



2013 International Shared Decision Making Conference

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CONCLUSIONS

Decision support in settings where providers have strong beliefs about the benefit of a therapy and where the trade-off involves dying is challenging. In the case of ICDs, we have developed and will present strategies that can be employed to overcome these challenges.

▲ Culture & SDM: The Importance of Considering Culture in the Development Shared Decision Making Interventions

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Limited research is available on ways that culture moderates shared decision making (SDM) effectiveness. Most SDM studies have been conducted in Western cultures with predominantly white participants. Culturally targeted and/or tailored communications are known to feel better and make more sense. In contrast, information that is incongruent with cultural mindsets may feel wrong and hinder processing effectiveness. Thus, theory and empirical evidence suggest that more positive outcomes will result when the patient's cultural values match the content and framing of the SDM communication.

In this symposium entitled, "The Importance of Considering Culture in the Development Shared Decision Making Interventions," four presenters will discuss research that highlights the importance of considering cultural values when developing interventions to improve patient-physician communication and decision making. This theme runs throughout all four presentations.

The first presentation will provide evidence from Malaysia regarding the relative influence of the patient's personal/cultural values on preferences for initiating insulin treatment for diabetes and will illustrate ways to elicit cultural values in a non-threatening but effective manner. Cultural influences on shared decision making in Hong Kong will comprise the focus of the second presentation. Based on a review of multiple studies, the presenter will offer several examples of ways that Asian patient values point to the need to reconsider fundamental assumptions regarding SDM models developed in the West. The third presenter will describe the results of in-depth patient interviews and focus groups that led to culture-based adaptations of diabetes treatment decision aids (DAs) in Malaysia. Finally, the fourth presenter will discuss research from the US demonstrating the importance of considering individual differences in values within cultures and will suggest a model for real-time tailoring of colorectal cancer screening DAs based on within culture differences.

Limiting each presentation to 15 minutes will provide a meaningful amount of time (30 minutes) for symposium participants to ask questions, offer feedback, and share their own experiences regarding

culture as a moderator of SDM interventions. Through this symposium, it is hoped that interested researchers from multiple nations will come together to develop and launch collaborative projects that further understanding of culture and SDM.

■ Culture & SDM: How Patient's Values Influence Preference Mapping During Insulin Initiation

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BACKGROUND

Eliciting patient values and preferences is recommended in shared decision making. Patients' preferences are derived from preference mapping methods, which are patients' ways of valuing options. This process enables patients to express their preferences during value elicitation. Values play an important role in this process as values are the lens through which information is interpreted. Our study aimed to explore how patient's values influenced the preferences of insulin initiation in Malaysian patients with type 2 diabetes

METHODS

We conducted this study in 2012 at public health centers, private primary care clinics and a university-based primary care clinic in Malaysia. Participants were selected purposively to achieve maximum variation. Using a semi-structured interview guide, individual in-depth interviews were conducted with people with type 2 diabetes who were at various stages of decision making about insulin initiation (n=21). The interviews were audio-recorded, transcribed verbatim and the transcripts were used as data for analysis using a thematic approach.

RESULTS

Patients' values could be divided into personal beliefs and socio-cultural concerns. Patients' personal beliefs were influenced by their life philosophies and their decisions were grounded on fatalism ("fated to die anyway"), hedonism (just "wanting to be happy") and independence (not wanting to be "dependent on medicine"). Patients who believed that insulin would affect religious purity were reluctant to take insulin.

Patients also interpreted insulin according to socio-cultural values. Patients agreed to initiate insulin in order to avoid becoming a burden to their families if their diabetes worsened. Patients were concerned that insulin might adversely affect marriage prospects, particularly in the context of arranged marriages.

CONCLUSION

Patients consider how insulin affects them personally and socially as part of their repertoire of preference mapping methods. Value elicitation exercises should include these personal beliefs and socio-cultural values so that the clinicians can engage patients more actively in decision making.