

Enhancing shared decision-making in contraceptive consultations

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Received 10 August 2016

Accepted 22 August 2016

Published Online First

20 September 2016

Shared decision-making in discussions between doctors and patients is an important aspect of quality health care. In contraceptive consultations we may assume that there is an obvious shared goal: to ensure that the patient gains access to a safe and effective means to avoid unintended pregnancy. While there have been a number of studies showing what women want from a contraceptive consultation, less attention has been paid to providers' experiences.

The article by Kelly and colleagues¹ in this journal issue examines the experiences of 15 doctors in Australia whose current practice focuses on contraception. The article shows that even experienced doctors may be influenced by their own personal preferences for contraceptive methods, struggle with the tension between providing complete information about all available options as opposed to being more directive, and find it uncomfortable to discuss sexual matters and relationships.

This article adds to international literature² showing that patients and providers may approach a contraceptive consultation with different assumptions, different goals, and different expectations. Diverse goals between parties do not provide a helpful basis for shared decision-making, but in a hurried clinical consultation the difference in goals may not be realised or acknowledged, resulting in suboptimal outcomes for women, doctors, and the healthcare system.

We know that women often make decisions about contraception based on 'lifestyle factors'.³ Contraceptive efficacy may be assumed and the motivation for choosing a method, or changing a previous method, may be related to non-contraceptive effects such as the impact of the method on sexual satisfaction, mood or menstrual bleeding patterns. We know that women want contraception

that will enhance their wellbeing as well as meet their contraceptive needs, but health professionals often find it difficult to discuss personal issues relating to sex, pleasure and relationships.⁴

Patient-centred contraceptive consultations involve "...providing accurate, easy to understand information about contraception based on the patient's needs and goals, and assisting patients in selecting a contraceptive method, i.e. the best fit for their individual situation..." (ref.², p. 56). A successful outcome depends on the ability of patients to be able to talk about what matters to them, and for clinicians to be able to provide appropriate information which is consistent with current guidelines, but also tailored to the patient's individual situation and preferences.

There are some obvious lines of enquiry we need to pursue. Further investigation is needed about the utility of decision aids and how to use them most effectively in clinical practice.⁵ Undergraduate, postgraduate and continuing education programmes also need to focus on preparing health professionals to conduct consultations that facilitate shared decision-making,¹ and patients need access to summaries of medical evidence that provide them with the information they need to form an opinion about the available options.⁵

Implementing shared decision-making is not easy in any field, but in contraceptive consultations involving diverse agendas and the need to discuss potentially sensitive topics, it is particularly difficult. Supporting both patients and health professionals with tools and skills to make consultations more meaningful is a goal we can all agree on.

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Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.



► <http://dx.doi.org/10.1136/jfprhc-2015-101356>



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To cite: Lucke JC. *J Fam Plann Reprod Health Care* 2017;**43**:126–127.



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Sometimes, in the process of finalising each journal issue for print publication, we are left with blank spaces at the end of articles - like this one. We like to make good use of these spaces when we can, and thus welcome 'fillers' of up to 250 words which inform or entertain.

These fillers can be factual, funny, challenging or creative, but they need to relate to sexual health. Have you come across something wise, informative or amusing on social media which is relevant to our readers? Have you learned something in another field that you think SRH practitioners might benefit from? Have you heard something thought-provoking in conversation, or have you a haiku up your sleeve?

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