

A photograph of an elderly man with extensive, raised, red, and scaly skin lesions covering his entire body, including his face and arms. He is sitting in a natural hot spring, leaning against a dark, rocky ledge. The water is a clear, bright blue, and the background is a solid light blue. The man has a serene expression, looking upwards with his eyes closed. His hands are clasped together near his chest.

(病)人為中心的跨領域全人整合健康照護: 以SDM為例

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The Three Categories of Unwarranted Variation in Health Care Delivery

Effective Care
Choosing Wisely
Preference-
Sensitive Care
SDM

Supply-
Sensitive Care
Medical system

John E. Wennberg

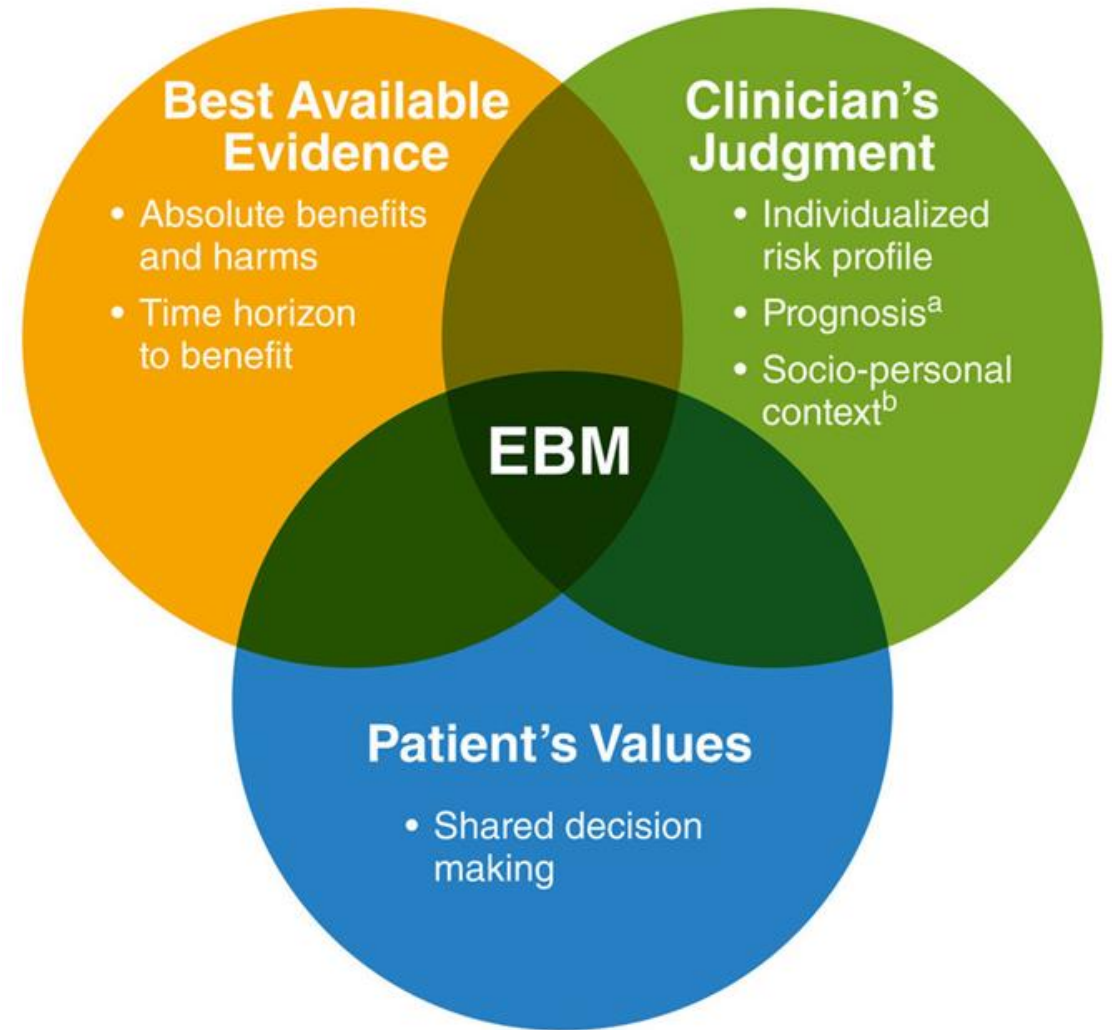
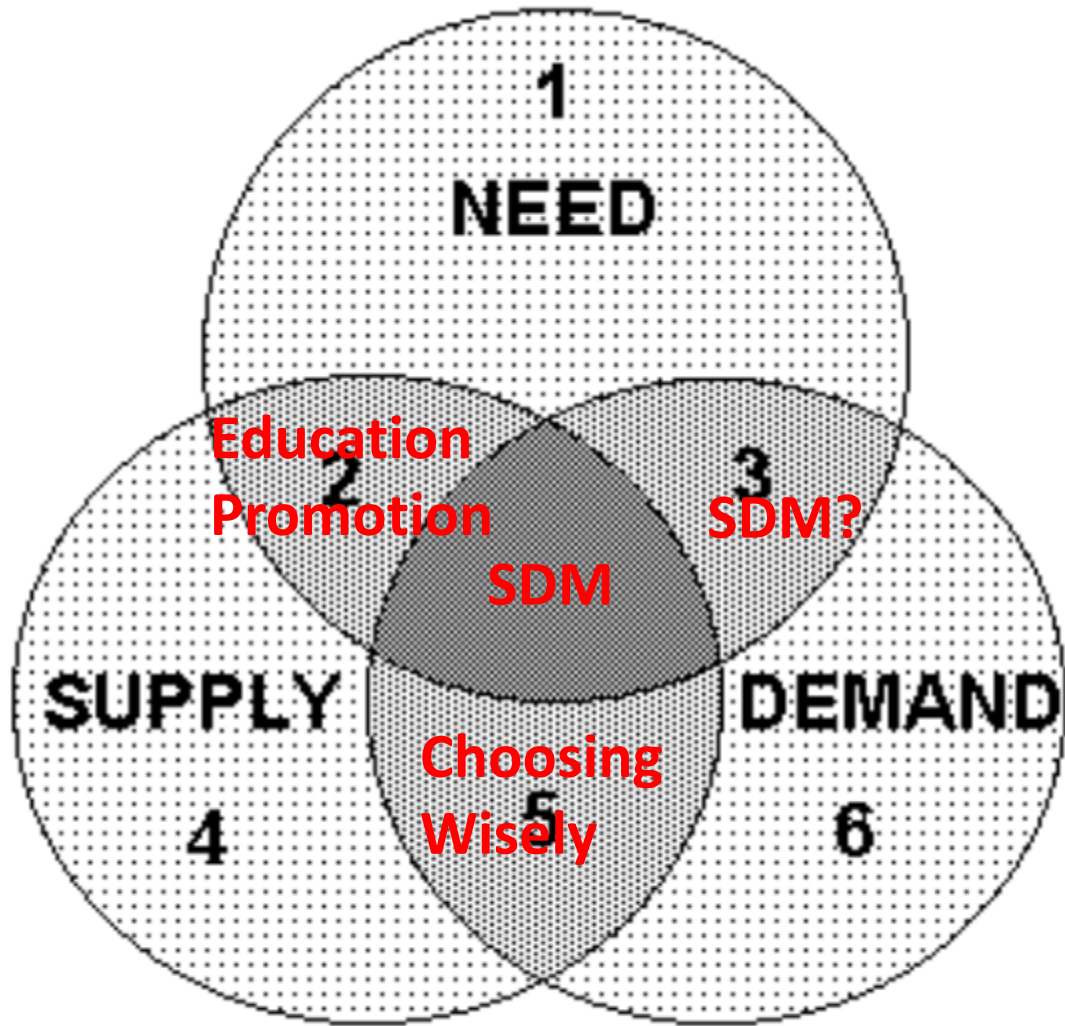


Figure 2: Relation between need, supply and demand: overlapping central area shows ideal relation (adapted from Wright et al, 1998)

Clinical practice guidelines (CPGs)

幫助醫師回答:

我們應該做什麼?

我們 = 醫師

我們應該做什麼? = 什麼行動方案是對的?

義務的程度?

目標之一是降低實務的差異性:

減少 overuse, underuse, 與 misuse

Shared decision making (SDM)

幫助病人回答
我應該做什麼？

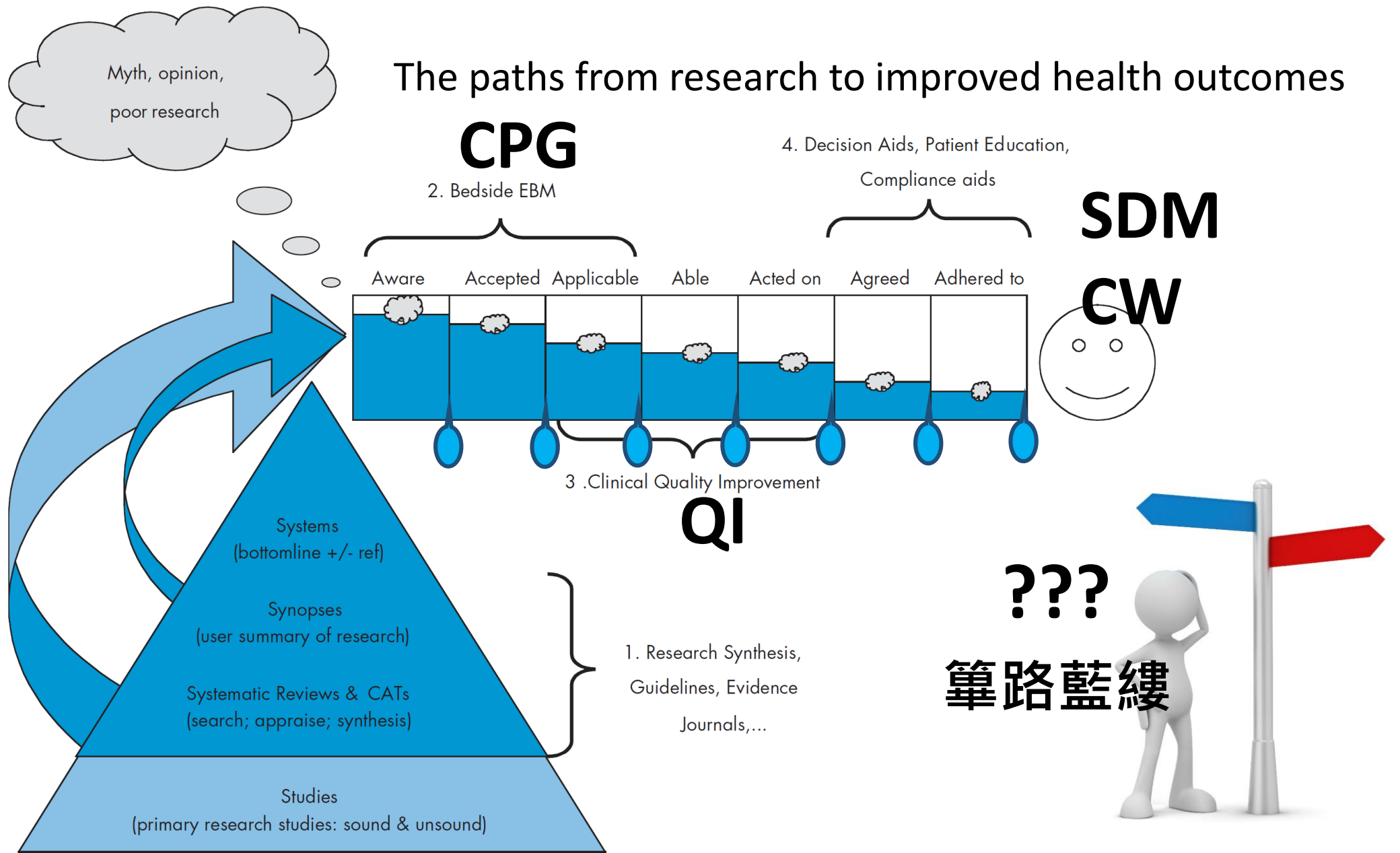
我 = 病人

我應該做什麼？= 什麼行動方案最符合我的目標？

Shared decision making (SDM) 幫助病人

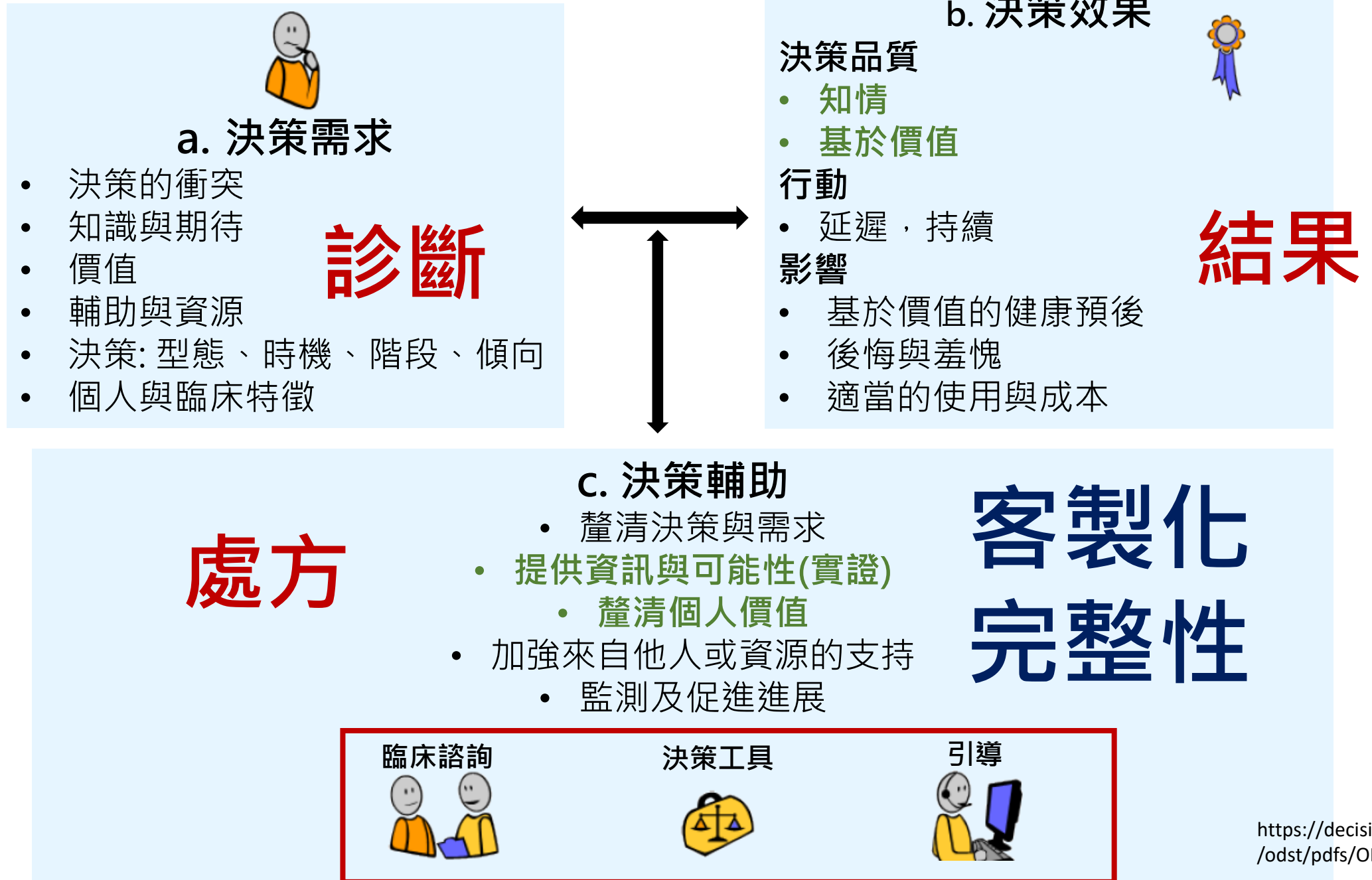
- 知道可以有選擇
- 表達他們的價值 (想法, 目標)
- 了解對於病人重要結果的相關實證
- 決定充分知情的偏好

目標之一是增加實務的多樣性：
多樣的實務來符合病人



The research-to-practice pipeline. New research, of varying soundness, is added to the expanding pool and enters practice both directly or is reviewed, summarised, and systematised (delay) before entering practice, with leakage occurring at each of several stages between awareness and patient outcome. Different knowledge translation disciplines focus on different parts of the pipeline (1–4).

渥太華決策輔助架構 (Ottawa Decision Support Framework)



Three-talk model of shared decision making

1

Team talk

Work **together**, describe choices, offer support, and ask about goals

Let's work as a team to make a decision that suits you best

主動聆聽
密切關注及正
確回應

深思熟慮
面對決定仔細
思考選項

2

Option talk

Discuss **alternatives** using risk communication principles

Let's compare the possible options

3

Decision talk

Get to informed preferences, make preference-based **decisions**

Tell me what matters most to you for this decision

達到知情偏好，
做出符合偏好的
決定

告訴我，做這決定時，
您最重要的考量是什麼？

共同努力
描述選擇
提供支持
詢問目標

讓我們像一個團隊一樣共
同努力，做出適合您的最
好決定

使用風險溝通原則
來討論替代方案

讓我們比較可能的選項



攝護腺根除比較



傳統手術



腹腔鏡



達文西手臂

手術時間	2-4小時	1.5-4小時	1.5-4小時
出血量	200-2000C.C.	100-600C.C.	50-100C.C.
輸血率	20-60%	5-20%	5%以內
傷口大小	10-15公分	5孔，各約 0.5-1.2公分	5孔，各約 0.5-1.2公分
導管置放	7-14天	4-12天	3-10天
住院天數	術後5-10天	術後3-6天	術後1-4天
術後疼痛 指數	4-8	2-6	2-5
尿失禁 解除時間	一年內 60~95%	一年內 90~95%	一年內 90~100%
性功能 恢復	一年內 30~80%	一年內 50~90%	一年內 60~95%
費用	健保給付	部分耗材 自費	自費，約 15-20萬

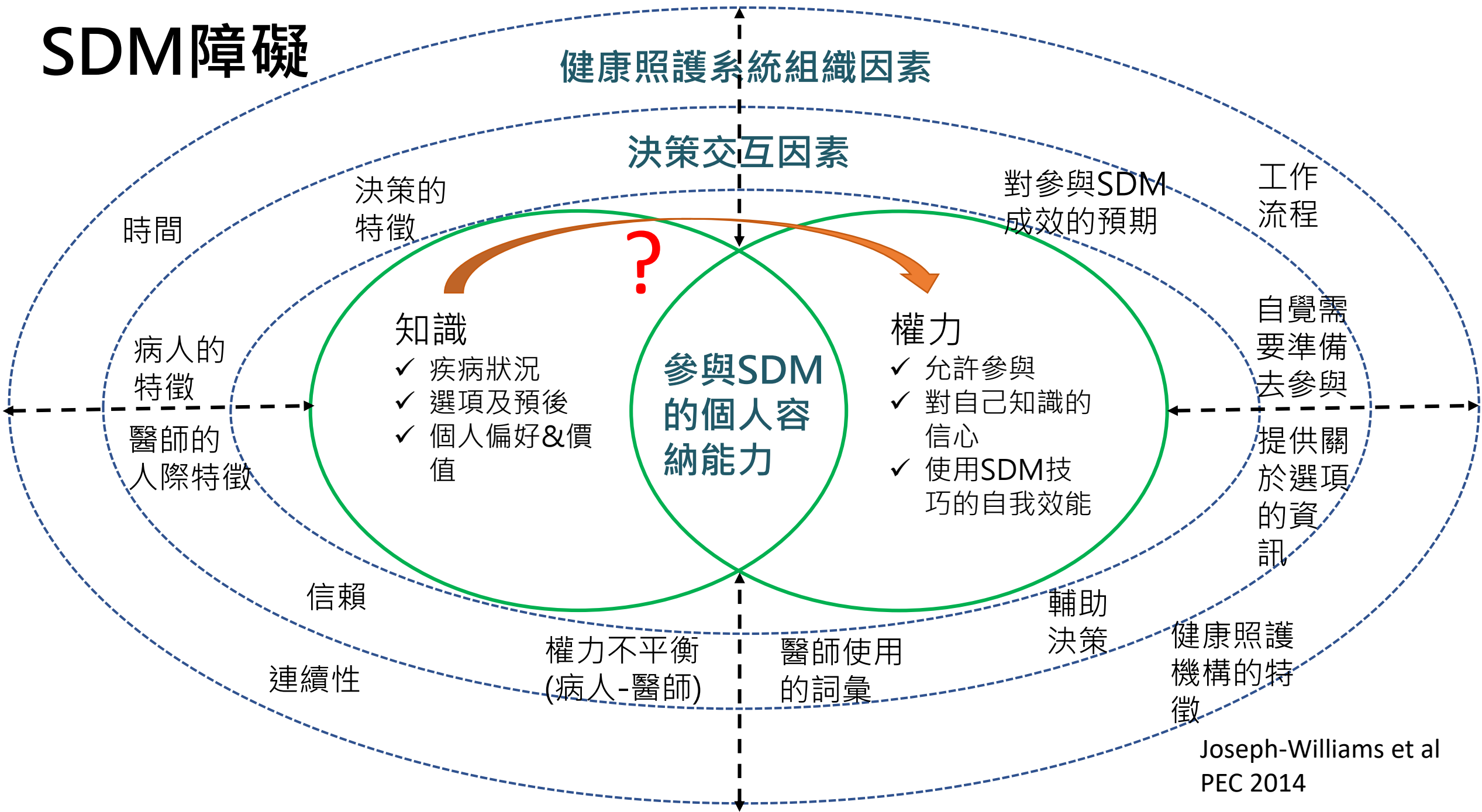
去年達文西手術量排名




達文西應用各科手術量




SDM障礙



A photograph of an elderly man with grey hair and a beard, wearing a blue bathrobe, sitting in a blue bath. He is leaning back against a dark, textured rock. The background is a solid light blue color.

病人為中心的全人整合健康照護: 以SDM為例?????

A woman with blonde hair tied back, looking down with a somber expression. She has several large, red, circular lesions on her upper chest and shoulder. The background is a bright, sunny beach with blue water and a rocky island in the distance.

A diagnosis involves not just
what is the matter with a patient
but also what matters to a
patient

診斷不僅是病人發生了什麼事，
還涵蓋它對病人的重要性

People-centred care
means ensuring that
HEALTH SERVICES
are tailored to people's
NEEDS



and are provided
in partnership
WITH THEM

Rather simply given
TO THEM



RESPECTED

ENGAGED



INFORMED

SUPPORTED

IMPLEMENTING
people-centred care
requires
FUNDAMENTAL CHANGES
in our approach to health care



It means

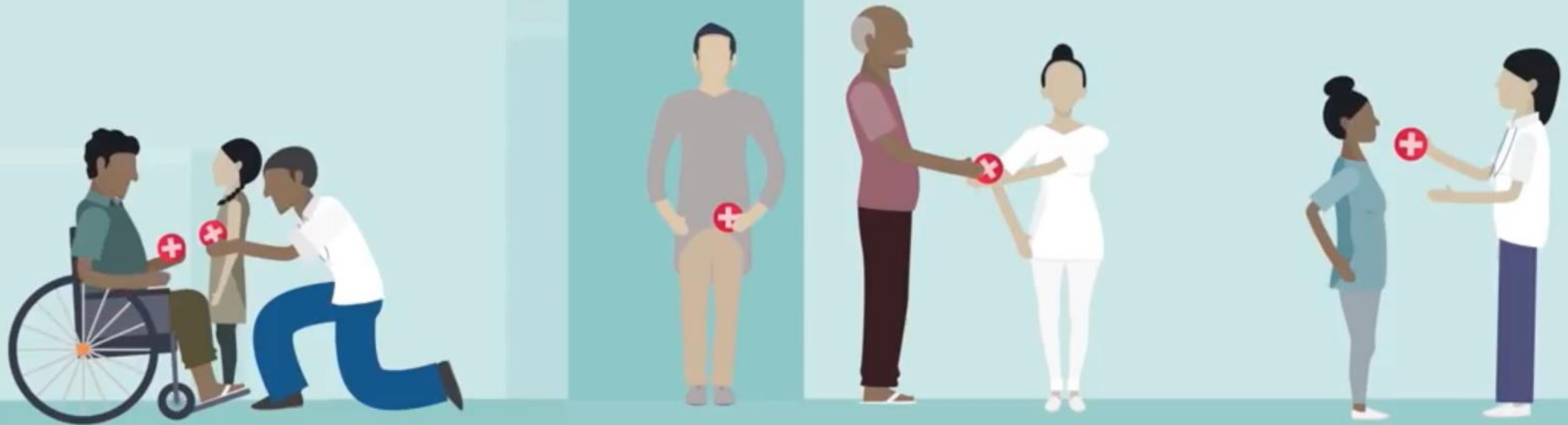
RETHINKING

how health services are

ORGANIZED, MANAGED, AND DELIVERED



It means
shifting away from asking
**‘what is the matter
WITH YOU?’**



‘What matters
to **YOU?**’



Coproduction Care Cycle

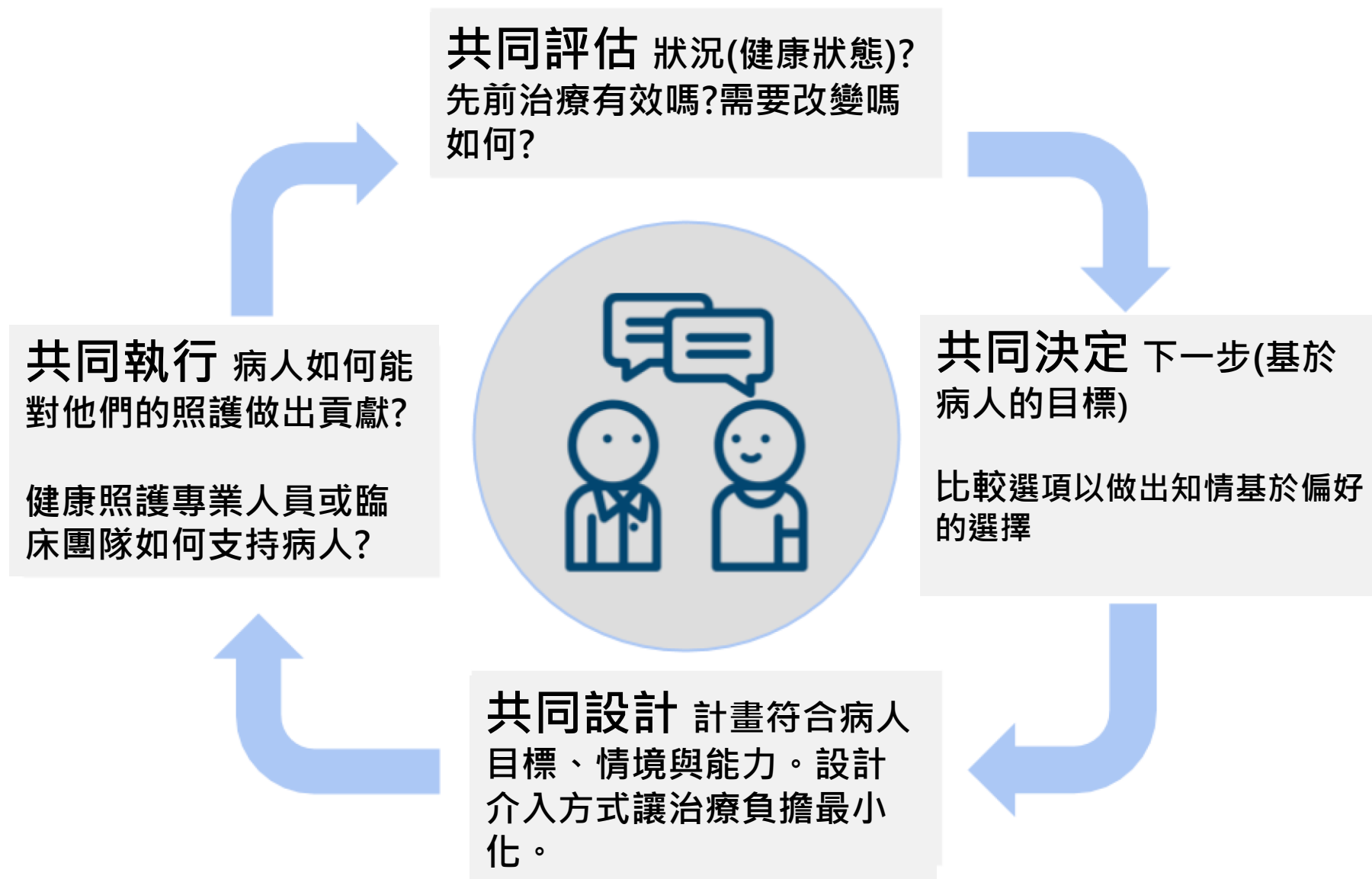


Figure 1 Coproduction cycle: cooperation for optimal care. Elwyn G, et al. BMJ Qual Saf 2019;0:1–6. doi:10.1136/bmjqs-2019-009830

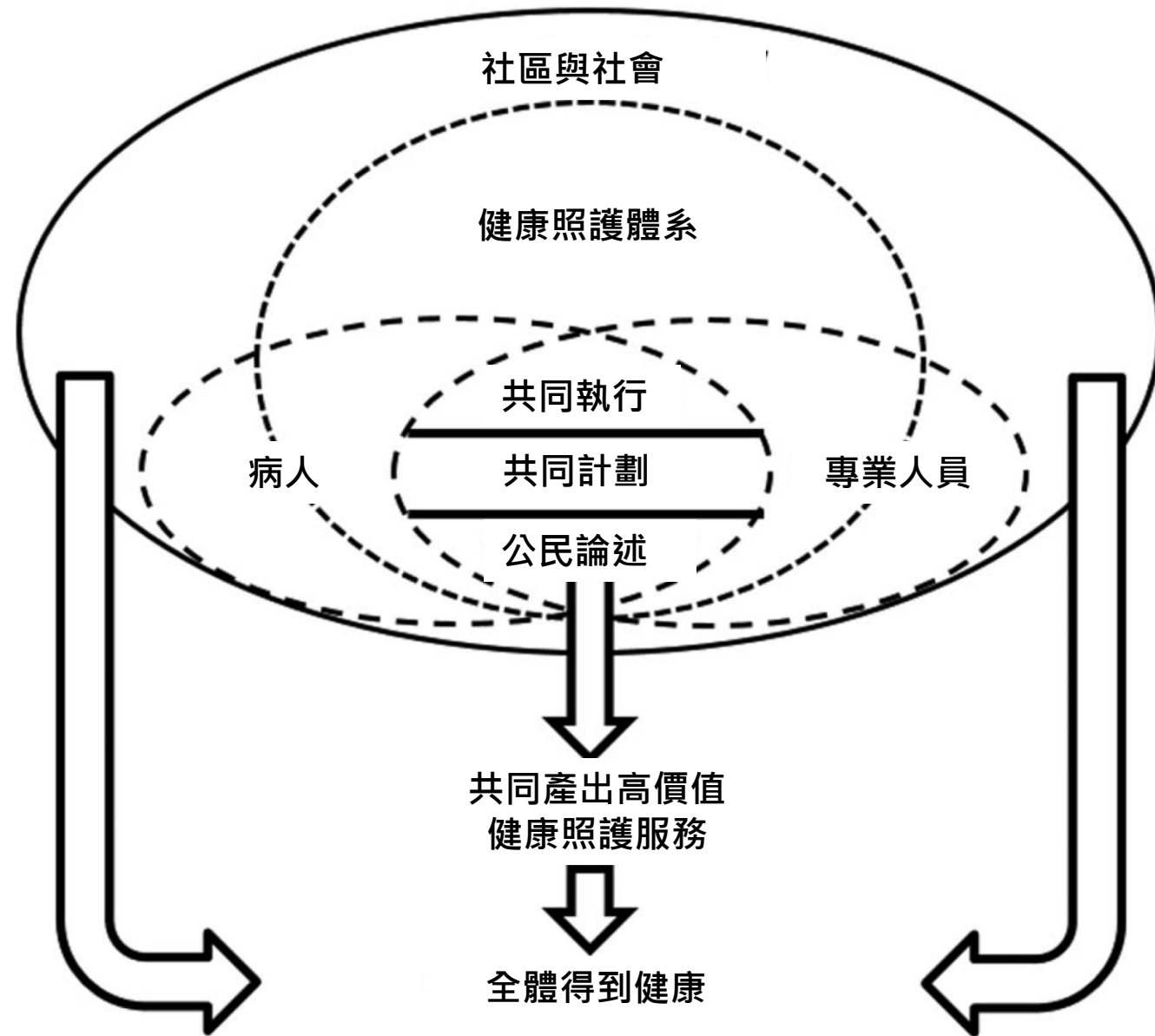
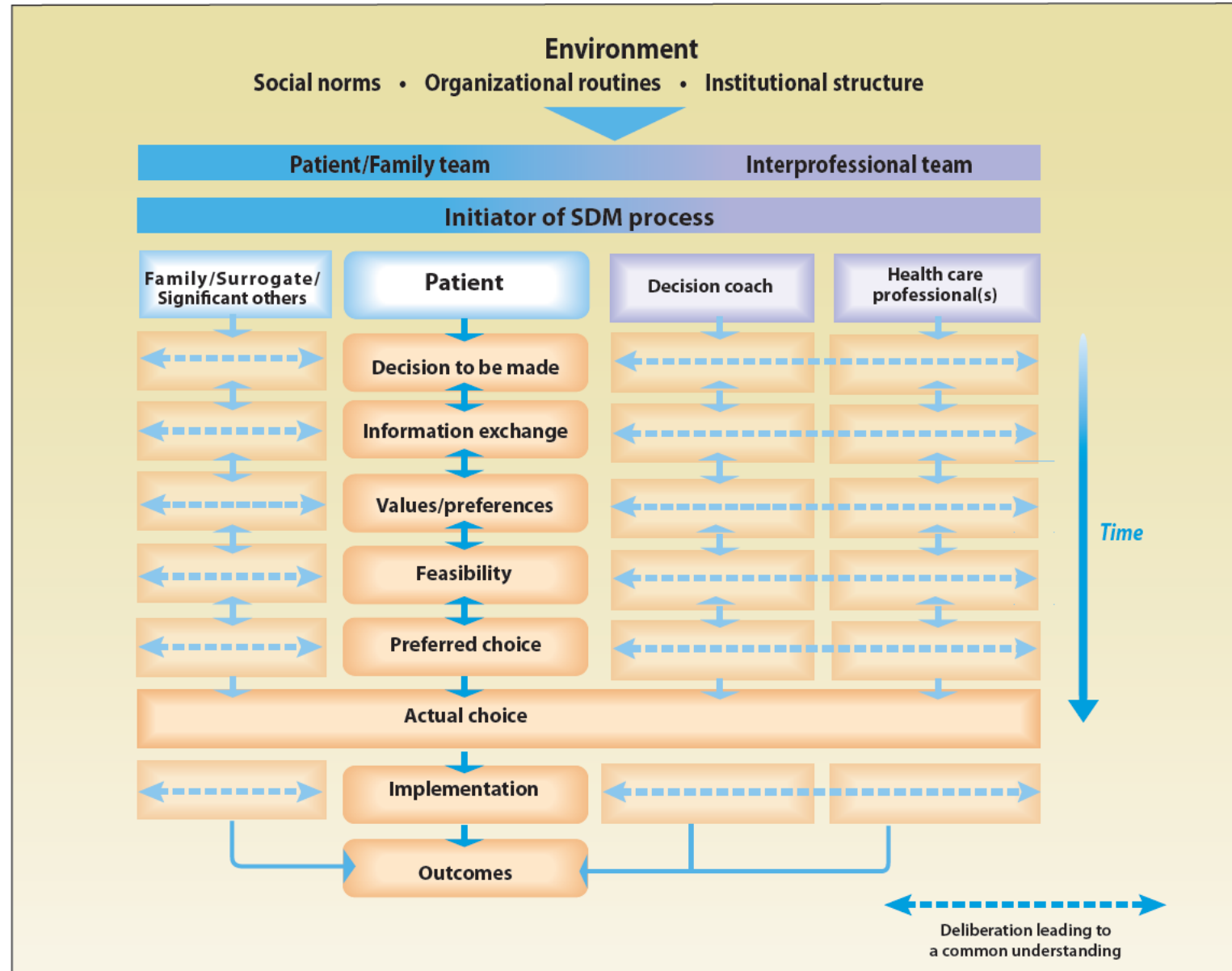


Figure 3 Conceptual model of healthcare service coproduction.

Batalden M, et al. BMJ Qual Saf 2015;0:1–9. doi:10.1136/bmjqs-2015-004315

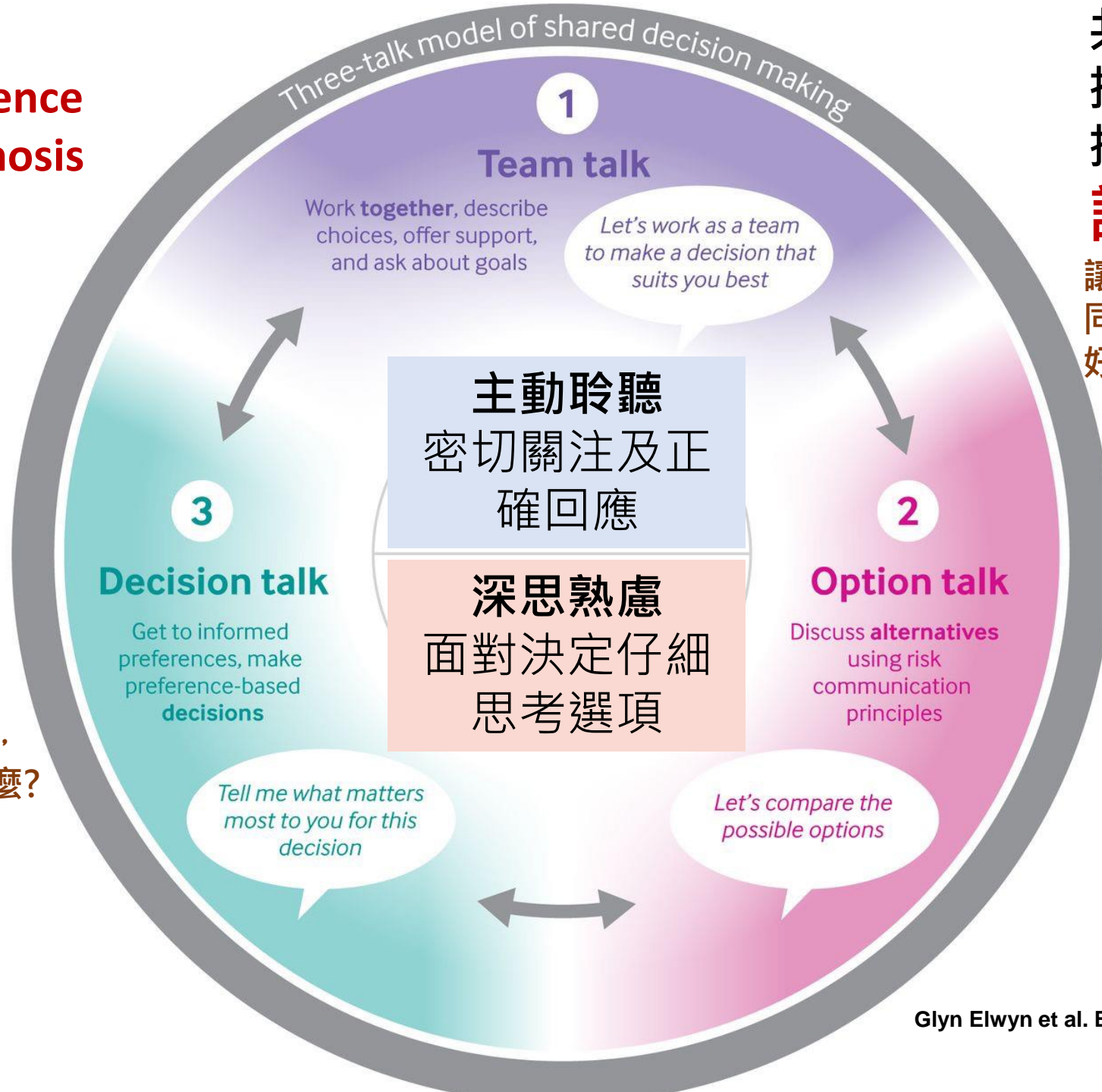
IP-SDM MODEL



Informed preference Preference diagnosis

達到知情偏好，
做出符合偏好的
決定

告訴我，做這決定時，
您最重要的考量是什麼？



共同努力
描述選擇
提供支持

詢問目標

讓我們像一個團隊一樣共同努力，做出適合您的最好決定

使用風險溝通原則
來討論替代方案

讓我們比較可能的選項



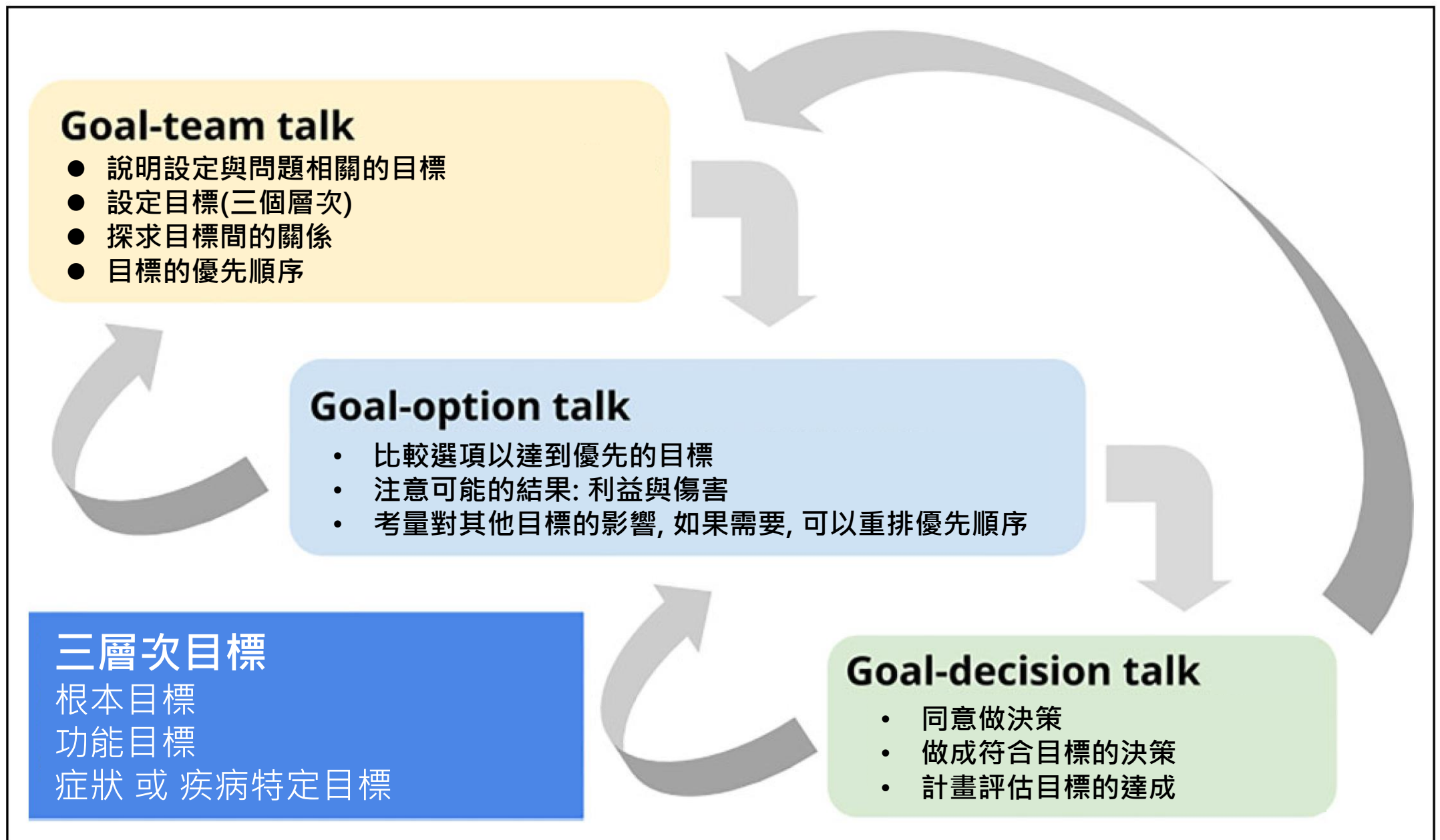
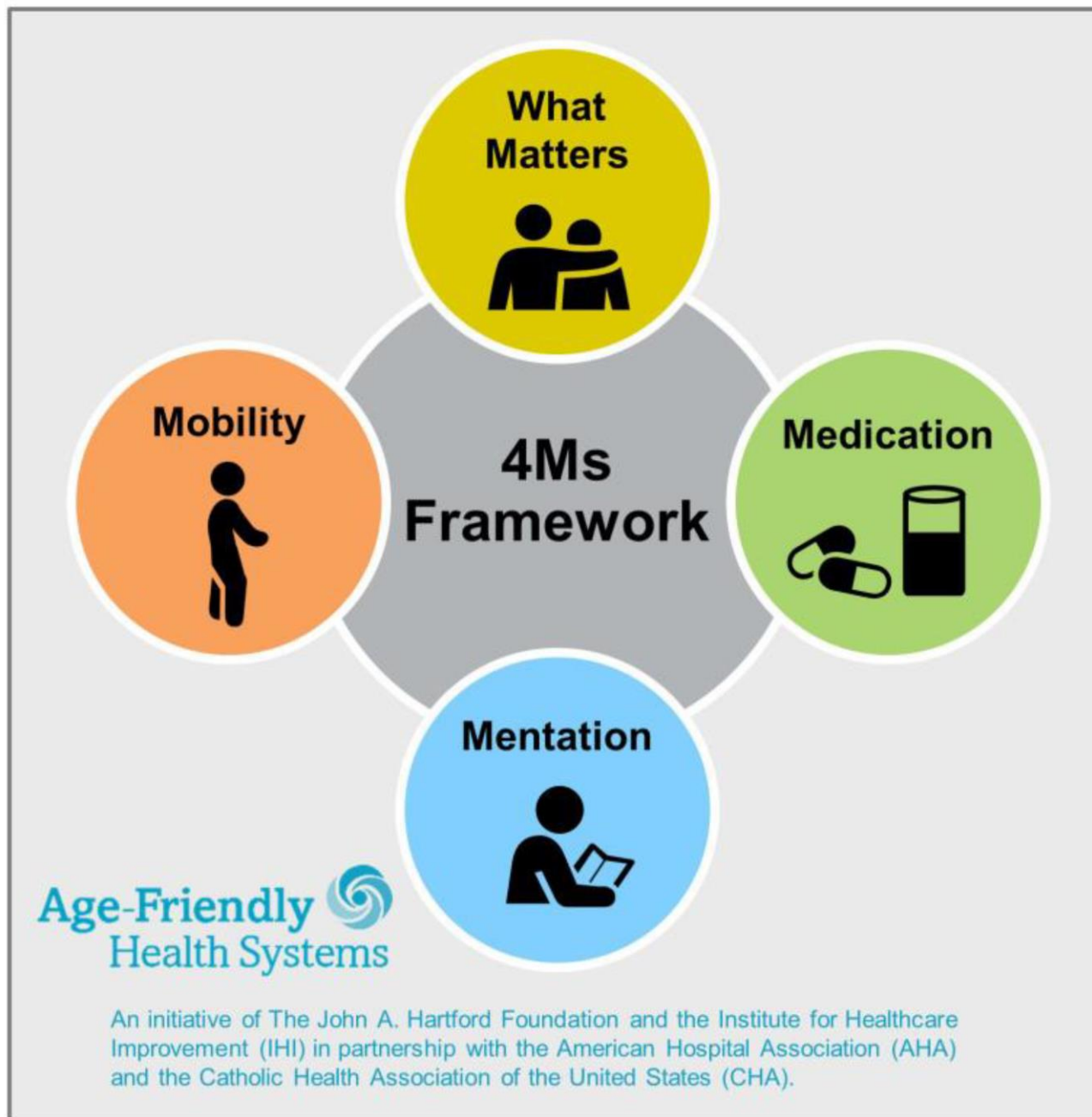


Figure 1. The goal-based shared decision-making model.



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

在意的事

所有照護部門都能知道並執行符合每位高齡成人的特定健康目標及偏好的照護，這並不只限於生命末期照護

藥物

於所有照護部門，如果藥物是必要的，使用高齡友善藥物，不會干擾高齡成人在意的事、活動力或認知功能

認知功能

所有照護部門能預防、確認、治療、及處理失智、憂鬱、與譫妄

活動力

確保高齡成人每天都能安全移動，使能維持功能及去做在意的事

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf

高齡友善 健康體系

4Ms:

What matters (在意的事)、
Medication(藥物)、
Mentation(認知功能)、
Mobility (活動力)

取得

知道每一位您照顧高
齡成人的4Ms

行動

使4Ms融入照護計畫

	取得	行動
	於您的照護中，知道每位高齡成人的4Ms	將4Ms融入照護計畫
	關鍵行動 (至少每年或狀況改變之後):	
門診/急診	<ul style="list-style-type: none"> • 詢問高齡成人“最在意的事” • 紀錄“最在意的事” • 檢視高危險藥物的使用 • 篩檢認知功能障礙 • 篩檢憂鬱症 • 篩檢活動力障礙 	<ul style="list-style-type: none"> • 依“最在意的事”執行照護計畫 • 調整高風險藥物的劑量。如果可能，避免使用 • 如果認知功能障礙篩檢是陽性，轉介做進一步評估及處理認知功能障礙明顯的部分 • 如果憂鬱症篩檢是陽性，確認及處理導致憂鬱的原因並且啟動(或轉介)治療 • 確保能安全的活動

SDM全人醫療的五全照護

全人

尊重價值/偏好的
身心靈整體照護



全家

整合全家觀
點提供照護



全隊

跨專業/領域
的合作團隊



全程

往目標前進
的全程陪伴



全社區

從醫院推展
到社區



Global Competency and Outcomes Framework for Universal Health Coverage



World Health Organization

自強

Competencies related to self-governed behaviours



實證

Competencies related to the generation of evidence and information and their integration into practice



協作

Competencies related to the practice philosophy of teamwork



人本

Competencies related to the provision of health services that incorporate perspectives of individuals, caregivers, families and communities as participants in and beneficiaries of health systems



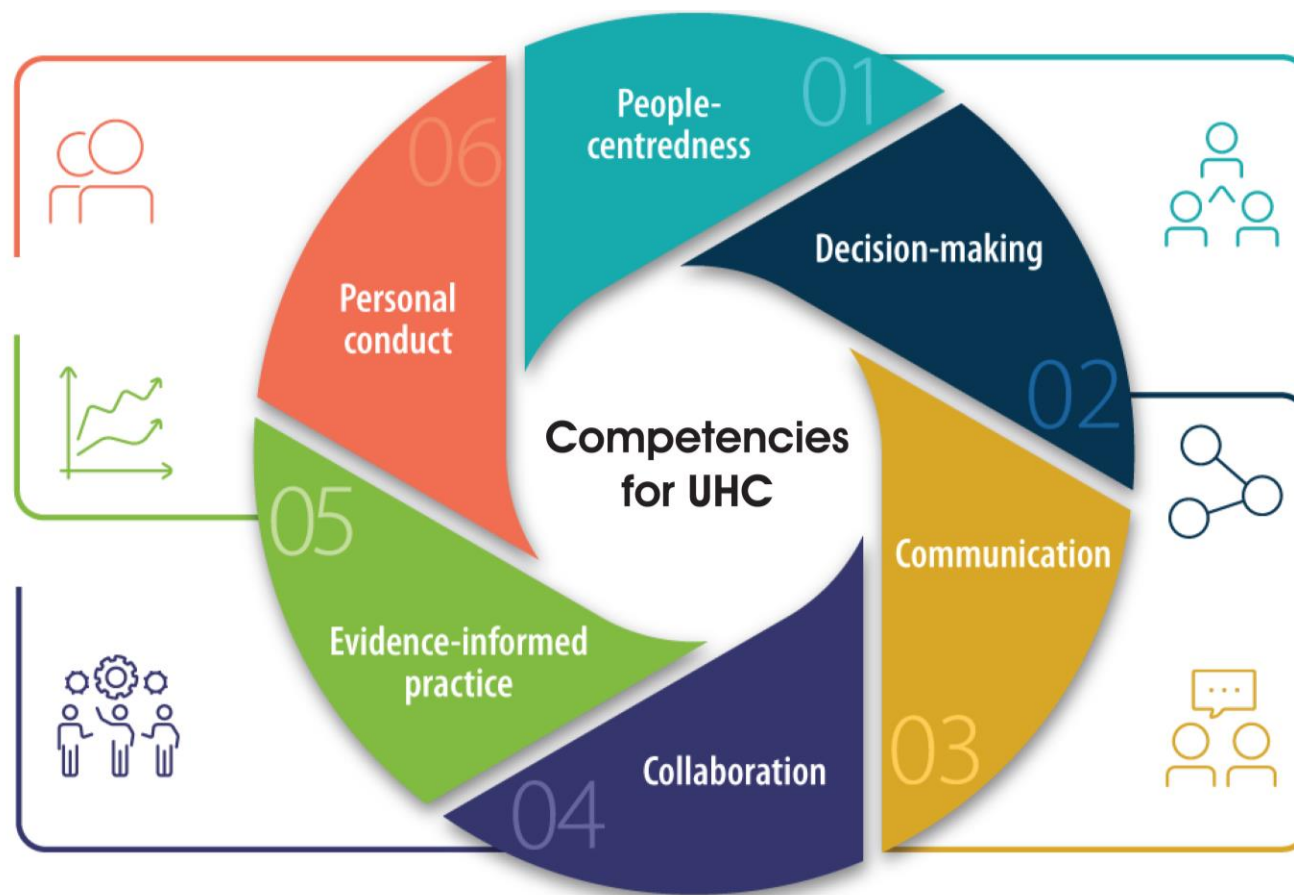
決策

Competencies related to the approach to decision-making



溝通

Competencies related to effective communication



自我觀照
管理

Teamwork, IPP

SDM: 以能力為基礎的以人為中
心之全人醫療整合照護

Evidence

整合

Resources
Cost-effectiveness
Equity
Acceptability
Feasibility

溝通、決策

Desirable
effects

包括: 身、心、
靈、社會

Undesirable
effects

包括: 身、心、
靈、社會

Matters

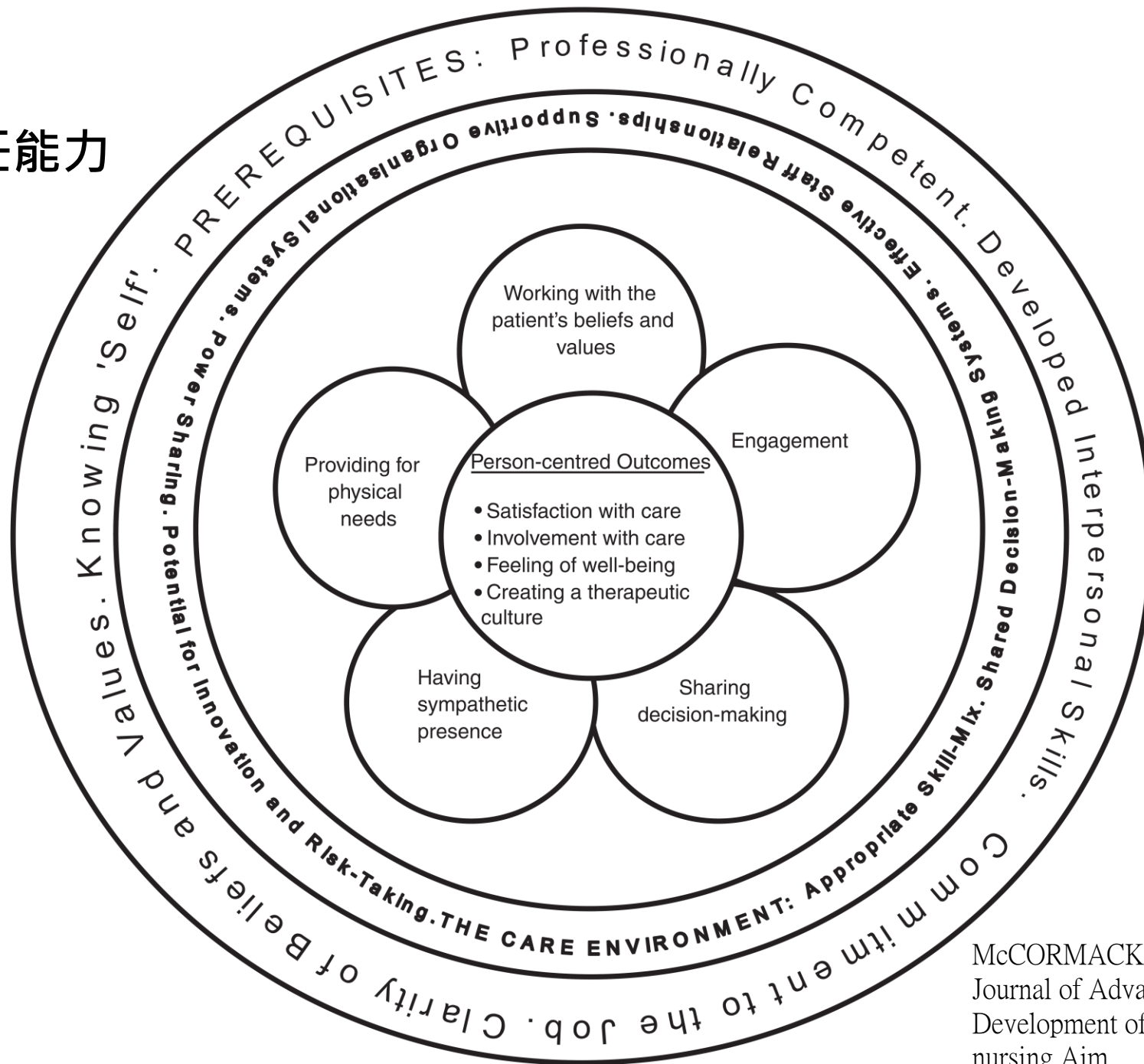
人為中心,
領導力

先備條件: 勝任能力

- 專業能力
- 人際技巧
- 工作使命
- 釐清利益及價值
- 知道自己

照護環境: 提供照護的內容

- 適當的混合技巧
- 促進SDM的體系
- 有效的成員關係
- 組織化支持系統
- 權力分享
- 創新及風險承擔



流程: 照護活動

- 參與投入 (Engagement)
- SDM
- 具有同理心
- 提供生理需求照護
- 顧及病人利益及價值

結果:

- 照護滿意度
- 照護參與度
- 幸福感
- 營造治療文化

McCORMACK B. & McCANCE T.V. (2006)
Journal of Advanced Nursing 56(5), 472 – 479
Development of a framework for person-centred nursing Aim.



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Epistemic justice is the basis of shared decision making

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身份
詮釋

ARTICLE INFO

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Shared decision-making
Epistemic justice
SDM definition
Communication

ABSTRACT

Background: There is little evidence that share decision-making (SDM) is being successfully implemented, with a significant gap between theory and clinical practice. In this article we look at SDM explicitly acknowledging its social and cultural situatedness and examine it as a set of practices (e.g. actions, such as communicating, referring, or prescribing, and decisions relating to them). We study clinicians' communicative performance as anchored in the context of professional and institutional practice and within the expected behavioural norms of actors situated in clinical encounters.

Discussion: We propose to see conditions for shared decision-making in terms of epistemic justice, an explicit acknowledgment and acceptance of the legitimacy of healthcare users and their accounts and knowledges. We propose that shared decision-making is primarily a communicative encounter which requires both participants to have equal communicative rights. It is a process that is started by the clinician's decision and requires the suspension of their inherent interactional advantage.

Conclusion: The epistemic-justice perspective we adopt leads to at least three implications for clinical practices. First, clinical training must go beyond the development of communication skills and focus more on an understanding of healthcare as a set of social practices. Second, we suggest medicine develop a stronger relationship with humanities and the social sciences. Third, we advocate that shared decision-making has issues of justice, equity, and agency at its core.

SDM照護心法

不宜 **X**

- 以矯正心說服
- 以煩惱心陪伴
- 以無明心相應

應 **O**

- 以慈悲心接納
- 以清淨心陪伴
- 以菩提心相應

Preference Diagnosis





我希望...

SDM全人醫療的五全照護

全人

尊重價值/偏好的
身心靈整體照護



全家

整合全家觀
點提供照護



全隊

跨專業/領域
的合作團隊



全程

往目標前進
的全程陪伴



全社區

從醫院推展
到社區





我在乎您!

聚焦於
願意改變的人





