

Shared values audio conversation transcript

00:00:02:06 - 00:00:23:17

Steven Bettles

Hello, this is Steven Bettles from the General Osteopathic Council. I'm joined by Professor Bill Fulford of the Collaborating Centre for Values based Practice in Health and Social Care, and Professor Stephen Tyreman of the University College of Osteopathy to discuss some of the key issues around shared decision making and values based practice. So Bill, what do we mean by shared decision making?

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Professor Bill Fulford

Well, shared decision making is really what it says on the tin. It is decision making about clinical care that is shared between the clinician and the patient. And it can take different forms. But there's been a lot of work looking at how clinicians and patients can be more collaborative in the way they come to decisions about individual treatment.

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Steven Bettles

So Stephen where has work in this area come from?

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Professor Stephen Tyreman

Well, it's developed from a number of sources, really. There's been a specific impetus from it in recent years, which Bill will talk about in a moment. But it's been regarded as good practice for a long time, talking to patients, finding out what their needs are and seeing, or ensuring that the treatment that we're going to give is going to meet those needs.

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Steven Bettles

And why has this become an inherent part of health care, particularly since 2015, Bill?

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Professor Bill Fulford

So, as Stephen said, there's been a particular impetus to this work from 2015, which was the date that a Supreme Court judgment on consent was published. It's called the Montgomery Judgment. And essentially what the Montgomery judgment did was to look at the regulation of practice and say, well, contemporary standards require shared decision making. So this judgment will make that a legal requirement as well as a regulatory requirement.

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Professor Bill Fulford

But what the Supreme Court tried to do was to give a legal framework to what was established good practice. They weren't inventing some new legal standard. It was very much about putting into a legal framework the standards of best practice. And our view in Oxford is that that very much means that that judgment, perhaps unusually among Supreme Court judgments, is a support to practitioners rather than a constraint.

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Professor Bill Fulford

I can say a little bit more about what the judgment actually requires. Or we can come back to that in a moment.

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Steven Bettles

Well, say some more on that.

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Professor Bill Fulford

So the judgment said that consent to treatment requires, and it was their term, a dialogue between clinician and patient. And in that dialogue, the aim is that the patient comes to understand the reasonable options for treating their condition and that what the risks and the benefits of those different options are. And the clinician comes to understand what those risks and benefits look like from the perspective of the individual patient.

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Professor Bill Fulford

So in that sense, the patient's values. So if you think of it being a conversation about the evidence base for the options available for a particular treatment, and that's the clinician side of it and how those options play out from the perspective of the individual patient, that's the patient's value side of it. So it's, Montgomery is about shared decision making based on, on the one hand evidence, on the other hand, values.

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Steven Bettles

Okay. Thank you. And Stephen, you're an osteopath. So for an osteopath, how would adopting a values based approach to shared decision making impact on their practice? Is it just what they're supposed to be doing already?

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Professor Stephen Tyreman

In a sense, yes, it is what we're supposed to be doing. And many osteopaths would say, "But I would do that." We have a patient centered approach. We don't have a disease centered approach, but it hasn't been as explicit as is made clear in values based practice. And one of the things that the values based practice does is to make you stop and think about what are the needs of this person who's sitting in front of me with their problem?

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Professor Stephen Tyreman

And how is my treatment going to support that or not? Or are the things about this patient I actually don't know. I don't know much about their background and what they think is valuable in their life and what they're aiming to do. And is there a possibility that what I'm proposing or suggesting for them might have a detrimental effect on that?

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Professor Stephen Tyreman

So it just gives time to reflect on who this person is, what their needs are, what it is that they can see me about and whether what I'm suggesting or what is available to them is going to meet those needs.

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Steven Bettles

So this is more than just telling patients about the risks of treatment?

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Professor Bill Fulford

Yes, I think that's right. As Stephen says, it is a reflective process. I perhaps want to emphasize a bit more than Stephen again, the word dialogue, but it isn't just the clinician reflecting about what's appropriate for this particular patient. It's actually engaging in dialogue. The Supreme Court judgment uses the word dialogue. It also uses the word conversation.

It's integral to the model of consent. That's built into the Montgomery ruling, is that there is that dialog and it's a dialog about benefits as well as risks. And it's a dialog about the range of options available, a range of reasonable options, I think. Lawyers, of course, use a phrase like non futile, but what it means is that you're not obliged to discuss, you know, any weird option that somebody might have read about in the daily paper.

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Professor Bill Fulford

But all the reasonable options from your perspective as a professional and that the patient is likely to be concerned about. So it's a range of options. The risks and benefits. And then through dialog coming to understand how those risks and benefits weigh in the balance for that particular patient. And as Stephen says, that particular patient's needs and preferences.

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Steven Bettles

So do practitioners find that the type of dialogue you've mentioned takes up more time in patient consultations?

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Professor Stephen Tyreman

To a small extent, yes, but not in a major way. I think osteopaths spend a lot of time talking to patients anyway and this is just an extension of that and making sure the focus is on ensuring you know the person, they have their opportunity to say what's important to them. And in that, a chance to respond to what you say as well as part of the dialogue that goes that goes with it.

And so it's not so much that it takes more time. Perhaps, again, just focuses the way we use the time that we have in any case.

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Professor Bill Fulford

So I would agree with that. I think the mantra is work smarter, not harder. And the area we've been working in, particularly in Oxford, is surgery. And my colleague at the Collaborating Centre Ashok Handa, who's the co-director of it, is a vascular surgeon. And his anecdotal evidence is that he sees just as many patients in his outpatient clinic as he was seeing before.

And his impression, although we don't we don't have actual evidence for this, but his impression is that it saves time down the road because there's much more engagement with the patient in the treatment choice. So you can actually save time overall.

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Steven Bettles

Where can we find out more information and support on shared decision making and values based practice?

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Professor Bill Fulford

So for the values based practice, the Collaborating Centre in Oxford, the website is very simple. It's just values based practice - it's valuesbasedpractice.org and there's a contact us button on that website, it comes up in the right hand column of every page. There's lots of information on the website. If you have a particular query or want to get more involved, just come through the contact us button and we'll get back to you.

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Professor Stephen Tyreman

And Bill and I've been working with the GOsC for the past three, four or five years now and developing both ideas and a range of resources that from the GOsC website is available to practitioners to support this kind of thinking.

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Steven Bettles

Thank you very much.