

# Decisional conflict in surgical patients: Should surgeons care?

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## SUMMARY

Decisional conflict represents a state of uncertainty regarding an action one must take. It is a concept inherent to shared decision-making and can help promote high-quality and patient-centred decisions in surgical care, leading to better outcomes. Specific elements may cause more uncertainty or decisional conflict for patients: lack of knowledge about risks and benefits, poorly defined personal values about the importance of those risks and benefits, perception of a lack of support, unpredictable outcomes, or the impression that an inadequate decision has been made. Decisional conflict can be measured in the surgical setting using the 16-item validated patient-reported Decisional Conflict Scale (DCS). Better understanding of the reasons behind high decisional conflict can help surgeons support high-quality decisions and lead to more satisfactory outcomes and less decisional regret.

Patients' experiences, preferences and outcomes assessments have been guiding surgeons' approach to clinical care toward patient-centred care, which is defined as care that involves shared decision-making with patients while promoting self-care and optimal surgical outcomes.<sup>1</sup> Surgeons can facilitate patients' contribution to the decision-making process by asking about their priorities, values and preferences. Hesitation, delaying decision-making or being unable to select an option are signs that patients are experiencing decisional conflict and require further support. Decisional conflict is present in all clinical settings, and understanding its manifestations in surgical patients and its impact on surgical care is essential. While high decisional conflict has not yet been directly associated with poor outcomes in surgical patients, the literature supports decision aids developed to decrease decisional conflict among surgical patients.<sup>2</sup> The objective of this article is to describe decisional conflict and its implications to increase awareness and facilitate the integration of this concept into surgical care.

## DEFINING DECISIONAL CONFLICT

The fundamental nature of surgical practice, which demands an important and consequential decision — “Should we operate?” — at virtually every patient consultation, is particularly prone to decisional conflict. The concept of decisional conflict is rooted in a state of uncertainty about a choice that involves competing risks and benefits and is defined as “a state of uncertainty about the course of action to take.”<sup>3</sup> Specific elements, which can occur in surgical encounters, cause more uncertainty for patients: lack of knowledge about risks and benefits, poorly defined personal values about the importance of those risks and benefits, perception of a lack of support, unpredictable outcomes, and the impression of an inadequate decision. Within the clinical setting, decisional conflict can be identified through the verbalization of uncertainty, hesitation, delayed decision-making, vacillation between choices, and physical signs of distress.<sup>3</sup>

Decisional conflict stems from an internal conflict in choosing an option with inherent and unique risks and benefits. Surgeons can further support decision-making by ensuring an informed decision that is sensitive to the patient's personal values while allowing a realistic perception of risks, benefits and expectations. Neglecting to appreciate decisional conflict may have negative consequences on the patient–surgeon relationship. Unresolved decisional conflict may lead to high decisional regret and blaming attitudes, especially in cases of unfavourable outcomes following surgical procedures.

### MEASUREMENT OF DECISIONAL CONFLICT

Awareness of decisional conflict promotes the provision of sufficient support around decision-making. The Decisional Conflict Scale (DCS) is a 16-item validated, easy-to-use and reliable patient-reported tool that was developed to measure decisional conflict.<sup>3</sup> Patients complete each question on a 5-point Likert scale (strongly agree to strongly disagree). This psychometric scale discriminates between those who delay or are uncertain and those who make decisions or are more certain. The DCS's measurement properties (reliability and construct validity) were assessed and found to be excellent.<sup>3</sup>

### WORKING WITH DECISIONAL CONFLICT

Surgeon–patient interactions are complex, and many factors influence shared decision-making during routine consultation visits: patient characteristics (e.g., diagnosis complexity, language, cultural background, previous physician interactions), nature of the decision (e.g., surgical necessity, urgency), communication style of the surgeon (e.g., word selection, nonverbal language) and system issues (e.g., time constraints, environment). There has yet to be a comprehensive exploration of possible predictors (patient or surgery characteristics) associated with decisional conflict. A hand surgery study found factors associated with higher decisional conflict to be related to the specific surgeon along with patients with less confidence in coping in spite of pain (self-efficacy).<sup>4</sup> The authors suggested that improvements in surgeon communication style or information delivery could reduce decisional conflict through various means, such as decisional aids. Future research is needed to better define factors that may lead to higher decisional conflict in patients making surgical treatment decisions.

Decisional conflict assessment can offer a structured template to expose patients' feelings about their decisions and initiate more decision-making discussions. To decrease patients' decisional conflict, decision-making conversations should generally include the nature of the decision, alternatives, risks and benefits, uncertainties, the

patient's role, understanding and preferences.<sup>1</sup> Other elements that are highly relevant to surgical discussions include optimizing patients' knowledge of the available options and the specific risks and benefits, having sufficient support from trusted members of the patients' circle of care to make a decision (advice without pressure from others), and patients being clear about their values.<sup>3</sup>

The increasing role of shared decision-making illustrates its importance in the provision of quality care and cost reduction.<sup>5</sup> There has been growing interest in measuring clinicians' shared decision-making performance as part of the measurement of the quality of patient-centred care.<sup>6</sup> To that effect, decisional conflict has been referred to as a patient-reported measure of shared decision-making.<sup>6</sup> Evidence-based clinical tools, such as decision aids, have also been shown to help decrease patients' decisional conflict and have proven effectiveness for the support of decision-making.<sup>2</sup> Decisional conflict is an essential outcome that can be used to assess the effectiveness of decision aids.

Despite the established evidence surrounding the benefits of recognizing decisional conflict and the widespread use of decision aids to diminish such uncertainty, the concept has raised some pessimistic concerns. Some argue that decisional conflict represents a natural reaction to being confronted with intricate decisions and that, rather than attempting to diminish them, surgeons should try to understand the reasons for high decisional conflict.<sup>7</sup> Caution when using decisional conflict as a quality end point or outcome, especially in the context of decision aids, has been raised based on this rationale.

### CONCLUSION

At minimum, we would encourage surgeons to identify patients with high decisional conflict, either by recognizing high levels of uncertainty or by using decisional conflict measurement tools. Previous research exploring decisional conflict can guide surgeons in daily clinical encounters in assessing for it by confirming that patients feel informed or well supported about the decision they are making. Surgeons should further investigate the reasons for decisional conflict and help patients manage it by, for example, providing further resources or information in regards to a decision. Such patient–surgeon exchanges may provide essential clinical insight for patient empowerment, more satisfactory outcomes, and less decisional regret.

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