

Shared decision-making in health care

Dear Editor,

We read the article titled “Development of a personalized shared decision-making tool for knee osteoarthritis and user-testing with African American and Latina women”^[1] with great interest. The authors should be commended for an excellent paper. It was refreshing to read about a common condition such as knee osteoarthritis.

To effectively execute shared decision-making, it is crucial to understand how it differs from other models, such as the paternalistic model, in terms of the conceptual framework.^[2]

A thought-provoking article discusses the power imbalance in randomized controlled trials, and how a shift in how we conduct research will require out-the-box thinking to align with the principles of shared decision-making. The article goes on to discuss a few recommendations also.^[3]

Another interesting finding from a study that looked at the relationship between patient and doctor gender was that female doctors engaged more in shared decision-making than male doctors, which may be explained by cultural sensitivities and sensibilities.^[4] It illustrates a crucial characteristic: cultural variables may impact the extent to which stakeholders engage in shared decision-making.

An article identifying the educational requirements of residents for shared decision-making can help us understand how to improve medical education.^[5]

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Conflicts of interest

There are no conflicts of interest.

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