

Editorial

As clinicians armed with years of education and hours of clinical training we feel we are best qualified to make decisions regarding the management of hearing loss for our patients. We are there for them and our primary goal is to provide them with the best services possible. We carefully extol our recommendations in a timely and sensitive manner. But how often do we consider the patients to be passive recipients of our expertise? How often do patients fail to follow through with our plan? Consider an alternative model with patients as partners. Shared decision making is a process to ensure that the treatment plan is one that the provider and the patient reach together and that is consistent with the patient's values. This collaborative effort is assisted by using decision aids which provide information to the patient about the advantages and disadvantages of each treatment option. Evidence in the literature supports those patients who go through the shared decision making process feel empowered and are more likely to adhere to the selected plan (Kuehn, 2009).¹ A Cochrane review of 55 randomized controlled trials of shared decision making reported that patients who used decision aids were more knowledgeable about their treatment options, were more actively involved in the decision process, and were more satisfied with their decision and the process itself (O'Connor et al., 2003).²

In this issue of *JARA*, Ariane Laplante-Lévesque and colleagues present research on the application of shared decision making to audiologic rehabilitation. Dr. Laplante-Lévesque was presented the Oyer Award for her work at the Fall 2010 Institute held in San Francisco. The study examined a sample of individuals with no prior audiologic rehabilitation experience who participated in an investigation of shared decision making. Two central themes emerged from the work: the importance of trust and the need of patients to tell their own story. This reminds us that the partnership between patient and clinician is one where both parties bring important elements and is advocated on the basis that patients have a right to self-determination and the expectation is that it will increase adherence to the rehabilitation plan.

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Editor

¹Kuehn, B.M. (2009). States Explore Shared Decision Making. *JAMA*, 301(24), 2539-2541.

²O'Connor, A.M., Bennett, C.L., Stacey, D., Barry, M., Col, N.F., Eden, K.B., et al. (2009). Decision Aids for People Facing Health Treatment or Screening Decisions [Review]. *The Cochrane Collaboration*.