

Shared decision-making in oncology

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Propositions accompanying the dissertation

Shared Decision-Making In Oncology: Challenges And Opportunities

Anshu Ankolekar, 25 November 2021

1. Patient decision aids must be embedded into clinical workflows and infrastructures so that their outputs can be used meaningfully in a shared decision-making consultation. (Chapter 3)
2. Specialists, nurses, and primary care providers have complementary strengths that should be leveraged to support patients in shared decision-making. (Chapter 4)
3. Clinical care pathways are a barrier to practicing shared decision-making. (Chapter 5)
4. Whether a patient decision aid is presented digitally or in print influences its effectiveness. (Chapter 7)
5. Artificial intelligence can potentially undermine shared decision-making if ethical considerations, such as privacy and patient autonomy, are not taken into account.
6. The influence of emotions in medical decision-making, both of the patient as well as the clinician, should not be ignored.
7. The clinician perspective is as important as the patient perspective when designing, developing, and implementing patient decision aids and shared decision-making initiatives.
8. Culture eats strategy for breakfast. (Peter Drucker)
9. Not everything that can be counted counts, and not everything that counts can be counted. (William Bruce Cameron)