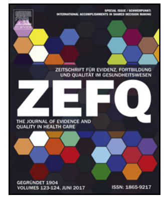
Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ) 123-124 (2017) 52–55

Contents lists available at ScienceDirect

Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)

journal homepage: http://www.elsevier.com/locate/zefq



Special Issue / Schwerpunkt

Shared decision making in Iran: Current and future trends

Partizipative Entscheidungsfindung im Iran: aktuelle Entwicklungen und zukünftige Trends

Samira Abbasgholizadeh Rahimi [1,2,*], Mahasti Alizadeh [3,4], France Légaré [1,2]

[1] *Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, Quebec, QC, Canada*
[2] *Canada Research Chair in Shared Decision Making and Knowledge Translation, Population Health and Practice-Changing Research Group, CHU de Québec Research Centre - Université Laval, Canada*
[3] *Social Determinants of Health Research Center, Tabriz University of Medical Sciences, Iran*
[4] *Department of Community and Family Medicine, Faculty of Medicine, Tabriz University of Medical Sciences, Iran*

A R T I C L E I N F O

Article History:
Available online: 23 May 2017

Keywords:
shared decision making
Iran
patient involvement
implementation

A B S T R A C T

This paper describes the current situation of shared decision making (SDM) in the Iranian healthcare system, discusses barriers to implementation and gives future directions.

What about policy regarding SDM?
Although the Ministry of Health and Medical Education has enacted some legislation on informed consent and patients' rights, there is no policy specifically regarding SDM in Iran.

What about decision support tools for patients?
Although some Iranian researchers and clinicians have highlighted patients' desire to be informed and involved in decisions related to their health, there is no program to develop or evaluate decision support tools such as patient decision aids in Iran.

What about professional interest and implementation?
In spite of interest among some health professionals in SDM and increasing attention to patient involvement in decisions, very little has been done to train Iranian health professionals in SDM. There is also no clear strategy or policy to support SDM implementation within the national health system, and initiatives to promote SDM are in their infancy.

What does the future look like?
SDM's future in Iran seems promising. However, implementation of SDM will depend on strengthening collaborations among patients, health professionals, academics and policy makers, along with the Iranian government investing in promoting SDM.

A R T I K E L I N F O

Artikel-Historie:
Online gestellt: 23. Mai 2017

Schlüsselwörter:
partizipative Entscheidungsfindung
Iran
Patientenbeteiligung
Implementierung

Z U S A M M E N F A S S U N G

Der Beitrag beschreibt den aktuellen Stand zum Thema partizipative Entscheidungsfindung (PEF) im iranischen Gesundheitssystem, erörtert Implementierungshindernisse und zeigt mögliche zukünftige Entwicklungen auf.

Welchen Stand hat PEF in der Gesundheitspolitik?
Auch wenn das Ministerium für Gesundheit und medizinische Ausbildung verschiedene Rechtsvorschriften in Bezug auf die informierte Einwilligung von Patienten und Patientenrechte erlassen hat, gibt es im Zusammenhang mit PEF im Iran derzeit keine spezielle politische Strategie.

Wie steht es mit Entscheidungshilfen für Patienten?
Zwar weisen verschiedene iranische Wissenschaftler und Ärzte auf das Bedürfnis von Patienten nach Information und Aufklärung und eine Beteiligung an gesundheitsbezogenen Entscheidungen hin, doch gibt es im Iran bislang kein Programm zur Entwicklung bzw. Evaluierung von Entscheidungshilfen für Patienten.

* Corresponding author: Samira Abbasgholizadeh Rahimi, Faculty of Medicine, Université Laval, Canada.
E-mail: samira.abbasgholizadeh-rahimi.1@ulaval.ca (S.A. Rahimi).

http://dx.doi.org/10.1016/j.zefq.2017.05.018
1865-9217/

Wie ist der aktuelle Stand der Forschung? Wie steht es mit der Implementierung von PEF?
Ungeachtet des bei einigen Ärzten bestehenden Interesses an PEF und der vermehrten Beachtung, die der Beteiligung von Patienten an medizinischen Entscheidungen zuteil wird, wurde bislang nur sehr wenig unternommen, um Ärzte und andere Gesundheitsfachkräfte im Iran in PEF zu schulen. Darüber hinaus existiert keine klare Strategie oder Vorgehensweise, wie man die Implementierung von PEF im nationalen Gesundheitswesen unterstützen und fördern könnte; diesbezügliche Initiativen stecken noch in den Kinderschuhen.
Wie sieht die Zukunft aus?
Die Zukunft von PEF im Iran erscheint vielversprechend. Die Umsetzung von PEF wird allerdings zum einen davon abhängen, ob es gelingt, die Zusammenarbeit zwischen Patienten, Ärzten, Wissenschaftlern und politischen Entscheidungsträgern zu stärken, und zum anderen, ob die iranische Regierung bereit ist, in die Förderung von PEF zu investieren.

Introduction: The healthcare system in Iran

Iran includes 31 provinces, 429 districts, and 1245 cities. According to the results of the latest population census, the population of Iran is approximately 80 million with a 1.24 growth rate [1]. Policy making, financing and budget allocation in health services are organized by the Iranian state. The health expenditure of the country in 2014 was about 6.9% of the GDP.

In the 1970s, Iran applied the principles of the *WHO Alma-Ata Conference* by developing health networks in remote rural areas and urban areas [2], and the expansion of primary health care in Iran in the 1980s was mainly based on this principles as well. One of the main health reforms in the 1980s was the integration of medical education into health services. There is at least one medical sciences and health services university in each province and the chancellors of these universities are the highest health and medical education authorities in the province [2].

Iran's national healthcare network has a referral system from primary healthcare services in rural areas to tertiary care in the urban hospitals. Hospitals are either public or private, while the majority of the healthcare services in the primary healthcare network are provided by the public sector. Most of the public hospitals are educational and are affiliated with the medical schools. A number of other organizations provide secondary and tertiary care, mainly to their employees and their families. These include the armed forces, major banks, oil companies, railways, municipalities, and government-run not for profit organizations [3].

The *Ministry of Health and Medical Education (MOHME)* supervises all types of hospital in the country. The *MOHME* designed and implemented the hospital accreditation system and there is a *Vice Chancellor of Treatment* in each province who is responsible for all of its hospitals [4]. The performance of these hospitals is evaluated using the accreditation score and its budget is allocated accordingly [5]. One of the areas of accreditation is patient-centred care, which includes indicators such as informed consent, respect for patients' rights, and health professionals' communication skills [6].

Furthermore, a patient's rights charter was developed in Iran through two years of discussions with all stakeholders and health policy makers (2007-2009). This charter, with five chapters and 37 articles, was accepted by the *MOHME* in December 2009. The five chapters include the right to receive appropriate services, the right to access desired and sufficient information, and the right to choose and decide freely about receiving healthcare. For example, section 3-2, entitled "Provisions for individual choice and decision making", emphasizes patients' right to make decisions freely and to be given enough time to decide [7].

Until 2005, all physicians were specialists. A family physician program and referral system were established in 2005 [8]. In 2014, a series of reforms (called *Health Sector Evolution Plan (HSEP)* or *Health Transformation Plan*) were enacted by the *MOHME* to respond to some of the problems in the healthcare system, along with a national five-year health development strategy (2011-2016). The objectives were to provide free basic health insurance for all citizens, reduce out-of-pocket payment for inpatient services, promote policies to encourage physicians to stay in deprived areas, and improve the quality of care in hospitals [8]. The second phase of the *HSEP* plan focused on primary care and public health, with the objectives of promoting and improving the family physician program, expanding health services to city suburbs, increasing health literacy and enhancing self-care [8,9].

Medical education and the family physician plan

Medical ethics and professionalism already have an important place in the medical school curriculum. Courses such as *Medical Ethics and Professionalism* and subjects such as patients' rights, patient dignity and communication skills have been added to the medical curriculum. The undergraduate general medicine curriculum and postgraduate specialty curricula have been revised with more focus on evidence-based medicine, patient-centred care, health promotion and disease prevention. The goal of these reforms is to expand patient-centred care and evidence-based healthcare throughout the healthcare system [10].

In addition, an *Evidence-Based Medicine Centre* in some of the medical sciences universities, with associated research activities involving both faculty members and students, has been in operation for more than a decade [11]. Educational workshops and national and international conferences on evidence-based medicine have been held and dozens of clinical practice guidelines (CPGs) have been published by the *MOHME* for family physicians and specialists. The new Iranian family physician plan will not only provide an ideal context for applying CPGs, but is also a context in which shared decision making (SDM) could flourish, as patients' encounters with family physicians give them time to be more informed and more engaged in their care.

Current situation of SDM

In spite of all of the latest policies and developments, and the potential for including SDM in medical education, patient involvement and SDM are still absent in the national health system in Iran. A recent environmental scan of SDM training programs identified one training program in Iran [12,13] (Table 1). This was Iran's first SDM educational workshop, which targeted all types of health professionals in any context and focused on post and pre-licensure training.

In addition, recent activities have been initiated to include SDM in the medical educational curriculum at Tabriz University of Medical Sciences.

However, there are no SDM training activities available for patients. No *IPDAS (International Patient Decision Aids Standards)* approved patients decision aids (PtDAs) have been developed in the country, and very few studies have been done to identify the

Download English Version:

https://daneshyari.com/en/article/5123566

Download Persian Version:

https://daneshyari.com/article/5123566

Daneshyari.com