FROM THE EDITOR'S DESK

From the Editor's Desk: Shared Decision-Making Cases in Clinical Practice—a New JGIM Series



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GIM introduces a new feature in this issue. We have long wanted to enrich the journal with new clinical content, and introduce a new series on shared decision moving us toward this goal. The series is structured to describe a case that illustrates a common clinical conundrum, provide information on the evidence that would inform the patient's decision, and in many cases, provide the case patient's perspective upon the decision that they faced either as a co-author or more informally and acknowledged. Our intention is to provide guidance that will be easily transportable to your patient encounters. Of course, many publications in JGIM relate directly to patient care, and Bottom Line Summaries, a longer-term series, are designed to facilitate translation of important publications into graphic presentations to be used with patients. Our new series focuses not on a specific manuscript, but rather on the broader perspective and how best to engage patients in decision-making.

A simple search of JGIM publications on shared decisionmaking (SDM) reveals > 100 publications dating back to a paper by Wu and colleagues in 1988. That publication looked at 20 hospitalized patients and assessed by direct observation informed participation on decisions regarding injections, invasive diagnostic procedures, and medications. They documented numerous areas for improvement, particularly regarding discussion of the harms and alternatives to planned interventions. Since then, SDM has been widely cited as a strategy to make health care decisions more patient-centered. In fact, SDM has been called "the pinnacle of patient-centered care" and "perfected" informed consent. A Cochrane review of trials of using patient decision aids for screening and treatment decisions included 105 trials involving over 30,000 participants, and found decision aids used to support SDM improved many aspects of decision quality.⁴ In 2020, this review was the most downloaded of all Cochrane reviews in the Cochrane Consumers and Communication Group

collection. And finally, the Center for Medicare and Medicare Services is now beginning to require documentation of SDM including use of a decision aid for certain new procedures, such as lung cancer screening with low-dose computed to-mography, 5 and implantation of several cardiac devices. 6 Given all this exploding interest in SDM, we hope this new series can help clinicians practice SDM in routine clinical care.

JGIM's editorial policy in developing new manuscript categories is to convene a team of experts, publish a first example of a manuscript, and develop language to instruct any interested authors on contributing similar manuscripts. Those interested in submitting will see that we have a new manuscript category in editorial manager, our on-line submission system, as well as instructors to authors. We hope that this new series will provide guidance to support the JGIM readership community in delivering patient-centered care.

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Declarations:

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