

Cette présentation a été effectuée le 10 mars 2010, au cours de la journée « Décision éclairée et dépistage. Pour y voir clair! » dans le cadre des Journées annuelles de santé publique (JASP) 2010. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/archives/>.



# Décision éclairée: de quoi parle-t-on?

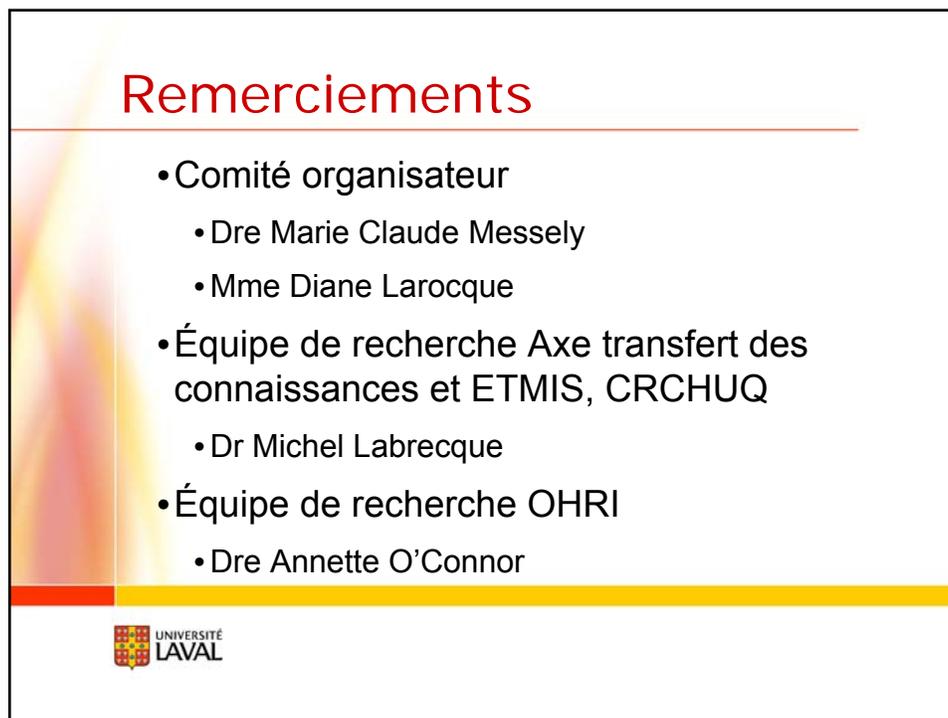
Décision éclairée et dépistage. Pour y voir plus clair!

13<sup>es</sup> Journées Annuelles de Santé Publique (JASP)

Hôtel Fairmont Le Reine Elizabeth  
Montréal, 10 mars 2010

France Légaré, MD, PhD, (F)CCMF

Chaire de recherche du Canada en implantation de la prise de décision partagée dans les soins primaires



## Remerciements

- Comité organisateur
  - Dre Marie Claude Messely
  - Mme Diane Larocque
- Équipe de recherche Axe transfert des connaissances et ETMIS, CRCHUQ
  - Dr Michel Labrecque
- Équipe de recherche OHRI
  - Dre Annette O'Connor



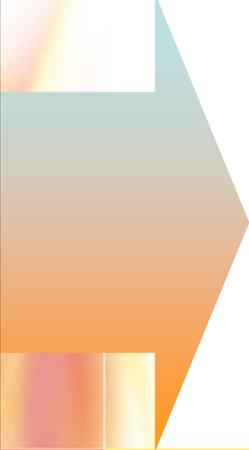
## Plan

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- Modèles, concepts et définition
- Pertinence du sujet
- Approches, méthodes et outils
- Stratégies prometteuses pour implanter ces outils dans les pratiques



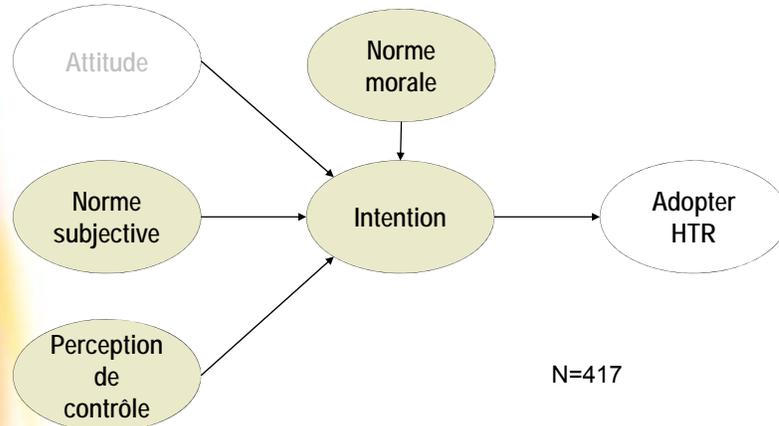
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A large, stylized arrow pointing to the right, with a gradient from light blue at the top to orange at the bottom.

D'où origine mon intérêt pour le sujet?

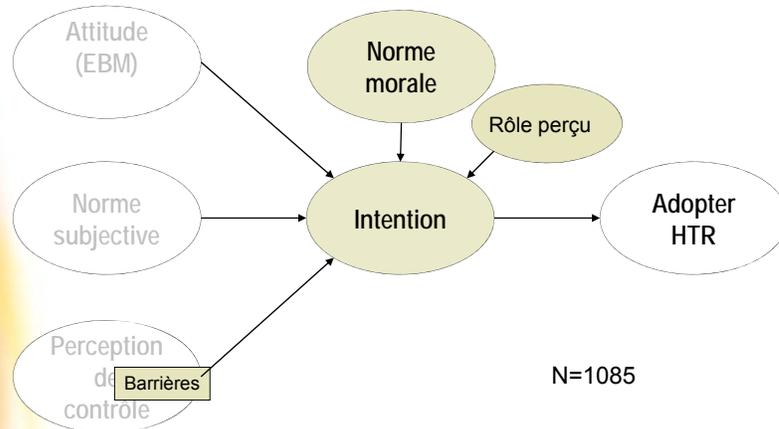


## Comportement des femmes



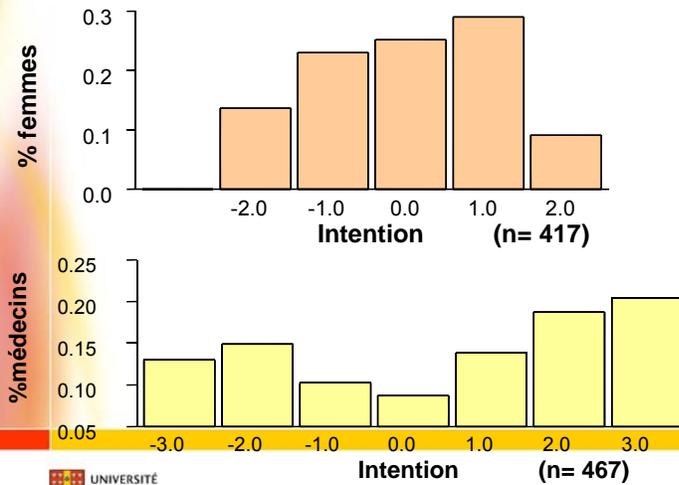
Légaré et al. *Psychology & Health*, 2003

## Comportement des médecins



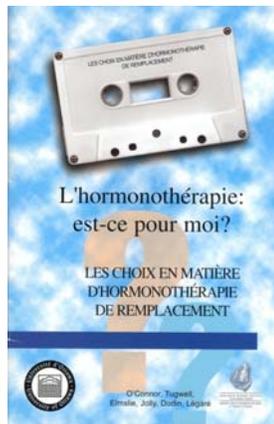
Légaré et al. *BMC Med Inform Decis Making*, 2005

## Intention des femmes et des médecins



Légaré et al. *Maturitas*, 2009

## Outil d'aide à la décision



Dodin S et al. *Can Fam Physician*, 2001

	Dépliant SOGC		Outil d'aide à la décision	
	Avant %	Après %	Avant %	Après %
<b>HTR sur maladies cardio-vasculaires</b>				
<b>Surestiment</b>	65	94	75	37
<b>Réalistes</b>	22	6	19	62
<b>Sous-estiment</b>	12	0	6	2
<b>HTR sur l'ostéoporose</b>				
<b>Surestiment</b>	73	94	81	46
<b>Réalistes</b>	27	6	19	52
<b>Sous-estiment</b>	0	0	0	2

## Décision ou comportement?

	Décision	Comportement
<b>Cible</b>	Décision	Comportement
<b>Cadre conceptuel</b>	Pertinent pour décision (MADÉO)	Pertinent pour comportement (TCP)
<b>Intervention</b>	Soutenir la prise de décision	Favoriser le changement de comportement
<b>Mesures</b>	Confort décisionnel Regret décisionnel Satisfaction	Comportement


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*Légaré et al. Maturitas, 2009*

The subject who is truly loyal to the Chief Magistrate will neither advise nor submit to arbitrary measures. — JUSATUS



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9276  
1271

## Trouble with what the doctor ordered

Millions of healthy postmenopausal women in North America take regular doses of estrogen and progestin to prevent chronic disease. The startling news this week is that they probably shouldn't.

The Women's Health Initiative (WHI), a trial overseen by the U.S. National Institutes of Health and involving 16,608 women between 50 and 79, found that long-term use increases the risk of coronary heart disease, one of the very illnesses the synthetic hormones were meant to combat. What's more, the follow-up study was halted after five years instead of the expected 8½ because even at that point the increased risk of invasive breast cancer among those receiving the hormones instead of a placebo was deemed higher than ethically acceptable.

The central statistic: Among every 10,000 women who take the tablets, there is an increased risk of seven more in-

hormones — an understandable reaction even if, as the journal's editorial says, "the absolute risk of harm to an individual woman is very small." There will also be anger directed at those doctors who too casually prescribed the estrogen and progestin combination for healthy women as preventive medicine, to ward off osteoporosis (which it seems to do) and heart disease (which it turns out to promote). Those doctors will be held particularly to account if they gave their patients no indication of the risks of breast cancer, risks that were suspected on the basis of observational data at least a decade ago, when the WHI's clinical trials were designed.

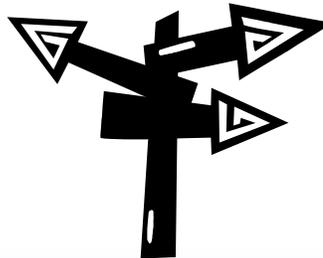
As with all studies, the footnotes matter. The drug administered here was "conjugated equine estrogen, 0.625 mg/d, plus medroxyprogesterone acetate, 2.5 mg/d, in one tablet." This is no rare combination — it's the most commonly used combined hormone preparation in

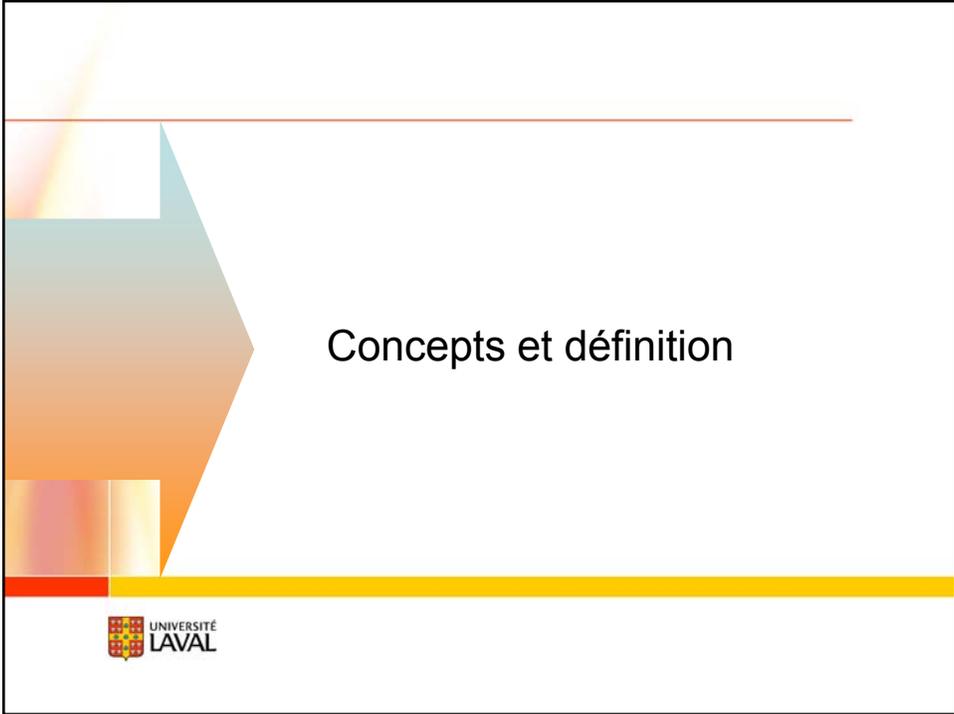
## Nouveau rôle

« Courtiers des connaissances »

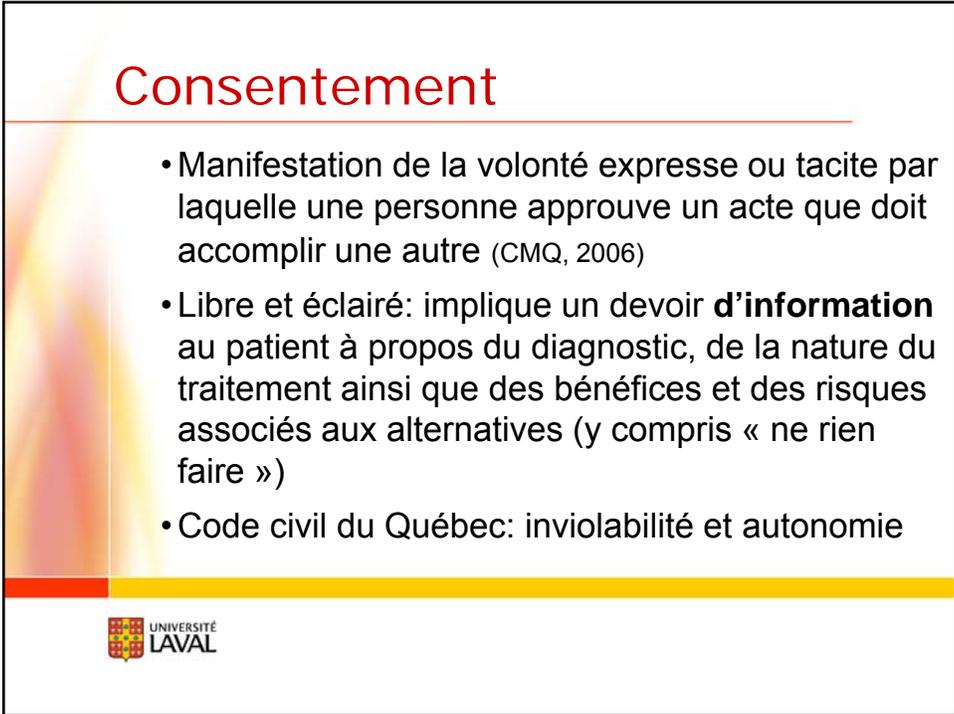
à

« Courtiers des décisions »





## Concepts et définition



## Consentement

- Manifestation de la volonté expresse ou tacite par laquelle une personne approuve un acte que doit accomplir une autre (CMQ, 2006)
- Libre et éclairé: implique un devoir **d'information** au patient à propos du diagnostic, de la nature du traitement ainsi que des bénéfices et des risques associés aux alternatives (y compris « ne rien faire »)
- Code civil du Québec: inviolabilité et autonomie

## Décision éclairée

- Implique « prendre une décision »
- Le **processus** joue un rôle central
- La **compréhension de l'information** (risques, bénéfiques) est importante
- La capacité de **confronter le rapport avantages/inconvénients** à ses propres **valeurs** est essentiel



Caux, INSPQ, 2008

	Consentement libre et éclairé	Décision éclairée
<b>Fondements théoriques</b>	Absents	Efforts guidés par psychologie, sciences de la décision, etc.
<b>Focus</b>	Information	Processus de prise de décision
<b>Outils</b>	Documents d'information	Outils d'aide à la décision
<b>Issue d'intérêt</b>	•Connaissances	•Connaissances •Compréhension probabilité (attentes réalistes) •Congruence entre choix et valeurs
<b>Mesure</b>	Absence de standards	•Confort décisionnel •Regret décisionnel •Satisfaction

*Brehaut et al. Contemporary Clinical Trials. 2010*

## Définir une *bonne* décision

	Justesse	Qualité
Focus	La personne prend la décision « correcte »	La personne prend une décision de la meilleure façon qui soit (processus)



*Bekker, Patient Educ Counseling. 2010*

## « Bonne » décision

### Congruence

Choix



Ce que le patient informé valorise



*IPDAS BMJ 2006*

## Décision partagée

Processus au cours duquel un professionnel de la santé et un patient **échangent et s'influencent mutuellement** dans le but de prendre une décision qui soit informée par le meilleur niveau de preuves et qui soit congruente avec les valeurs des individus impliqués.



## Décision partagée

- Définir le problème→ **Point de décision**
- Présenter les options→ **Données probantes**
- Discuter les risques/bénéfices→ **Probabilités**
- Discuter les valeurs/préférences du patient→ **Valeurs**
- Vérifier les connaissances du patient→ **Mise en œuvre**
- Faire des recommandations (médecin)→ **Règlementation**
- Vérifier la compréhension du patient→ **Accord**
- Prendre une décision ou la reporter→ **Choix**
- Assurer un suivi→ **Prochaines étapes**



*Makoul et Clayman 2006*

Contents lists available at ScienceDirect



## Patient Education and Counseling

journal homepage: [www.elsevier.com/locate/pateducou](http://www.elsevier.com/locate/pateducou)



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Medical decision making

### Shared decision making models to inform an interprofessional perspective on decision making: A theory analysis

Dawn Stacey<sup>a,b,\*</sup>, France Légaré<sup>c,d</sup>, Sophie Pouliot<sup>c</sup>, Jennifer Kryworuchko<sup>a</sup>, Sandy Dunn<sup>a</sup>

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<sup>b</sup> Ottawa Hospital Research Institute, Ottawa, Ontario, Canada  
<sup>c</sup> Research Centre of the Centre Hospitalier Universitaire de Québec, Québec, Canada  
<sup>d</sup> Department of Family and Emergency Medicine, Université Laval, Québec, Canada

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**ABSTRACT**

*Objective:* To conduct a theory analysis of shared decision making (SDM) conceptual models and determine the extent to which the models are relevant to interprofessional collaboration in clinical practice.

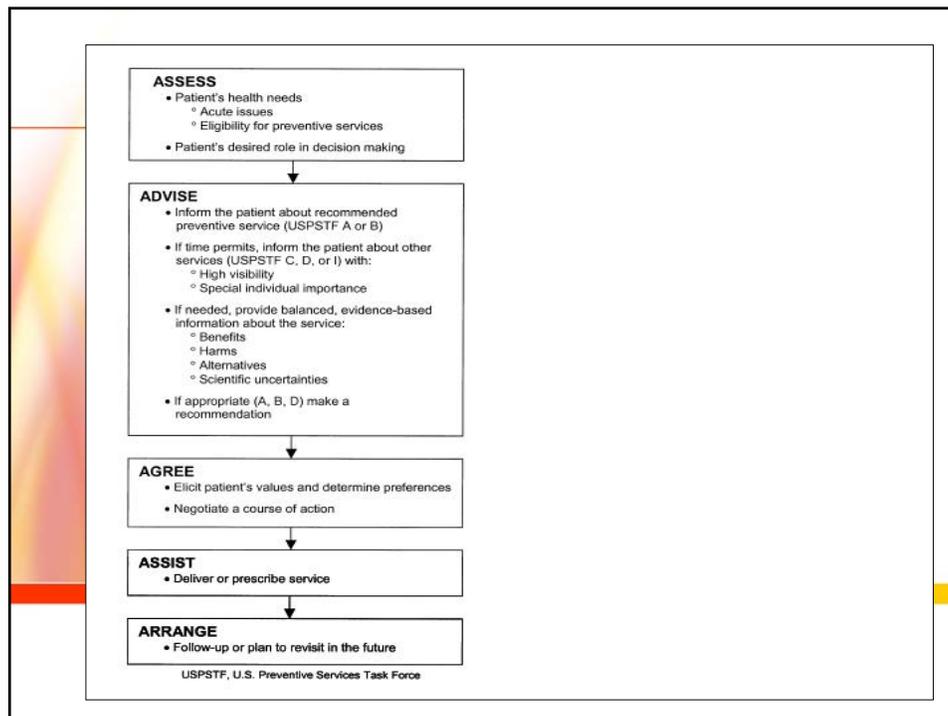
## Modèles pertinents

Modèles	Motivation	Sources
Briss et al. 2004 USA	Améliorer la compréhension du lien entre décision informée et PDP dans le contexte du dépistage pour le cancer	Revue de littérature Associé à un groupe d'experts dans le domaine
Sheridan et al. 2004 USA	Proposer un modèle pour opérationnaliser la PDP dans le contexte des services préventifs	Recherche AHRQ



## Sheridan et al. 2004

- **Décision informée:** processus par lequel l'individu obtient des informations pertinentes de toutes sources avec ou sans clarification de ses valeurs
- **Prise de décision partagée:** processus de prise de décision spécifique par le patient et le clinicien pendant lequel le patient:
  - Obtient une compréhension de sa condition
  - Obtient une compréhension du test, de ses risques, bénéfices, alternatives et probabilités
  - Pèse les pour et les contres en fonction de ses valeurs
  - S'est engagé dans la prise de décision à un niveau qui lui est satisfaisant\*
  - Le but étant d'une décision informée et conjointe
  - Le clinicien doit être explicite p/r à ses biais et processus de raisonnement clinique



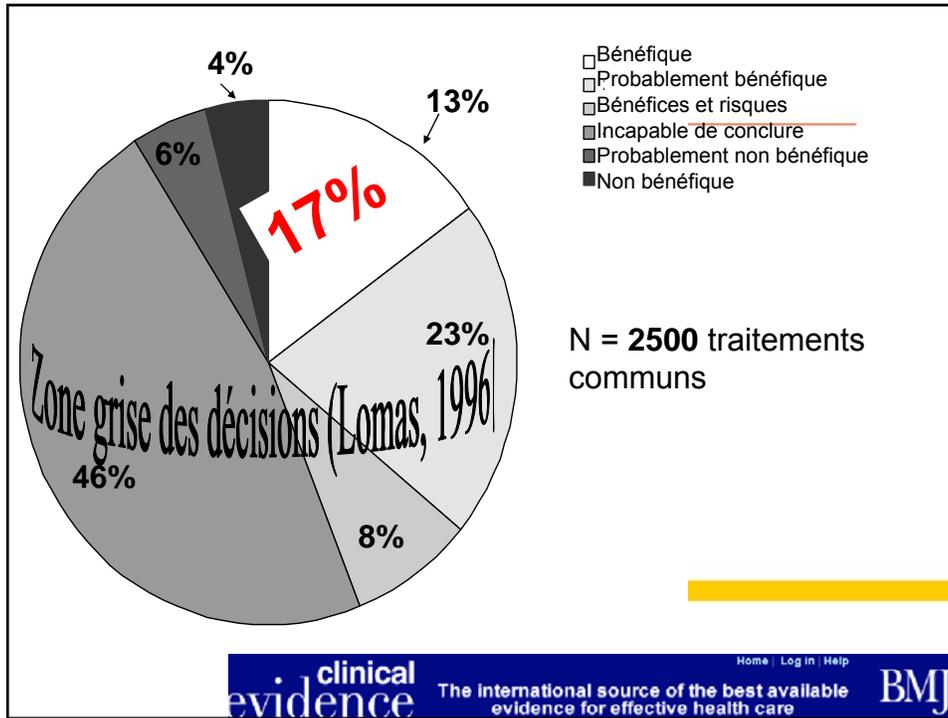
## Pertinence du sujet



Quand la prise de décision se situe dans un contexte pour lequel on ne peut garantir le résultat **pour l'individu**



*O'Connor, 1998 et 2003; Bekker, 1999; Wennberg, 2002*



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Students at 257 schools across the province rated an Australian mouth cancer ad as the television ad most likely to convince young people not to use tobacco. See the ad online (warning: graphic images). Read More

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## Washington State New Legislation

Bill 5930 (May 2007) An act relating to providing high quality, affordable healthcare to Washingtonians

- If a patient/delegate **signs an acknowledgement of shared decision making**, such acknowledgement shall constitute **evidence that the patient gave his or her informed consent** to the treatment administered
- Acknowledgement of SDM includes:
  - Statement that patient and health care provider have engaged in SDM
  - Brief description of the services the patient and provider have jointly have agreed to
  - Brief description of the **patient decision aid used**
  - Statement that **patient understands risks or seriousness of disease, available treatment alternatives (including non-tx), risks, benefits and uncertainties of treatment alternatives**
  - Statement that patient **had opportunity to ask the provider questions and have questions answered** to patients' satisfaction



O:\MAL\MAL09863.xml [file 3 of 9]

S.L.C.

1106

1 "SEC. 936. PROGRAM TO FACILITATE SHARED DECISION-  
2 MAKING.

3 "(a) PURPOSE.—The purpose of this section is to fa-  
4 cilitate collaborative processes between patients, caregivers  
5 or authorized representatives, and clinicians that engages  
6 the patient, caregiver or authorized representative in deci-  
7 sionmaking, provides patients, caregivers or authorized  
8 representatives with information about trade-offs among  
9 treatment options, and facilitates the incorporation of pa-  
10 tient preferences and values into the medical plan.

11 "(b) DEFINITIONS.—In this section:

12 "(1) PATIENT DECISION AID.—The term 'pa-  
13 tient decision aid' means an educational tool that  
14 helps patients, caregivers or authorized representa-  
15 tives understand and communicate their beliefs and  
16 preferences related to their treatment options, and





# Approches, méthodes et outils

UNIVERSITÉ LAVAL

Cite this article as: *BMJ*, doi:10.1136/bmj.38926.629329.AE (published 14 August 2006)

## Research *BMJ*

### Developing a quality criteria framework for patient decision aids: online international Delphi consensus process

Glyn Elwyn, Annette O'Connor, Dawn Stacey, Robert Volk, Adrian Edwards, Angela Coulter, on behalf of the International Patient Decision Aids Standards (IPDAS) Collaboration

**Abstract**

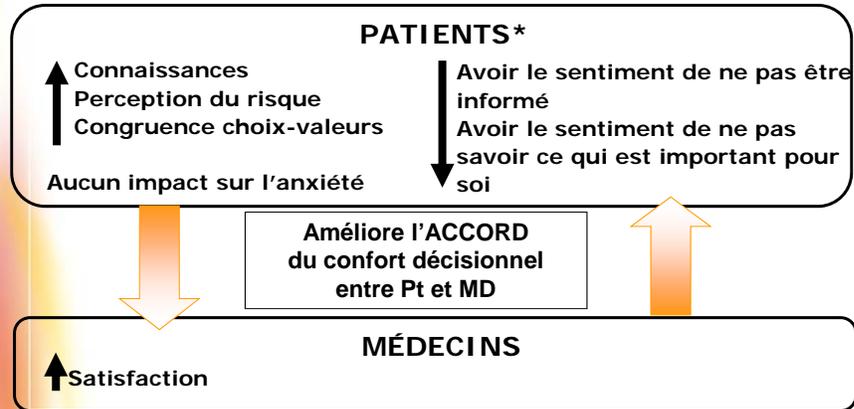
**Objective** To develop a set of quality criteria for patient decision support technologies (decision aids).  
**Design and setting** Two stage web based Delphi process using online rating process to enable international collaboration.  
**Participants** Individuals from four stakeholder groups (researchers, practitioners, patients, policy makers) representing

At a minimum, patient decision aids provide information about the options and their associated relevant outcomes. These technologies also help patients to personalise this information, to understand that they can be involved in choosing among the various options, to appreciate the scientific uncertainties inherent in that choice, to clarify the personal value or desirability of potential benefits relative to potential harms, to communicate their choice to their practitioners, and to gain skills in the

UNIVERSITÉ LAVAL

*IPDAS BMJ 2006*  
[ipdas@cardiff.ac.uk](mailto:ipdas@cardiff.ac.uk) 2010

## Impact des outils



*Bekker, 2003; Hamann, 2006; O'Connor, 2009*

## Impact des outils

- **Réduction de la « sur » utilisation** des options non clairement associées à des bénéfices pour la majorité (Evans, 2005).
- **Augmentation de la « sous » utilisation** des options associées à des bénéfices pour la majorité (O'Connor, 2007).
- **Amélioration** de l'accord clinicien-patient et certaines issues de santé (Joosten, 2008).



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BMJ 2007;334 (23 June), doi:10.1136/bmj.39252.523519.47

**Editor's Choice**  
*Editor's choice*

**Evidence to inform**  
 Fiona Godlee, *editor*  
 fgodlee@bmj.com

The *BMJ* aims to help doctors make better decisions. Often this may best be achieved by helping doctors to help patients make better decisions. Yet recent research from the Picker Institute has found that doctors in the UK are worse at engaging patients in healthcare decisions than doctors in comparable countries. Use of decision aids is only one aspect of engaging patients but it's a potentially important one. A Cochrane review has found that decision aids improve people's knowledge of the options, create realistic expectations of benefits and harms, reduce difficulty with decision making, and increase participation.

The trial on decision aids for mode of delivery by Alan Montgomery and colleagues (doi: 10.1136/bmj.39217.671019.55) adds to this list of successes and, as Jeremy Lauer and Ana Betran point out in their editorial (doi: 10.1136/bmj.39247.535532.80), it raises intriguing possibilities about how decision aids could be made even more effective. Focussing on the woman's preferences rather than explicitly presenting probabilities for different options was associated with higher rates of vaginal delivery—a highly desirable outcome when up to a quarter of births in developed countries, and even larger proportions in transitional countries, are by caesarean section. Crucially, this outcome required not only an informed patient but one who had the power to influence her mode of delivery.

How long before it will be unethical to ask a patient to consent to treatment without using a decision aid? I wonder if it will not be long—despite the time

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## Outils d'aide à la décision





### Information

- Condition, options, bénéfices, risques
- Communications des probabilités

### Clarification des valeurs

- Mets l'emphase sur l'expérience du patient
- Interroge sur ce qui compte le plus
- Facilite la communication

### Soutien et structure

- Processus par étape
- Feuille de travail, liste de questions

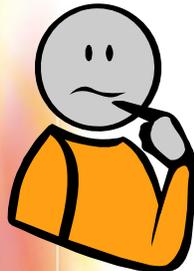
## Confort décisionnel (S.U.R.E.)

		OUI	NON
<b>S.</b> ûr(e) de moi...	1) Je suis certain/e du meilleur choix pour moi.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>U.</b> tilité de l'information...	2) J'ai le sentiment d'avoir toute l'information nécessaire sur les bons et moins bons côtés de toutes les options disponibles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>R.</b> isques et bénéfiques à balancer...	3) J'ai le sentiment de savoir ce qui est le plus important pour moi à l'égard des risques/bénéfiques qui sont associés à chacune des options disponibles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> ncouragement et soutien des autres...	4) J'ai tout le soutien dont j'ai besoin pour faire mon choix.	<input checked="" type="checkbox"/>	<input type="checkbox"/>



O'Connor et Légaré 2006

## Conséquences

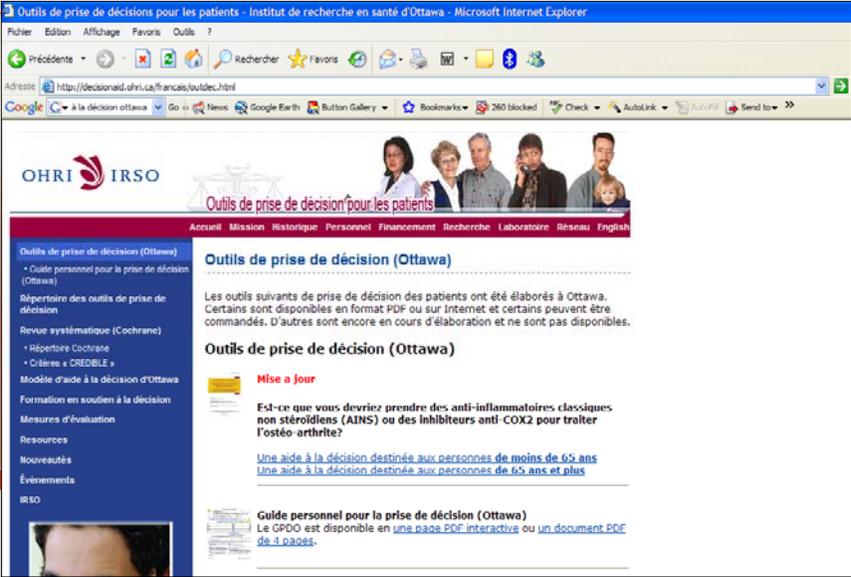


- 59 plus à risque de changer d'idée
- 23 plus à risque de retarder la décision
- 5 plus à risque d'avoir du regret
- 3 plus à risque d'échouer au test de connaissances
- 19% plus à risque de blâmer le professionnel de la santé pour une issue délétère



Sun, Q. [MSc thesis]. University of Ottawa, 2005;  
Gattelari & Ward J Med Screen 2004;11:165-169

# Inventaire des outils



The screenshot shows a web browser window displaying the website "Outils de prise de décisions pour les patients - Institut de recherche en santé d'Ottawa". The page features a navigation menu with links like "Accueil", "Mission", "Historique", "Personnel", "Financement", "Recherche", "Laboratoire", "Réseau", and "English". The main content area is titled "Outils de prise de décision (Ottawa)" and includes a sidebar with categories such as "Outils de prise de décision (Ottawa)", "Répertoire des outils de prise de décision", "Revue systématique (Cochrane)", "Modèle d'aide à la décision d'Ottawa", "Formation en soutien à la décision", "Mesures d'évaluation", "Ressources", "Nouveautés", and "Événements". The main text states: "Les outils suivants de prise de décision des patients ont été élaborés à Ottawa. Certains sont disponibles en format PDF ou sur Internet et certains peuvent être commandés. D'autres sont encore en cours d'élaboration et ne sont pas disponibles." Below this, there is a section titled "Outils de prise de décision (Ottawa)" with a "Mise à jour" (Update) notice and a link to a guide: "Est-ce que vous devriez prendre des anti-inflammatoires classiques non stéroïdiens (AINS) ou des inhibiteurs anti-COX2 pour traiter l'ostéo-arthrite?".

Stratégies prometteuses pour  
implanter ces outils dans les  
pratiques

# Implementation Science



Systematic Review

Open Access

## Barriers and facilitators to implementing shared decision-making in clinical practice: a systematic review of health professionals' perceptions

Karine Gravel<sup>1</sup>, France Légaré<sup>\*1,2</sup> and Ian D Graham<sup>3</sup>

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Accepted: 09 August 2006



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journal homepage: [www.elsevier.com/locate/pateducou](http://www.elsevier.com/locate/pateducou)



Mini-review

## Barriers and facilitators to implementing shared decision-making in clinical practice: Update of a systematic review of health professionals' perceptions

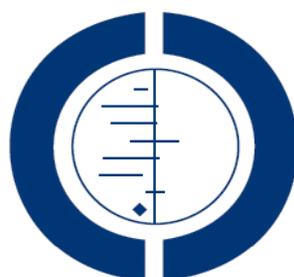
France Légaré<sup>a,b,\*</sup>, Stéphane Ratté<sup>a</sup>, Karine Gravel<sup>a</sup>, Ian D. Graham<sup>c,d</sup>

Received in revised form 29 June 2008

Accepted 4 July 2008

## Interventions for improving the adoption of shared decision making by healthcare professionals (Protocol)

Légaré F, Ratté S, Stacey D, Kryworuchko J, Gravel K, Turcot L, Graham ID



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This is a reprint of a Cochrane protocol, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane*

# Défis pour la santé publique

## 1. Les défis connus:

- Crainte p/r temps
- Crainte p/r aux compétences des individus
- Communication probabilités

+

## 2. Individu versus population

## 3. Absence de relation spécifique “influence mutuelle” avec l’individu

## 4. Besoin de nouveaux outils



The screenshot displays the website for the Society for Medical Decision Making (SMDM). At the top, it features the logo for 'INFORMED MEDICAL DECISIONS.ORG' with the tagline 'The care you need and no less. ■ The care you want and no more.' Below this is a navigation bar with links for HOME, ABOUT US, CONTACT, and SITEMAP. The main content area is titled 'International Shared Decision-Making Conference 2009' and lists 'Pre-Conference Workshops' including 'Shared Decision Making: Trying It Out', 'How to Implement Patient Decision Aids and Shared Decision Making into Clinical Practice', 'How to Pick Measures for Your Patient Decision Aid Study', and 'Medical Education in Shared Decision Making - A Train-the-Trainer Approach to Enhance Physicians' SDM-Specific'. A sidebar on the left contains various links such as 'Annual Meetings', 'Become a Member', 'Renew your Membership', 'Support SMDM', 'Membership Directory', 'Interest Groups', 'Policy Initiatives', 'Newsletter', 'Job Postings', 'More News', 'Board Only', 'Contact Us', and 'Site Index'. The main content area also features a section for the '2010 Annual Meeting' with details about the 32nd Annual Meeting of the Society for Medical Decision Making, titled 'Evidence, Economics, and Ethics: The Future of Health Technology Assessment', held from October 24-27, 2010, at the Sheraton Centre Toronto Hotel. A registration information section is also visible, including links for 'How to Register for the Annual Meeting' and 'Important Dates, Fees, Payment and Cancellation Information'.

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**The Center for Informed Choice at The Dartmouth Institute**

**2010 SUMMER INSTITUTE ON INFORMED PATIENT CHOICE**  
Dartmouth College, Hanover, NH; USA

**Tuesday Evening, June 29 - Wednesday Morning, July 7, 2010**

**2010 SUMMER INSTITUTE FELLOWSHIPS**

If you wish to attend the 2010 Summer Institute, you must successfully compete for a 2010 Summer Institute Fellowship.

One Woman's Journey

Informed Patient Choice:

Prise de décision partagée dans les soins primaires  
Shared decision making in primary care



Chaire de recherche du Canada  
en implantation de la prise de décision partagée  
dans les soins primaires

→ Français

Canada research chair in implementation of  
shared decision making in primary care

→ English

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