

The responsiveness showed improvement, but was not statistically significant.

**Discussion** The IcanSDM\_Danish is capable of providing reliable and valid measurement when evaluating constructed knowledge about SDM, and supporting the implementation of SDM training and evaluation of its impact.

**Conclusion** The IcanSDM\_Danish is a reliable cross-culturally valid measure with good internal consistency and a 2-factor structure. The IcanSDM\_Danish represents a meaningful measure for identifying SDM barriers, monitoring the effect of SDM training, and supporting SDM implementation in clinical practice.

## REFERENCES

1. Giguère AMC, Bogza L-M, Coudert L, Carmichael P-H, Renaud J-S, Légaré F, Lindig A, Voyer P. Development of the IcanSDM scale to assess primary care clinicians' ability to adopt shared decision-making. medRxiv. 2020;07.01.20144204.
2. Lindig A, Hahlweg P, Christalle E, Giguère A, Härter M, von dem Knesebeck O, Scholl I. Translation and psychometric evaluation of the German version of the IcanSDM measure - a cross-sectional study among healthcare professionals. *BMC Health Serv Res*. 2021;21:541.

076

## DEVELOPING AND TESTING A SHARED DECISION MAKING INTERVENTION ABOUT DIALYSIS OR CONSERVATIVE KIDNEY MANAGEMENT

<sup>1,2</sup>Jeanette Funderup\*, <sup>3</sup>Anna Winterbottom, <sup>3</sup>Hilary L Bekker. <sup>1</sup>Department of Renal Medicine, Aarhus University Hospital, Aarhus, Denmark; <sup>2</sup>Department of Clinical Medicine, Aarhus University, Aarhus, Denmark; <sup>3</sup>Leeds Unit of Complex Intervention Development, Leeds Institute of Health Sciences, School of Medicine, University of Leeds, Leeds, UK

10.1136/bmjebm-2024-SDC.75

**Introduction** Most elderly people with chronic kidney disease must decide on having dialysis or conservative kidney management. It is challenging to know how to present the options in a balanced way for people making such decision at the start of these management pathways. The aim of this study was to develop and test a shared decision making intervention involving patients, relatives and clinicians in the decision on dialysis or conservative kidney management.

**Methods** A user-design framework<sup>1</sup> for developing and testing patient decision aids guided by International Patient Decision Aid Standards

An iterative process working with patients, relatives and clinicians from eight hospitals in Denmark and international experts

Content informed by systematic review<sup>2</sup> and patient decision aids<sup>3</sup>: 'Living well with kidney disease'<sup>4</sup> and 'Dialysis choice'<sup>5</sup>

Evaluated using the SHARED questionnaire,<sup>6</sup> interviews and focus group

**Results** The intervention, named 'Choosing treatment' was developed over five iterations with three components: 1) training of clinicians, 2) conversation between patient, relatives and clinicians, 3) a patient decision aid. The decision aid meets 21/24 IPDAS criteria, and a readability score equal to magazines. The SHARED showed that patients experienced the interventions as shared decision making, this was confirmed by patients and relatives in the interviews. About 50% chose conservative kidney management.

**Discussion** Especially the picture grams showing symptoms of kidney failure and quality of life for elderly people involved patients and relatives in the decision making process together with a decision map.

**Conclusion** We developed a shared decision making intervention acceptable for patients, relatives and clinicians for use within kidney services and implemented at eight hospitals in Denmark.

## REFERENCES

1. Wittme HO, Maki KG, Vaissou G, Funderup J, Lewis KB, Dahl Steffensen K, Beaudoin C, Comeau S, Volk RJ. Systematic development of patient decision aids: an update from the IPDAS collaboration. *Med Decis Making*. 2021 Oct;41(7):736–754.
2. Buur LE, Madsen JK, Eidemak I, Krarup E, Lauridsen TG, Taasti LH, Funderup J. Does conservative kidney management offer a quantity or quality of life benefit compared to dialysis? A systematic review. *BMC Nephrol*. 2021 Sep 11;22(1):307.
3. Winterbottom AE, Mooney A, Russon L, Hipkiss V, Ziegler L, Williams R, Funderup J, Bekker HL. Kidney disease pathways, options and decisions: an environmental scan of international patient decision aids. *Nephrol Dial Transplant*. 2020 Dec 4;35(12):2072–2082.
4. Bekker HL, Winterbottom A, Gavaruzzi T, et al. The dialysis decision aid booklet: making the right choices for you. Peterborough: Kidney Research UK, September 2020. [29/12/2023] <https://kidneyresearchuk.org/wp-content/uploads/2019/05/KR-decision-Aid-DOWNLOAD.pdf>
5. Funderup J, Dam Jensen J, Lomborg K. *Dialysis Choice*. Aarhus, Denmark: Aarhus University Hospital, June 2020. [29/12/2023] [https://e-dok.rm.dk/edok/editor/AAUHNYS.nsf/vLookupUpload/ATTACH-RMAP-BT4EF6/\\$FILE/Dialysis%20Choice%2027082020.pdf](https://e-dok.rm.dk/edok/editor/AAUHNYS.nsf/vLookupUpload/ATTACH-RMAP-BT4EF6/$FILE/Dialysis%20Choice%2027082020.pdf)
6. Bekker H, Légaré F, Nye A, Walker W. SHARED - a patient experience of shared decision making questionnaire 2012 [29/12/2023]. Available from: <https://eprints.whiterose.ac.uk/182477/>.

077

## HOW CAN SHARED DECISION-MAKING TURN INTO PATERNALISM – AND HOW SHOULD WE THINK ABOUT THIS ETHICALLY?

Anniken Fleisje. Oslo Metropolitan University, Norway

10.1136/bmjebm-2024-SDC.76

**Introduction** When a health professional overrides a patient's preferences for the patient's own good, we have a case of paternalism. Paternalism is commonly considered ethically problematic and antithetical to shared decision-making (SDM), where all involved parties share their perspectives before a decision is reached. But does SDM necessarily prevent paternalism, and how should we think ethically about a mix between the two?

**Methods** Qualitative content analysis of 200 video-recorded medical encounters from a Norwegian hospital, combined with philosophical and normative analysis.

**Results** The analyses revealed that treatment conversations can evolve from non-paternalism to paternalism when a health professional moves from trying to make a patient *want* treatment (what I call *convincing*), to making the patient consent to something despite the patient not really wanting it (what I call *persuading*). This may happen, for example, when patients are overwhelmed by emotions such as fear.

**Discussion** A treatment conversation may begin as an SDM process in the sense that all parties share their perspectives, with the goal of reaching a joint decision. However, it may unnoticeably end in paternalism if the final decision lies closer to what the health professional thinks is best, than to what the patient wants. That being said, SDM also has its ethical pitfalls, depending on how it is performed.

**Conclusion** I will argue that health professionals should be aware of the fine line between SDM and paternalism. At the same time, paternalism may be beneficial for the patient – if it borrows central aspects from SDM.

The presentation will be based on my PhD dissertation *Doctors Pushing Patients: Communicative Paternalism and Not-So-Shared Decision-Making* from December 2023.

078

#### CO-DESIGN AND CULTURAL GOVERNANCE IN DEVELOPING 'FINDING YOUR WAY': A CULTURALLY ADAPTED SHARED DECISION-MAKING RESOURCE FOR ABORIGINAL COMMUNITIES IN NEW SOUTH WALES, AUSTRALIA

<sup>1</sup>David Follent\*, <sup>1</sup>Tara Dimopoulos-Bick, <sup>1</sup>Val Middleton, <sup>1</sup>Catherine Kostovski, <sup>1</sup>Regina Osten, <sup>2</sup>Cory Paulson, <sup>3</sup>Shazza Taylor, <sup>4</sup>Lyndal Trevena. <sup>1</sup>Agency for Clinical Innovation, New South Wales Government, Sydney, Australia; <sup>2</sup>Royal Flying Doctors Service, Broken Hill, Australia; <sup>3</sup>Health and Training Institute, New South Wales Government, Sydney, Australia; <sup>4</sup>Faculty of Medicine and Health, University of Sydney, Sydney, Australia

10.1136/bmjebm-2024-SDC.77

'Finding Your Way' (FYW) is a culturally tailored shared decision-making (SDM) tool designed specifically for Australia's Aboriginal communities across New South Wales (NSW). It emerged as a response to the challenges posed by the COVID-19 pandemic and was developed through a collaborative effort involving Aboriginal health workers and community members in NSW. This study examines its reception, usability, and potential as an SDM tool for health and well-being decisions.

**Methods** The creation of FYW was deeply rooted in a commitment to partnership and Aboriginal leadership. The resource reflects cultural values and preferred learning styles, utilizing the Eight Ways of Aboriginal Learning (8 Ways) pedagogy, which emphasizes non-linear and visual elements. Data collection included user feedback, both positive and negative, and an analysis of web and social media metrics, with adaptations made to account for cultural relevance.

**Results** Users praised the resource's visual appeal, simplicity, and interactivity, deeming it culturally appropriate and versatile. However, users also wanted it to cover more health and well-being decisions beyond COVID-19 vaccines.

**Discussion** The co-design process and FYW governance framework were instrumental in ensuring its acceptance and cultural appropriateness. This inclusive approach ensured alignment with the values and learning preferences of the Indigenous community. The study suggests that 'Finding Your Way' could have applications beyond its original purpose, highlighting the importance of culturally responsive governance and co-design in healthcare initiatives for Aboriginal populations.

**Conclusion** FYW is a well-received and culturally appropriate SDM resource for Aboriginal communities across NSW. However, further support is necessary for effective integration into clinical practice, including developing accessible formats, practice guidelines, and comprehensive training. This resource has the potential to enhance healthcare experiences, improve decision-making quality, and yield better outcomes for Aboriginal communities, emphasizing the critical role of co-design and governance in healthcare initiatives tailored to Indigenous populations.

079

#### THE CRUCIAL ROLE OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS AND PRACTITIONERS IN SHARED DECISION-MAKING

<sup>1,2</sup>David Follent\*, <sup>1</sup>Karl Briscoe, <sup>1</sup>Judith Parnham, <sup>1</sup>Suzie Smith, <sup>1</sup>Antionette Liddell, <sup>1</sup>Richelle Jackson, <sup>1</sup>Yancy Laifoo, <sup>1</sup>Raelyne Mckenna, <sup>1</sup>Skyan Fernando, <sup>1</sup>Dawn Daly. <sup>1</sup>National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP), Phillip, Australia; <sup>2</sup>Agency for Clinical Innovation, New South Wales Government, Sydney, Australia

10.1136/bmjebm-2024-SDC.78

**Introduction** The pivotal role played by Aboriginal and Torres Strait Islander Health Workers and Health Practitioners (ATSIHW&P) in facilitating Shared Decision-Making (SDM) with patients, particularly within Indigenous communities in Australia. This emphasises the significance of culturally competent care and their unique perspectives; this study explores the multifaceted roles of these Health Workers in SDM.

**Methods** Our research methodology involved an extensive review of the contributions of Aboriginal and Torres Strait Islander Health Workers in healthcare settings, coupled with consultations with healthcare professionals, community members, and ATSIHW&P themselves to gain comprehensive insights into their involvement in SDM.

**Results** The study highlights several critical roles that ATSIHW&P fulfil in SDM, including acting as cultural liaisons, promoting cultural competence, facilitating effective communication, advocating for patients' rights, providing health education, and actively engaging in SDM discussions. Collectively, these roles enhance the patient experience, promote health literacy, and empower patients to make informed healthcare decisions.

**Discussion** Our discussion underscores the cultural competence of ATSIHW&P and their ability to bridge the gap between patients and healthcare providers. They create culturally safe environments, ensure patients' voices are heard, and offer emotional support during challenging healthcare decisions. Their roles extend to care coordination, community engagement, and fostering trust and confidence among patients.

**Conclusion** Aboriginal and Torres Strait Islander Health Workers play an instrumental role in promoting SDM in healthcare settings. Their roles encompass cultural competence, advocacy, communication, and patient empowerment. Recognising their value in SDM is essential for patient-centred care and improved health outcomes, particularly within Indigenous communities. Culturally safe healthcare environments, empowered patients, and enhanced health literacy are outcomes that underscore the importance of ATSIHW&P in SDM. This study emphasises the need to acknowledge, support, and further integrate their roles to ensure culturally efficient, effective, and appropriate healthcare decision-making for Aboriginal and Torres Strait Islander patients.