

Steps of a shared decision-making discussion

Jennifer, aged 40 years, presents with a sore throat that she has had since yesterday, with no cough or any other associated respiratory symptoms. Examination is unremarkable except for a fever (38°C), enlarged and red tonsils, and tender lymph nodes in her neck. She asks, 'Is there anything I can take, such as antibiotics, to help?'

Details of the step	
Let your patient know that there is choice about the next steps and a decision to be made	Invite the patient to participate with you in the decision making to the extent that he/she desires and reassure any patient/caregiver who feels overwhelmed or uncertain about their involvement.
Elicit the patient's expectations and concerns about the condition and its management	This can include previous experiences and treatments (eg antibiotics or over-the-counter medications). Ask your patient if they have any fears or concerns about the condition (eg a complication from it) or expectations about how it is managed (eg antibiotics are necessary). This allows you to detect and discuss any misperceptions.
List and explain the options	Option 1: Wait and watch (this involves either no antibiotic prescription or providing a delayed prescription for antibiotics with an explanation regarding when to use it) Option 2: Commence antibiotics immediately
Discuss the benefits and harms of each option	Describe the natural course of a sore throat infection and explain that typically it will resolve within 4–7 days without taking antibiotics. Explain that patients who take antibiotics have a sore throat, on average, for only about 16 hours less than people who do not, and that antibiotic use carries the risk of side effects (eg vomiting, diarrhoea and rash) and of antibiotic resistance (and provide a simple explanation about what this is and the implication of this). The benefit can also be explained using natural frequencies (that is, how many out of 100 people get better, with and without antibiotics). Explain that there is uncertainty about whether the patient will be one of the people who will be helped or harmed by antibiotics. A decision aid can be shown to your patient during this step, or earlier, to facilitate the discussion. Explain to your patient that symptoms, such as pain and fever, can be treated with over-the-counter medicines. They can be used with either option. If you have concerns about the patient's comprehension of any of this, ask them to explain in their own words what the options are and their main pros and cons.
Weigh up the options	Encourage your patient to weigh up the benefits and harms of the options and talk about what matters most to them when considering their preferences, values and circumstances. What matters most to your patient could be the shortened recovery time or the harms that can come from taking medication, including the cost or remembering to take them.
Check the patient's readiness to decide	Explore if your patient is ready to make a decision, would like additional information or has any questions. For some decisions, your patient may also choose to discuss the options with family or friends before deciding.
Reach a shared decision	Decide with your patient about the next steps. Provide 'safety-netting' information about when to start antibiotics (if delayed prescription option chosen) or re-consult, such as if they develop the following symptoms: <ul style="list-style-type: none"> • very drowsy • persistent fever and/or increase in pain • drooling or swallowing problems • fast, noisy or difficult breathing, or shortness of breath • a rash that does not fade when the skin is pressed • unusual skin colour around the lips (pale or blue) • pain in the arms and/or legs • cold or discoloured hands and/or feet with a warm body.

Example of possible phrasing, with relevance to this scenario

'Waiting for the sore throat to get better by itself is one option. Another option is to take antibiotics.'

'We know from good research that of 100 patients like yourself with sore throat **who do not take antibiotics**, 28 will feel better and have no sore throat at three days. Out of 100 patients who **do take antibiotics**, 34 will feel better at about three days of taking them. So, about **six more** will be better at three days.'

'We can't know whether you will be one of the six people who benefit or not.'

'We also need to consider the possible harms of taking antibiotics ...'

'What matters most to you?'

Figure 1. Steps in a shared decision-making discussion, with examples for the scenario of deciding about antibiotic use for acute sore throat