

## BOOK REVIEW

## Shared decision making in adult critical care

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Published for the first time in 2021, this book deals with an extremely sensitive subjects; decisions about life, quality of life and death. These topics occur routinely in critical care practice and they involve all health personnel, patients and families.

The subject of this book is extremely important but often misunderstood. The authors intentionally, in the introduction of the first chapter, report a definition “*Shared decision making in medicine has been defined... as a collaborative process that allows patients, or their surrogates, and clinicians to make health-care decisions together, taking into account the best scientific evidence available as well as the patient’s values, goals and preferences.*”

“*When ...?*” and “*How...?*” are in the title of the first chapters. By answering these questions, the authors describe the situations in which a shared decision-making model is needed in ICUs.

The authors underline that the share decision-making process in intensive care is hindered by many barriers. The most important of which is time. Another barrier is the patient’s ability to fully understand his or her clinical condition and express himself on the continuation of therapy.

If the patient is unable to make decisions, the doctor involves family members in the decision-making process. The book describes how important it is for the doctor to distinguish between value-laden decisions and technical decisions in the interview with the family. The family must be involved both in the decision-making process and in the treatment path, paying attention to the possible psychological impacts the situation may have on every family member.

The shared decision making process must be supported by literature data that must be presented to patients and family, adapting them to current clinical scenario.

The communicative ability of the medical staff is fundamental in the shared decision making process.

In the fourth chapter, the authors propose a communicative framework to explore patients’ goals, values and

preferences and then make a care plan that matches these preferences with appropriate medical treatments.

In the following chapters, the authors explore different clinical scenarios in which the shared decision-making process must be implemented; from not resuscitating to not intubating, to prolonged dependence on ventilators, to renal replacement therapy, to the use of extracorporeal circulation.

The chapters are organised into further sub-chapters in which the epidemiology and associated outcomes are reported.

The last sub-chapters are dedicated to the presentation of models of shared decision making processes produced by the union of the knowledge of the event in its ‘technical’ component and of the ‘subjective’ component dependent on the wishes of the patient and/or family. At the end of every chapter, the ‘conclusion’ helps the reader to underline the ‘take home messages’.

The authors of the book are neurointensivists and the reader will be able to perceive this in the chapters dealing with the management of neurological diseases. All chapters keep the same outline; a presentation of the clinical case discussed, epidemiology and outcomes reported in the literature, and a proposal of a shared decision making model.

A separate chapter deals with shared decision making for brain-dead patients. The authors underline how it is necessary to have experience in the management of brain death cases and in the use of brain death criteria, without neglecting empathy and cultural sensitivity.

In Chapter 14, the authors tackle the problem of inappropriate medical treatment by exploring a clinical case of a boy suffering from cystic fibrosis. The loss of the patient’s ability to make clinical decisions for himself leads to the mother’s involvement in the decision making process. The authors provide a flowchart that may aid in resolving cases that might involve inappropriate treatments.

There is a chapter dedicated to advanced directives. The subject of advanced directives is dealt both from a legal and a clinical point of view.

There is a lack of references to what may happen in special circumstances, such as those occurring during the SARS CoV2 pandemic. The lack of human and non-human resources to meet the actual needs during the

pandemic extended the development of moral and ethical issues.

Through the use of clinical cases, this book gives the reader (students, doctors or nurses) some tips to be applied in daily clinical practice.

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