Chapter 8
Shared Decision-Making in Pain Care: Enhancing Patient-Provider Collaboration for Personalized Treatment

R Velmurugan
https://orcid.org/0000-0002-7925-9757
Karpagam Academy of Higher Education, Coimbatore, India

J Sudarvel
https://orcid.org/0000-0001-6656-1992
Karpagam Academy of Higher Education, Coimbatore, India

Ravi Thirumalaisamy
https://orcid.org/0000-0002-5954-5940
Modern College of Business and Science, Oman

ABSTRACT

Shared Decision Making (SDM) is a patient centred approach where the decision making between clinician and the patient is informed. It is based on merging patient preferences with clinical expertise towards improving care and enhancing quality, satisfaction and outcomes. Respecting mutual attitudes and informed consent, SDM is based on patient values and evidence based options. Brochures and other such decision aids help understanding and participation. Challenges include time limits, low health literacy and cultural barriers, and opportunities for SDM in training, policy support and in technology. This transformative model will further be optimized by getting further advances in AI, personalized medicine and behavioral science.

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INTRODUCTION

Given the rise of patient autonomy, value-based care, and personalized treatment pathways, Shared Decision Making (SDM) is a vital and transformational paradigm in today's healthcare delivery. Traditional decision-making models centered on physician-dominant approaches now give way to SDM, a shift placing patients at the center of the healthcare process. This model fosters essential collaboration between healthcare providers and patients, where both parties contribute their expertise. Patients can share their direct health experiences, personal values, and health aspirations, while physicians provide scientific analysis with diagnostic capabilities and therapeutic knowledge. Recent reviews (e.g., Frosch et al., 2020; Vadeboncoeur et al., 2021) continue to affirm the growing role of SDM in reshaping patient-centered care across healthcare systems.

SDM functions both as a method and a care approach that aligns with current patient-centered healthcare trends. Elwyn et al. (2012) define SDM as "a process involving clinicians and patients jointly working to decide and choose tests, treatments, management, or support packages based on available clinical evidence and patients' informed preferences." Such informed discourse promotes patient engagement, resulting in superior care delivery and better clinical outcomes as well as patient satisfaction. In the context of pain management, SDM is especially valuable since treatments often span extended periods and are highly individualized and personal. Recent research (e.g., McGee et al., 2022) also demonstrates the effectiveness of SDM in improving patient adherence and satisfaction in chronic pain management.

In pain management clinics, SDM plays a crucial role as patients navigate various treatment options, including medication programs, physical rehabilitation, neuromodulation, and lifestyle modifications. Patients must balance pain relief with potential side effects, functional abilities, and long-term risks. SDM visual risk calculators, such as those comparing opioids with physical therapy, help patients make informed choices, often resulting in better adherence to non-opioid, evidence-based treatments (Légaré et al., 2011). This empowerment leads to improved outcomes and more personalized treatment approaches. Recent findings (e.g., Bristow et al., 2021) continue to underscore SDM's positive impact on patient outcomes, particularly in reducing opioid dependence in pain management.

SDM is equally vital in palliative care, where patients face complex emotional decisions. These include choosing between ongoing intensive treatments and opting for hospice care or comfort-based approaches. The Dana-Farber Cancer Institute's digital decision system showcases how patient-centered scenarios—incorporating patient stories, survival projections, and symptom predictions—facilitate individualized discussions between clinicians and patients. This tool allows patients to express their preferences regarding quality of life, dignity in care, and family support, areas