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Perspectives

The implementation of shared decision-making in clinical dentistry: Opportunity and change

Yung-Kai Huang ^a, Yi-Tzu Chen ^{b,c}, Yu-Chao Chang ^{b,c,*}^a Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan^b School of Dentistry, Chung Shan Medical University, Taichung, Taiwan^c Department of Dentistry, Chung Shan Medical University Hospital, Taichung, Taiwan

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In Taiwan, managing medical disputes or lawsuits was reported to be the most stressful matter for dentists including post-graduate year program trainees, residents, and visiting staff.¹ A recent survey demonstrated that the overall criminal conviction rate of dental disputes due to malpractice was up to 35.7%.² These findings should be valued and analyzed.

Traditionally, the patient-doctor relationship is inequality that the doctors usually make the decisions on behalf of the patients. Recent medical reforms such as patient autonomy, informed consent, and patient-centered care are listed in the accreditation of teaching hospital. The concept of shared decision making (SDM) was implemented in routine medical care. The definition of SDM has been described as "an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options to achieve informed preferences".³

The modern dentistry is highly with innovative techniques, progressive developments, and complicated systemic conditions. SDM should be emphasized and applied in

clinical dentistry. Compared to all other dental disciplines, implant placement is a big decision. It is not surprised that implant treatment exhibited the highest rate of lawsuits in Taiwan.² Digital dentistry could make the treatment outcomes more predictable. However, most innovative techniques are not covered in the current National Health Insurance system. Patients need to pay by themselves. Therefore, patient-dentist communication during implant consultation and decision is very important to reach a consensus treatment plan.

SDM in clinical dentistry may be defined as a process that oral health-related decisions are made jointly by patient and dentist. Patient and dentist get together to understand the state of an illness of patient and codetermine the best treatment for disease. A model for SDM in clinical practice has been established by three steps: choice talk, option talk, and decision talk.³ However, SDM is a complex process that may influenced by clinical, non-clinical factors, dentist, and patient. In this article, the crucial factors related SDM in dentistry were addressed and discussed as follows.

In western countries, patient autonomy plays an important part in SDM mostly by implementing patient decision aids.⁴ However, the fact is the imbalance of information between patient and dentist. Patient may be lack of adequate knowledge and information to make the improper decision. Oral health plays a crucial role to achieve good general health and well-being.⁵ Therefore, how to educate

* Corresponding author. School of Dentistry, Chung Shan Medical University, 110, Sec. 1, Chien-Kuo N. Rd., Taichung, 40201, Taiwan. Fax: +886 424759065.

E-mail address: cyc@csmu.edu.tw (Y.-C. Chang).

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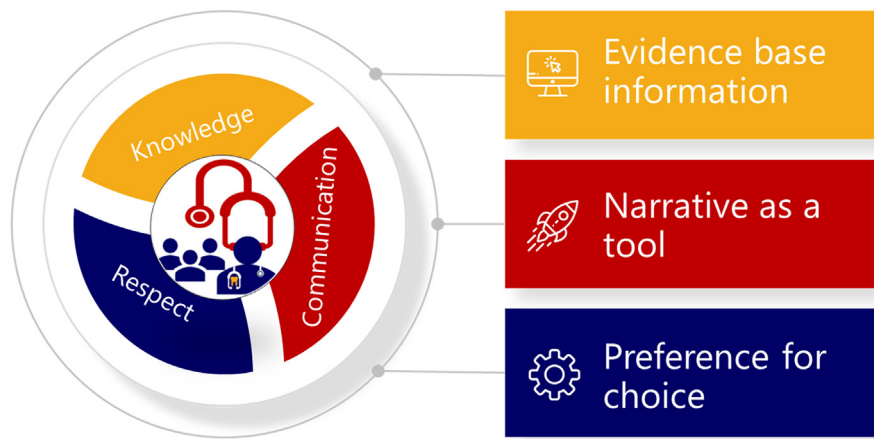


Figure 1 The conceptual framework for a trustworthy relationship between patient and dentist share the information and take the responsibility for decision making. Patient autonomy, evidence-based medicine, and narrative medicine should be considered during SDM in clinical dentistry.

patients for improving their oral health literacy is important of SDM in clinical dentistry.

No matter what patient decision aids, patient preferences, or patient autonomy were emphasized in SDM. Patient must reply the treatment approach from the suggestion of dentist. Due to legal and ethical obligation, dentist should take the responsibility to provide the preference for choice to ensure the patient's oral health. Informed consent is important to notify patient's current illness status, treatment option, prognosis, and possible unfavorable reactions. This is a patient right based on patient's autonomy, not only does it acknowledge the doctors' scientific and medical authority.⁶ The fulfillment of informed consent may reduce patient's misunderstanding prior to dental treatment and prevent the unexpected medical disputes.

Evidence-based medicine has been strongly recommended to combine with SDM.⁷ Treatment modality based on evidences is helpful in SDM to increase patient involvement, patient satisfaction, and compliance. Consistently, clinical dentistry can't be practiced without the scientific evidences. Based on evidence-based medicine, preference for choice could provide patient with practical information, select the most suitable intervention method, and answer about the potential risk. For example, treatment options for tooth loss such as doing nothing with a space, conventional crown bridge, removal partial denture, or implant placement should be explained to patient. The potential risk, benefit, long term survival rate, and even the cost also need to disclose for the final decision.

In addition, the authors proposed that patient-dentist communication is a pivot to bridge a trustworthy relationship in SDM. Narrative medicine practiced with narrative competence is thought to facilitate patient and medical personnel relationship.⁸ Dentists face to the individual, but not the patient. Listening of patients' story of illness, dentist can better treat the patients but also heal the patients. Narrative medicine is a useful tool to collect information on the perceived needs of patient and dentist. Narrative medicine for SDM might prevent the conflicts between patient and dentist as well as promote greater satisfaction with treatment and better outcome.

Taken together, the conceptual framework for patient and dentist mutually participation in SDM is shown in Fig. 1. Patients need to improve their knowledge, respect, and communication. Dentists with narrative competency give the preference for choice based on evidence-based medicine. SDM established in a faithful foundation, it will prevent the risk of inappropriate treatment, ensure better treatment outcome with greater patient's satisfaction, and even encourage dentist's accomplishment. Moreover, the medical disputes or lawsuits would be also reduced.

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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