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Abstract

Introduction: Shared decision-making (SDM) represents a collaborative approach in healthcare that actively involves patients in clinical decision-making processes. In recent years, SDM has gained traction in Spain, although its implementation poses certain complexities, and there are still few studies grounded in scientific evidence. Physicians attempting to incorporate SDM often encounter challenges due to limited time and training. However, they endeavour to foster more transparent and personalised communication, even to educate patients about their options. The present research pretends to explore the implications of applying SDM in the context of colorectal cancer (CRC), a disease recognised for its high prevalence at national and international levels. The aim is to understand what CRC surgeons and patients know and think about SDM in treatment options. Specifically, we aim to determine their experiences or expectations with SDM, the implications they associate with SDM, and the aspects they value or have concerns about.

Methods: a qualitative ethnographic study is currently in progress, utilising three research techniques: in-depth interviews with CRC surgeons, semi-structured interviews with patients recently diagnosed with CRC, and focus groups involving patients undergoing treatment for CRC, former patients, and clinicians. All interviews and focus group discussions have been transcribed, and a pilot exploratory and inductive content analysis has been conducted to develop a thematic analysis.

Results: The medical discourse surrounding SDM in CRC reveals opinions regarding decision-making that often present as somewhat ambiguous, exhibiting a negative bias. Healthcare professionals seem to possess limited knowledge on the subject, which leads to restrained communication; nevertheless, they appreciate offering patients a range of options. Key terms frequently referenced include patient, decision, surgeon, and time. The predominant emerging themes are uncertainty, empathy, communication, and medical expertise, encompassing the doctor-patient relationship, decision-making processes, and surgical considerations. Patient interviews highlight a consensus on the value of training related to treatment options. However, concerns have been expressed about the implications of understanding their health status and using specific technological tools. Significant terms include treatment, application, and decision, and the critical themes identified centre on uncertainty, technology, information preferences, and family involvement. In stakeholder discussions, the terms most frequently cited are patient, decision, information, and doctor. Positive views are associated with the decision-making process regarding cancer treatment, and concerns arise from feelings of uncertainty, a perceived lack of options, and articulation difficulties. The overarching themes from these discussions emphasise empathy, the doctor-patient relationship, decision-making, uncertainty, communication, emotional support, and the role of technology.

Conclusions:
The preliminary findings reveal an understanding of SDM in CRC in Spain, although the concept could be ambiguous, its careful application could lead to empowered choices and benefits. Healthcare professionals recognise the importance of enhancing communication and are eager to expand their knowledge of SDM. Patients value being informed about treatment options and seek family support in their decision-making journey. Both groups generally maintain a positive perspective on SDM implementation while acknowledging the potential risks.

Keywords

Shared decision making; Qualitative study

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