of events such as prior heart attack or stroke, acute coronary syndromes, history of angina pectoris or stents, etc? Yes No

These figures are used to calculate my risk of having a heart attack in the next 10 years.

Age: 50

Gender: Male

Population Group: White or other

Smoker: No

Diabetes: No


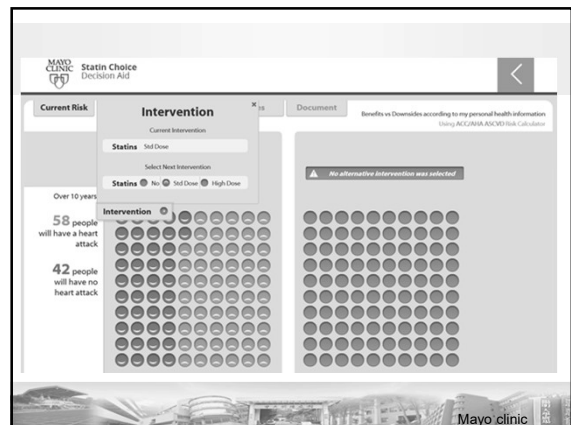
Treated SBP: No

Synthetic Blood Pressure: 140 mmHg

HEA Cholesterol: 15 mg/dL

Total Cholesterol: 300 mg/dL

Select Current Intervention: No Std Dose High Dose

Intervention

Current Intervention: Std Dose


Select Next Intervention: No Std Dose High Dose

Over 10 years

58 people will have a heart attack

42 people will have no heart attack

No alternative intervention was selected



Current Risk of having a heart attack
Risk for 100 people like you who do take standard-dose statins

Over 10 years
58 people will have a heart attack
42 people will have no heart attack

Future Risk of having a heart attack
Risk for 100 people like you who do take high-dose statins

Over 10 years
46 people will have a heart attack
42 people will have no heart attack
12 people will be saved from a heart attack by taking medicine

Mayo clinic

圖像化

治療比較

資訊數字化

Current Risk of having a heart attack
Risk for 100 people like you who do take standard-dose statins

High dose statins about \$150/month
Daily Routine: One pill once a day
Other Benefits: The use of statins reduces your stroke risk by about one fifth.

Side Effects
High dose statins
Common side effects: muscle aches, constipation
Some need to stop statins because of this.
Muscle aching/weakness: 5 in 100 patients
Liver blood test goes up: 2 in 100 patients, no permanent liver damage
Home need to stop statins because of this: 1 in 20,000 patients
Muscle and kidney damage: 1 in 20,000 patients
Requires patients to stop statins.
The risk for these side effects may be higher by taking high-dose-intensity statins compared to low-dose statins.

Future Risk of having a heart attack
Risk for 100 people like you who do take high-dose statins

Over 10 years
46 people will have a heart attack
42 people will have no heart attack
12 people will be saved from a heart attack by taking medicine

Mayo clinic

衛福部 台灣病人安全資訊網

由11編譯師
台灣病人安全資訊網
Taiwan Patient Safety Net

病人安全年度目標 實作作為 病人安全通報 民眾參與 教育資源 聯絡我們 交流圈地

民眾參與
醫病共享決策簡介

醫病共享決策 (SDM) 緣起
「共享決策」(Shared Decision-Making - SDM) 這個名詞最早是在1990年美國以病人為中心照護的共同倡議計畫上，為由醫師和患者共同參與，在1999年成為Medicine的正式定義。至少要有醫師和病人雙方共同參與，醫師提出各種不同處方之醫療資料，病人則提出個人的喜好與價值觀，彼此交換資訊討論，共同達成最佳可行之治療決策。

共享決策是以病人為中心的臨床醫學執行過程，兼具知識、溝通和尊重三要素，目的透過醫病人員和病人在進行醫學決策前，能夠共同享有現有的醫療醫學信息，結合病人自身的偏好與價值，提供病人所有可考慮的選擇，並由病人和病人共同參與醫療選擇，確保醫療決策具備支持病人提出符合其最佳醫療決策。

決策輔助工具

您現在的位置：首頁 > 決策輔助工具 > 決策輔助工具清單

決策輔助工具清單

我的最愛
基本資料與定檔與動
滿意度與查詢

依主題類別 請輸入您要查詢的關鍵字 搜尋

懷孕及生產	慢性阻塞性肺病	高血壓
肥胖的防治	減菸	人工植牙
大腸癌	子宫颈癌	心臟病動
心臟病	失智症	生命末期照護、安寧療護
白內障	低溫療法	更年期
乳癌	用運動治療疾病	注意力不足過動症
認知功能介入處理	營養造口術	消化系統疾病內視鏡手術
退化性膝關節炎	骨質疏鬆症	高血壓
慢性腎臟病	糖尿病	靜脈曲張

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衛生福利部 醫病共享決策平台
Ministry of Health and Welfare
Platform for Shared Decision-Making

請輸入關鍵字 搜尋

熱門關鍵字：人工膝關節 SDM 輔助工具 呼吸 藥物

決策輔助工具

您現在的位置：首頁 > 決策輔助工具 > 決策輔助工具清單

決策輔助工具清單

依主題類別 請輸入您要查詢的關鍵字 搜尋

回上頁

主題類別	SDM決策輔助工具標題	開發團隊/機構	年份	語言	加入最愛
退化性膝關節炎	治療退化性膝關節炎：我該接受人工膝關節嗎？	醫病共享決策影片-骨科工作小組	2008	中文	加入

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什麼是退化性膝關節炎？

關節炎的成因是關節內的軟骨損壞，關節軟骨是一個軟墊，可以緩衝體重及平常活動對骨頭的衝擊。

當軟骨退化並露出其下方的骨頭時，就是膝關節炎，會造成膝關節疼痛、僵硬、腫脹、活動受到限制。

症狀通常發生的很慢，會隨著時間逐漸惡化，它並沒有治療的方式，但可以透過適當的醫療，獲得良好的控制。

有什麼方式可以減輕退化性膝關節炎

藥物：如果症狀輕微，可以使用藥物止痛，包括消炎藥、嗎啡類止痛藥、關節內注射藥物等。

冰敷、熱敷：在活動前熱敷可以放鬆關節，活動後冰敷可以減輕疼痛。

復健運動：復健運動可以增加肌力，減少關節壓力，請事先和您的醫師討論什麼樣的復健運動比較適合您。

輔具：許多類型的輔具可以幫助減輕膝關節的壓力，包括拐杖、助行器、護具、穿著舒適的鞋子或鞋墊。

關節鏡手術：可以移除關節內游離的軟骨或骨頭，但這項手術對於退化性關節炎的療效尚有爭議。

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截骨矯正手術：可以矯正退化性膝關節炎合併外翻（X型腿）或是膝內翻（O型腿），通常用在較年輕且關節炎較輕微的病人。

什麼是人工膝關節置換手術？

大多數會接受人工膝關節置換手術的病人，是因為他們的疼痛已經無法使用藥物或其他治療來緩解，而且嚴重影響到生活品質。

人工膝關節置換手術有「全人工膝關節置換」或「部份置換」兩種選擇，醫生會移除受損的關節軟骨，然後使用人工材質來取代。

手術後，通常很快就可以下床活動，但仍需配合醫師建議的復健運動，來增加肌肉力量及加強膝關節活動角度。



為什麼您的醫生會建議人工膝關節置換手術？

如果您有嚴重的關節炎疼痛，試過其他治療方式卻無效。

如果您的關節軟骨已經嚴重磨損。

如果您的膝關節疼痛造成起身、行走、上下樓梯困難，嚴重影響日常生活。


如果您沒有嚴重的身體健康問題。

步驟一：瞭解人工膝關節置換手術的好處及風險

人工膝關節置換手術	其他治療方式
<ul style="list-style-type: none"> 大多數人疼痛明顯改善，而且可以恢復日常生活的活動。 滿意度：追蹤 100 個接受手術的人，追蹤 2 至 17 年，有 82 人感到滿意。 	<ul style="list-style-type: none"> 可以避免人工膝關節置換手術可能產生的風險及併發症。

好處



步驟二：您要不要選擇人工膝關節置換手術前，會在乎的因素有？

您本身的感覺和醫學上的客觀數據一樣重要。

接下來請想一想，以下幾個情況，哪一個對您比較重要？請勾選

兩種情況，哪一個對您比較重要？

我想享受能做一些簡單的活動，像散步、游泳、跳繩、游泳或是家事

關節疼痛不會影響我現在喜歡的活動

現在大多數的日子我常常感覺很痛，過得不好

現在大多數的日子我常覺得痛苦，過得不好

我了解日後有可能需要再一次手術，但我願意嘗試

我很擔心 10 或 20 年後可能需再次做手術

我願意手術後必須花幾週時間恢復活動

我不想要手術後需花時間恢復

我知道手術可能會有關節疼痛及恢復活動的能力，承擔風險是值得的

我非常害怕手術可能會有風險

我想手術的理由

我不想手術的理由

步驟三：您是否已經清楚知道是否接受人工膝關節置換手術的好處和風險了呢？

請試著回答下列問題

- 人工膝關節置換手術應該是退化性關節炎治療的第一選擇
 - 是
 - 否 (試過其他治療方式都已經無效，才考慮人工膝關節置換手術。)
 - 我不確定
- 在接受人工膝關節置換手術後，可以馬上恢復原本的活動能力
 - 是
 - 否 (手術後，還需要做復健運動)
 - 我不確定
- 雖然統計上人工膝關節可以用上 15 年，但仍有可能需要再次手術
 - 是 (大多數病人可以用超過 15 年，但少數人還是需要再次手術。)
 - 否
 - 我不確定

以上若有任何一項回答「我不確定」，請洽詢您的醫護人員再次說明。

步驟四：您準備好做決定了嗎？

經過前面幾個步驟，您已經花了一些時間了解接受或不接受人工關節置換手術的差異和自己在意的因素，現在決定好想要的治療方式了嗎？

- 我已經清楚知道有那些治療的選擇 知道 不知道
- 我清楚知道不同治療方式的好處和壞處 知道 不知道
- 我已經接受足夠的知識及建議可以做決定 是 否
- 我做決定前需考慮：
 - 我想要再更深入了解每個治療方式
 - 我還要再知其他人(如家人、朋友等)討論看看
 - 我還是想要再和醫師做更詳細的討論
 - 完全不用，我已經做好選擇了
- 我對於自己的決定有多確定？
 - 完全不確定
 - 不是很確定
 - 完全確定
- 我還有想和醫師討論的問題：

完成以上所有內容後，請帶著這份結果回到門診，與您的醫師共同討論適合您的治療。

SDM的執行步驟

- Step 1 (Introduction)** - describing the health problem, treatment options and decisions to be made. Further, background information is also provided about the condition itself.
- Step 2 (Compare options)** - accurate information on the similarities and differences between treatment options
- Step 3 (My Views)** - here you are asked for your personal likes and dislikes about the different treatments
- Step 4 (My Trade-offs)** - helping you to trade-off the advantages and disadvantages of each option
- Step 5 (My Decision)** - supporting you to choose an option that is best for you

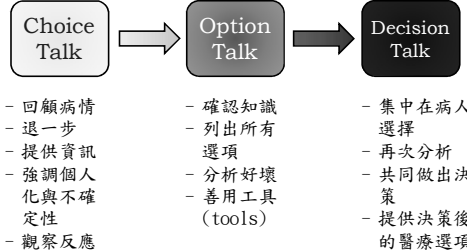
步驟五：共同決策

- 經過與病人及家屬對談，共同討論的決定。
- 病人參與度提高，向心力及醫囑遵從性增加。
- 減少可能不必要之花費與醫療糾紛。



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建議引導三步驟



- 回顧病情
- 退一步
- 提供資訊
- 強調個人化與不確定性
- 觀察反應

- 確認知識
- 列出所有選項
- 分析好壞
- 善用工具 (tools)

- 集中在病人選擇
- 再次分析
- 共同做出決策
- 提供決策後的醫療選項



J Gen Intern Med. 2012 Oct; 27(10): 1361-1367

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SDM的好處

- 減少無效醫療
- 增加順從性(compliance)
- 降低可能疏失
- 提高醫病照護品質



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SDM推行下的困難

- 醫療人員對於此方式尚不熟悉
- 台灣民眾習慣“權威式(Paternalistic)”的醫療行為
- 臨床工作過於繁忙
- 缺乏足夠資源和工具



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證據會說話：SDM改變了多少

Outcomes	Illustrative comparative benefits* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Usual care	Patient decision aid				
Knowledge: decision aid versus usual care - all studies	The mean knowledge score was 56.9% (range 31% to 85.2%) (mean after exposure to the decision aid)	The mean knowledge score in the intervention control groups was 15.34 higher (11.17 to 15.51 higher)	RR 1.82 (95% CI: 1.52 to 2.18)	10,842 (42 studies)	⊕⊕⊕⊕ high	Higher scores indicate better knowledge. 41 out of 42 studies showed an improvement in knowledge
Accepts risk perception - all studies	296 patients per 1000 (mean after exposure to the decision aid)	542 patients per 1000	RR 1.82 (95% CI: 1.52 to 2.18)	5808 (19 studies)	⊕⊕⊕⊕ moderate	
Compliance between the chosen option and their values - all studies	315 patients per 1000 (mean after exposure to the decision aid)	498 patients per 1000	RR 1.51 (95% CI: 1.17 to 1.97)	4679 (13 studies)	⊕⊕⊕⊕ low	

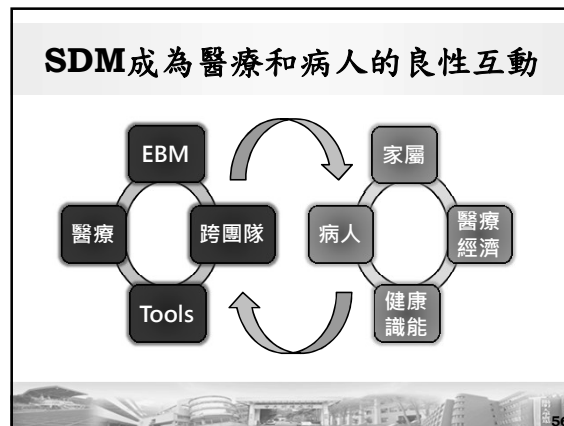
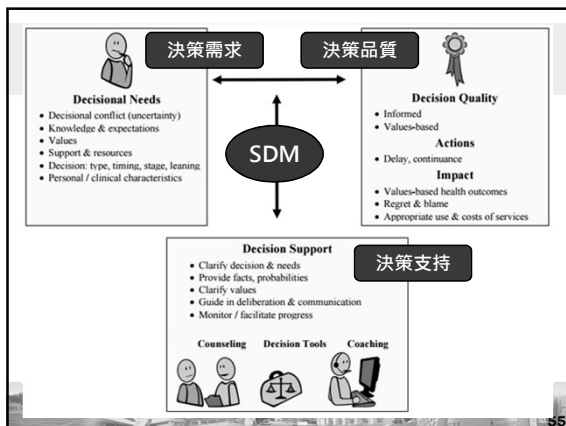
Cochrane Database Syst Rev. 2014 Jan 28;(1):CD001431

證據會說話：SDM改變了多少

Decisional conflict: decision aid versus usual care - all studies	The mean feeling un-informed ranged across 12 groups from 7.26 (lower sub-scale standardised on score from 0 (not un-informed) to 100 (uninformed) [mean after exposure to the decision aid])	The mean feeling un-informed ranged across 12 groups from 7.26 (lower sub-scale standardised on score from 0 (not un-informed) to 100 (uninformed) [mean after exposure to the decision aid])	RR 0.66 (95% CI: 0.53 to 0.81)	4343 (22 studies)	⊕⊕⊕⊕ high	Lower scores indicate feeling more informed.
Decisional conflict: decision aid versus usual care - all studies - clear values sub-scale	The mean feeling unclear about with follow-through with decisions, whereas scores that exceed 38 are associated with delay in decision making	The mean feeling unclear about with follow-through with decisions, whereas scores that exceed 38 are associated with delay in decision making	RR 0.66 (95% CI: 0.53 to 0.81)	3704 (18 studies)	⊕⊕⊕⊕ high	Lower scores indicate feeling more clear about values
Participation in decision making: decision aid versus usual care - all studies - Practitioner qualified decision-making [mean after consultation with practitioner]	174 patients per 1000	103 patients per 1000	RR 0.66 (95% CI: 0.53 to 0.81)	3234 (14 studies)	⊕⊕⊕⊕ moderate	Patient decision aids aim to increase patient involvement in making decisions. Lower proportion of practitioners controlled decision making is better

The basis for the assumed risk (e.g. the median control group risk across studies) is provided in footnotes. The corresponding risk (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).
CI, Confidence interval; RR, Risk Ratio

Cochrane Database Syst Rev. 2014 Jan 28;(1):CD001431



- ### 小複習
- 實證醫學(EBM)和醫病共同決策(SDM)乃相輔相成之工具與方法。
 - 未來EBM將結合GRADE及其他評讀工具，轉換為病人可以理解的語言。
 - SDM五步驟，重點在提供病人相關資訊與臨床運用判斷所需內容，輔以SDM工具和跨領域團隊。
 - 推動後的持續執行是更困難的事情。

實證

Question & Discussion ??

與您一同守護病人的健康

仁心仁術、終身學習、視野寬廣、關懷社會、多元發展潛力