

POSTER

SHARED DECISION MAKING IN SURGERY: A META-ANALYSIS AND FULL SYSTEMATIC REVIEW

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Shared decision-making (SDM), the process where physician and patient reach an agreed-upon choice by understanding the values, concerns, and preferences inherent within each treatment option available, has been increasingly implemented in clinical practice to better health care outcomes. Despite the proven efficacy of SDM to provide better patient-guided care in medicine, its use in surgery has not been studied widely.

A search strategy was developed with a medical librarian. It included nine databases from inception until December 2018. After a 2-person title and abstract screen, full-text publications were analyzed in detail. A meta-analysis was done to quantify the impact of SDM in surgical specialties.

In total 5,596 studies were retrieved. After duplicates were removed, titles and abstracts were screened, and p-values were recorded, 140 (45 RCTs and 95 cross-sectional studies) were used for the systematic review and 42 for the meta-analyses. Most of the studies noted decreased intervention rate (8 of 14),

decisional conflict (13 of 16), and decisional regret (3 of 3), and an increased decisional satisfaction (9 of 12), knowledge (19 of 20), SDM preference (6 of 8), and physician trust (3 of 4) when using SDM. Time increase per patient encounter was inconclusive. The meta-analysis showed that despite high heterogeneity, the results were significant.

Far from obviating surgical immediacy, these results suggest that SDM is vital for the best indicators of care. With decreased conflict and anxiety, increasing knowledge and satisfaction, and creating a more whole, trusting relationship, SDM appears to be beneficial in surgery. ■