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Editorial

Coming together when everything is pulling us apart

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It is an honour to be asked to follow Prof Bill Fulford, who eloquently and impactfully makes the point that the JNDS plugs the gap of individual experience which is often unheard. I would like to follow by acknowledging the challenges we face in hearing our patients.

"All patients have the right to be listened to, and to be given the information they need to make a decision and the time and support they need to understand it."

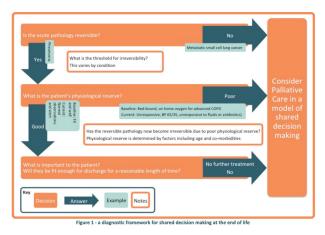
In the pandemic era, health misinformation is more rife than ever, creating a rift between clinicians and patients as well as their relatives at an already trying time. It is always difficult to put ourselves in other people's shoes, even more so when we are under unrelenting pressure; but it is helpful to consider that if we had the same exposures and experiences as the person in front of us, we would likely have the same worldview. In doing so, we create space that we can see each other's values and the areas of commonality from which we can build towards better care. "Doctors must try to find out what matters to patients so they can share relevant information about the benefits and harms of proposed options and reasonable alternatives, including the option to take no action." Dissensus is allowed, but values are the vector for shared decision making.

Facing mortality is never easy, especially when it is coming from every direction.

We are trained to protect and preserve life; however we must remember that a 'good death' is absolutely possible and it is made so through recognition of our patients' trajectories and our ability to open conversations around dying². This is not only critical to our patients' and their relatives' experiences, but to our own protection against burnout. Every doctor knows the tangible difference in the feelings left when death has been navigated incorporating our patients values versus when it has been battled or ignored. Shared decisions are the captain of this ship.

How can I connect with my patients when I can only see them on video?

COVID has pushed Telehealth to become the norm of Outpatient care. It has the potential to drive a wedge between clinicians and patients; but there are generations for whom this will be the norm and we will need to find better ways to connect. Indeed, the University of Warwick



is already training the 1st generation of Digital Healthcare Scientists, with "Pocket Values" as one of their core texts. "Shared decision making is an ongoing process focused on meaningful dialogue: the exchange of relevant information specific to the individual patient." and while we will lose many aspects of non-verbal communication, values can be shared in many ways that are still available to us.

If we get it right here, we can get it right anywhere

Medical students' perceptions of surgeons⁴ give us a glimpse of the challenge ahead. Moreover, the litigative pressure to achieve Montgomery-compliant consent⁵ is greater than in any other domain of clinical practice. GPs have already shown us that it is possible to achieve greater patient satisfaction through shared decision making without increasing consultation time⁶. Now the JNDS is another place where surgeons can showcase to the rest of the medical profession how to put individuals at the centre of their care.



Figure 1: Word Clouds for specialty stereotypes held by medical students.

Further reading & references

- 1. GMC guidance on Consent: Patients and Doctors Making Decisions Together. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent.
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