shared decision-making, the generally accepted one is “the involvement of both patient and doctor with a sharing of information by both parties taking steps to build a consensus about preferred treatment and reaching an agreement about which treatment to implement” (Charles et al, 1997). Sharing information about options available, their risks and benefits, and patients’ values is vital for individuals to be able to fully participate in the process.

**Components of shared decision-making**

**Clarifying the decision to be made** This requires a discussion between the health professional and patient about the decision concerned, including, for example, how quickly it has to be made. Some decisions may be discussed and decided over time, such as whether to have a hip replacement. Others will be more urgent, involving choices that must be made within a set time, either to resolve symptoms or stop a disease progressing, for example whether to have a lumpectomy or a mastectomy for early stage breast cancer. Once parameters have been set around the decision, patients and health professionals know how much time they have to deliberate.

**Clarifying options available** Patients need to be aware that there is a choice of treatments and options available based on their clinical condition, comorbidities and the services on offer in their locality. If appropriate, these choices should include the option of doing nothing and what effect this would have on their health.

**Communicating risks and benefits of the treatment options** There should be a description of what the different options involve, including a balanced presentation of the risks and benefits of each. These should be communicated in a way the patient understands. It is important to check that the patient understands all available options and their implications, because they are often being given complex information while in an emotional state about their health condition.

**Exploring what is important to the patient** A vital element of shared decision-making is to explore what is important to the patient - sometimes referred to in the literature as “values clarification” (Edwards and Elwyn, 2009). Finding out what matters to patients allows health professionals to explore how this may affect the decisions they make. For example, one woman facing the choice of treatment for breast cancer may opt for a mastectomy to be reassured the tumour has been fully removed and the risk of recurrence minimised, whereas another may elect for lumpectomy because retaining her breast is important to her. Often health professionals identify this aspect of the decision-making process as the area in which they could do better and would value guidance and education, for example in how to communicate with patients about their values.

**Decision support tools**

Interventions to inform patients about healthcare options and to involve them in decisions about their care are now widely advocated (Elwyn and Edwards, 2001). A variety of interventions have been developed to support better shared decision-making, from patient booklets to interactive CDs and computerised decision support tools (Edwards et al, 2000).

Patient involvement, information on options and discussions to clarify what is important to individual patients can be supported by the use of patient decision aids. These are tools designed to guide patients through the information on what is available, helping them to clarify what is important to them and to then reach a decision that fits closely with their values (O’Connor et al, 2006). One example is the Ottawa Personal Decision Guide (O’Connor et al, 2004). There is also a growing number of decision-specific patient decision aids to support shared decision-making, some of which are available online (www.nhs.uk/choices) or in booklet form, such as the NHS Direct tool for enlarged prostate. The aim is to determine which decision closely matches with what is important to the patient.

Health professionals aim to help patients identify which treatment option best matches what is important to them. However, often this is not straightforward and patients may need support to reconcile conflicting values. For example, if a pregnant woman values being mobile during her labour, but also seeks the degree of pain relief offered by an epidural,