



**Title** Patient Involvement Between Ideals and Reality

**Agency**

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**Reference**

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www.sst.dk/Udgivelser/2008/Patient%20involvement%20between%20ideals%20and%20reality%20-%20an%20empirical%20study%20of%20shared%20decision%20making%20and%20ordinary%20encounters%20between%20patients%20doctors%20and%20nurses%20summary%20-%20a%20Health%20technology%20Assessment.aspx

**Aim**

To open a debate with healthcare professionals and decision makers about how to shape and develop patient involvement.

**Conclusions and results**

Several parameters affect patient involvement in decision making. The report shows that patient involvement in everyday clinical practice depends on:

1. Expectations of patients and healthcare professionals
2. The specific clinical situation
3. Type of treatment and treatment decisions

The correlation between these parameters creates both possibilities and barriers for patient involvement – and interaction between patients and healthcare professionals is shaped in the interplay between these parameters. An understanding of the interplay between the parameters, as shaped in the context of each department and clinic, is a necessary prerequisite for generating greater patient involvement. This conclusion is substantiated by several empirical analyses that illustrate how such interplay is shaped in cardiac rehabilitation and arthritis clinics.

The report discusses the potential benefits from supporting explicit, patient-involving dialogue. Research on patient involvement has led to development of several tools for this type of communication support. The report concludes with a proposal to work toward adapting these tools to the conditions of the Danish healthcare system and society.

**Recommendations**

This HTA offers recommendations at the department level and to the individual health professional. It emphasizes the importance of keeping in mind that the goal of patient involvement is not for the patient to know everything and make decisions about everything. However, the following objectives should be central:

- Patients must know about the treatment system, potential risks, and the progress of the procedure
- Patients should be able to understand the purpose of the clinical dialogue, that they themselves contribute important knowledge, and what kind of choice they are part of
- Patients should be encouraged to engage in dialogue and ask questions.

Such efforts will strengthen both the patient and healthcare professionals in making decisions regarding treatment.

**Methods**

The empirical study is a qualitative case study. In total, 50 cases from cardiac rehabilitation and arthritis treatment units were chosen for observation and further analysis. In addition, 21 qualitative interviews were conducted with patients and 17 with their nurses and doctors. The interviews were conducted and analyzed in a narrative perspective. Observations were analyzed with special attention to how knowledge is exchanged between patients and healthcare professionals, and how the dialogue affects and shapes the course of treatment and treatment decisions.