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Review article

A systematic review of patient-practitioner communication interventions involving treatment decisions

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ABSTRACT

Objectives: To examine the: 1) methodological quality of interventions examining strategies to improve patient-practitioner communication involving treatment decisions; 2) effectiveness of strategies to improve patient-practitioner communication involving treatment decisions; and 3) types of treatment decisions (emergency/non-emergency) in the included studies.
Methods: Medline, PsychINFO, CINAHL, and Embase were searched to identify intervention studies. To be included, studies were required to examine patient-practitioner communication related to decision making about treatment. Study methodological quality was assessed using Cochrane's Effective Practice and Organisation of Care risk of bias criteria. Study design, sample characteristics, intervention details, and outcomes were extracted.
Results: Eleven studies met the inclusion criteria. No studies were rated low risk on all nine risk of bias criteria. Two of the three interventions aimed at changing patient behaviour, two of the five practitioner directed, and one of the three patient-practitioner directed interventions demonstrated an effect on decision-making outcomes. No studies examined emergency treatment decisions.
Conclusions: Existing studies have a high risk of bias and are poorly reported. There is some evidence to suggest patient-directed interventions may be effective in improving decision-making outcomes.
Practice implications: It is imperative that an evidence-base is developed to inform clinical practice.

Contents

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1. Introduction

1.1. The importance of patient-practitioner communication in treatment decision making

High quality patent-practitioner communication is associated with numerous affective and behavioural patient outcomes [1]. The content and process of patient-practitioner communication is particularly important in circumstances where treatment decisions are required [2], and even more so when these may hold long-term health consequences. The provision of information that enables accurate perceptions of the risks and benefits of treatment options is therefore essential for informed decision making [3].

Effective communication about treatment options has the potential to increase accurate risk perceptions, confidence and satisfaction, and reduce anxiety and negative emotions [4]. Poor communication and lack of information has been associated with poor patient outcomes such as distress, anxiety, decisional uncertainty, dissatisfaction, and non-adherence to treatment recommendations [5]. To ensure the provision of high-quality health care, effective patient-practitioner communication is required.

1.2. Challenges in effective patient-practitioner communication

Facilitating patient involvement in decision making is a complex task. Firstly, patient preferences for the amount and type of information, as well as their involvement in treatment decision making, may vary [6]. Thus, a one-size-fits-all approach is not appropriate. Secondly, clinicians may not accurately assess preferences for information or involvement in decision making [7], which can result in conflict between the ideal and actual care received.

Lastly, the provision of information about treatment options and their outcomes may be difficult for patients to comprehend. Patients frequently express dissatisfaction with the information provided to them and may experience difficulty in retaining and processing information [8], leading to exacerbated feelings of fear and misinterpretation of treatment side effects [9]. As perceptions of risk and benefit have been found to influence treatment decision making [10], accurate perceptions are crucial [3].

Practitioners face unique challenges in communicating treatment options, particularly when a decision is urgently required, and/or a patient lacks capacity to consent. In emergencies, clinicians need to quickly convey information about treatment options in order for patients to make informed decisions. In some circumstances, treatment decisions may become the responsibility of a patient's family member [11]. However, family members are not always able to accurately represent patients' preferences [12]. In such high-stake situations, feelings of uncertainty are common [13], and accurate comprehension of information and clarity of decision making may be poor. In light of the communication challenges faced by practitioners, it is imperative a strong evidence-base exists to guide this process.

1.3. Evidence-based recommendations to guide communication about treatment decision making are needed

Face-to-face consultations are the most common form of patient-practitioner communication regarding treatment options, and have been identified as a valuable and preferable method of communication by patients and healthcare providers [14,15]. However currently, evidence-based guidelines for optimal patient-practitioner communication regarding treatment decision making do not exist. Healthcare providers must therefore rely on expert consensus recommendations and general communication guidelines to inform practice. General guidelines stipulate face-to-face communication about treatment decision making should encompass verbal and non-verbal components [16], which can be augmented by information delivered in various formats [15]. Due to the absence of evidence-based clinical practice guidelines,

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