
关于共同决策(Shared decision making,SDM)

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本文原地址：<https://www.iikx.com/news/statistics/1744.html>

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SDM是循证医学的重要内容之一，并且作为一种新型医疗模式，越来越受到关注。

我们先来看一段相关介绍：Involvement of patients with their providers in making health care decisions that are informed by the best available evidence about options, potential benefits, and harms, and that consider patient preferences.

一、什么是SDM

SDM是指在**进行医疗决策时**，医务人员首先充分告知患者及其家属(或监护人等)各种治疗方法的利弊，患者及其家属(或监护人等)通过权衡这些利弊，与医务人员充分沟通，最后共同作出决策。

二、SDM的应用举例

我们举个例子——以SDM在美国退伍军人事务部(United States Department of Veterans Affairs, VA)的应用为例。

这个部门成立于1989年，是专门为美国退伍军人及家属提供服务的内阁部门。这个机构对SDM应用的介绍如下：

Shared Decision Making (SDM) is a collaborative, patient-directed decision making process that helps Veterans, together with their family caregivers and health care team, set goals and priorities, and make choices that meet patient needs while honoring patient values and preferences. Shared Decision Making is an effective approach for making difficult decisions such as planning for long term care.

这里有一整套退伍军人SDM工作表(Veteran Shared Decision Making Worksheet)，方便退伍军人们与自己的家属或看护人讨论，选择最适合自己的服务。在这里，退伍军人是医护人员服务的对象，等同于临床中患者的身份。

Veteran Shared Decision Making Worksheet



- Use this Worksheet as you consider your needs and preferences for long term services and supports.
- Visit www.va.gov/Geriatrics to learn more about long term services and supports in VA and the community.
- Talk with your caregiver or family support person about this Worksheet.
- Use this Worksheet in discussions with your social worker and care team about the long term services and supports that are best for you.

Your eligibility is based on clinical need and service or setting availability.

www.va.gov/Geriatrics



临床流行病学和循证医学

表格内容主要有：

- 1、 我有哪方面需求?希望谁提供帮助?
- 2、 我期望受到什么样的关照?(医护人员提供选项，患者打勾选择)
- 3、 希望谁能帮助我做诊疗决定?(医护人员提供选项，患者打勾选择)
- 4、 我希望以什么方式实施诊疗?(医护人员提供选项，患者打勾选择)

Step 1. Consider Needs	Step 2. Explore Options	Step 3. Involve Others	Step 4. Take Action
<p>What do you need help with?</p> <p>I need help to: (Check any that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eat, get dressed, bathe, go to the toilet or get around the house. <input type="checkbox"/> Do chores such as fixing meals, paying bills and shopping. <input type="checkbox"/> Get care that requires a nurse or therapist. <input type="checkbox"/> Check my blood pressure or blood sugar, keep track of medical visits or fill my pill box. <input type="checkbox"/> Deal with my drug or alcohol issues. <input type="checkbox"/> Deal with my mental health concerns. <input type="checkbox"/> Make decisions and remember things I need to do. <input type="checkbox"/> Do social things with family or friends. <input type="checkbox"/> Other: _____ <p>Who helps you?</p> <p>I have help from: (Check any that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> My spouse or partner. <input type="checkbox"/> Family member or friend who lives with me. <input type="checkbox"/> Family members or friends who come over to help me. <input type="checkbox"/> Paid caregiver. <input type="checkbox"/> I do not have any regular help. <p>Where do you want to live?</p> <p>I want to live: (Check only one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> In my home because that is the most important thing to me. <input type="checkbox"/> In my home, if my health needs are met. <input type="checkbox"/> In my home, but it is not best for me now. <input type="checkbox"/> In a different home, but closer to VA services and supports. <input type="checkbox"/> In a different place where I can receive more care. 	<p>Long term care options I would consider are: (Check your choices – to learn more, click on the links below or go to www.va.gov/Geriatrics)</p> <p>Options at my home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Day Health Care <input type="checkbox"/> Home Based Primary Care <input type="checkbox"/> Homemaker/Home Health Aide <input type="checkbox"/> Hospice Care <input type="checkbox"/> Palliative Care <input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE) <input type="checkbox"/> Respite Care <input type="checkbox"/> Skilled Home Health Care <input type="checkbox"/> Telehealth <input type="checkbox"/> Veteran-Directed Home and Community Based Services <p>Options in a residential setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Community Residential Care <input type="checkbox"/> Domiciliary Care (in a State Veterans Home) <input type="checkbox"/> Medical Foster Home <p>Options at a nursing home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community Living Center (VA Nursing Home) <input type="checkbox"/> Community Nursing Home <input type="checkbox"/> State Veterans Home <p>I chose these options because it is important to: (Examples: stay at home, be close to friends/family, have help at night)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>Who is involved in your long term care planning?</p> <p>People that help me make decisions about long term care are: (Check any that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Family member/friend <input type="checkbox"/> Social worker/case manager <input type="checkbox"/> Mental health provider <input type="checkbox"/> Nurse care manager <input type="checkbox"/> Primary care provider (physician, nurse practitioner, physician assistant) <input type="checkbox"/> Other: _____ <p>People who agree with my favorite long term care option(s) are: _____</p> <p>People who disagree with my favorite long term care option(s) are: _____</p> <p>Long term care options we agree could be right for me are: (Check your choices – to learn more, click on the links below or go to www.va.gov/Geriatrics)</p> <p>Options at my home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Day Health Care <input type="checkbox"/> Home Based Primary Care <input type="checkbox"/> Homemaker/Home Health Aide <input type="checkbox"/> Hospice Care <input type="checkbox"/> Palliative Care <input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE) <input type="checkbox"/> Respite Care <input type="checkbox"/> Skilled Home Health Care <input type="checkbox"/> Telehealth <input type="checkbox"/> Veteran-Directed Home and Community Based Services <p>Options in a residential setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Community Residential Care <input type="checkbox"/> Domiciliary Care (in a State Veterans Home) <input type="checkbox"/> Medical Foster Home <p>Options at a nursing home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community Living Center (VA Nursing Home) <input type="checkbox"/> Community Nursing Home <input type="checkbox"/> State Veterans Home 	<p>Bring to your next visit:</p> <ul style="list-style-type: none"> <input type="checkbox"/> This Worksheet after you fill it out <input type="checkbox"/> The Caregiver Self-Assessment Worksheet <input type="checkbox"/> A list of your questions <p>Care Team or Social Worker contact:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Date: _____</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>Questions:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>

可见，SDM提倡患者参与医疗决策，正如2012年新英格兰杂志发表的Shared decisionmaking — The Pinnacle of Patient-Centered Care，文章开篇引用Valerie

Billingham从病人视角讲述的一句话：Nothing about me without me. 在医疗成本-效果、医疗安全和医患关系亟待同步改善的当今社会，加强共同决策的研究和应用也许是顺理成章的事情。

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