

Position Statement

Shared Physician-Patient Responsibilities

This Position Statement was developed as an educational tool based on the consensus opinion of the authors. It is not a product of a systematic review process. Readers are encouraged to consider the information presented and reach their own.

In furtherance of its mission to champion the interests of all patients and advance the highest quality musculoskeletal health, the AAOS believes that shared physician-patient responsibility in medical care is an essential ingredient for a successful outcome and patient satisfaction.

Introduction

Successful medical care requires active collaboration between the patient (and family as appropriate) and the physician.¹ An informed and engaged patient is key to a successful outcome and patient satisfaction. The patient-physician partnership is central to this and is based upon mutual respect, open communication, and trust.² It "does not imply that both partners have identical responsibilities or equal power. While physicians have the responsibility to provide health care services to patients to the best of their ability, patients have the responsibility to communicate openly, to participate in decisions about the diagnostic and treatment recommendations,"^{1,3} and to adhere to follow or engage in the agreed-upon treatment program.

Physician and Patient Relationship

1. The orthopaedic surgeon places the patient's safety and well-being above all other considerations, keeps the patient informed about her/his condition and treatment, and advocates for the patient's best interests. The surgeon resolves any conflicts of interest in favor of the patient.^{4,5,6}
2. In order to provide maximal patient safety and well-being, the orthopaedic surgeon acquires extensive knowledge, technical and professional skills, through years of education and training. The surgeon maintains competency through lifelong learning in the field that is constantly being advanced, in order to most effectively serve the patients.^{7,8,9}
3. The patient has similar duties. Both patients' rights and responsibilities are derived from the "principle of autonomy" which "holds that an individual's physical, emotional and psychological integrity should be respected and upheld."¹
4. Each party is mutually dependent on the other for the effective discharge of its responsibility in order for the patient to realize the above benefits and safeguards (1 and 2 above).

Informed, Shared Decision Making

1. The process of informed consent, surgeon to patient: "When obtaining informed consent for treatment, the orthopaedic surgeon is obligated to present to the patient or to the person responsible for the patient, in understandable terms, pertinent medical facts and recommendations consistent with good medical practice. Such information should include alternative modes of treatment, the objectives, risks and possible complications of such treatment, and the complications and consequences of no treatment."^{10,11} Discussion should include what the patient may expect in the course of treatment and in the outcome. A similar approach should be followed in planning tests, consultation or referrals.
2. Patient autonomy: The orthopaedic surgeon should engage in informed shared decision making with the patient using the patient's values and respect the patient's decision even if it is in disagreement with the physician's recommendation.^{12,13} Each patient is unique in culture, value system, decision making, response to treatment and ability to adhere to recommended treatment. Alternatives and choices are available for many orthopaedic conditions. The patient autonomy "principle also recognizes the human capacity to self-govern and choose a course of action from among different alternative options. Autonomous, competent patients assert some control over the decisions which direct their health care." The goal of shared decision making is a well-informed patient acting on well-considered preferences."¹³
3. The goal of shared decision making is an optimally-informed patient acting on well-considered preferences.

Decision Making: Patient's Rights and Responsibilities

1. For the patient, with the "exercise of self-governance and free choice comes a number of responsibilities."¹
2. The patient should provide complete and truthful information, express any concerns, request information or clarification in the discussion, and engage actively in understanding and decision making.^{1,14}
3. The patient should be directed to and informed on how best to ask the necessary questions to obtain the details and choices and what to expect in the course of treatment and outcome, as well as what is expected of her/him in the treatment plan. This provides a more comprehensive treatment team: Patients who actively participate in medical interviews influence physicians to adopt a more patient-centered style of communication.¹⁵
4. After reaching a mutually agreed upon evaluation or treatment plan, both the surgeon and patient should carry out her/his role in faithful and timely fashion.^{1,16,17} The patient must communicate regarding completion of tests/consultations etc., difficulties encountered, if any, and any desire to reconsider the agreed upon plan.¹⁴ The physician has an obligation to communicate the results and impact of completed tests.
5. The patient has an inherent right to not follow the recommended test, consultation or treatment.¹⁸ The patient should communicate this decision to the physician for a mutually productive relationship.¹
6. The patient has a right to know his/her financial responsibilities for the care plan selected.

Patient Adherence: Physician Role and Patient Autonomy

1. In recommending tests, consultations and treatments etc., the physician should engage in informed, shared decision making.
2. The physician should arrange for or instruct the patient on how to arrange for the test/consultation and for any return visit to see the physician and regarding timelines and any urgency.
3. The physician should interpret the test/consultation results and, as appropriate, engage the patient in informed, shared decision making for further evaluation/treatment.
4. The physician should have a system to act on the results of tests and consultations. However, it is not the duty of the physician to remind patients of or ensure patient adherence to the plan of recommended return visits, tests, consultations or treatments.¹⁶ Physician attempts to ensure adherence would create undue pressure on the patient beyond informed, shared decision making and may thus compromise patient autonomy by involuntarily substituting the physician's values for the patient's.¹⁴
5. In a case where the physician determines that patient non-compliance materially interferes with the physician's ability to provide appropriate care, the physician would have the option of terminating the patient-physician relationship following appropriate legal and ethical standards and procedures that allow for future continued care of the patient by another physician.^{19,20,21}
6. The physician has a right to expect payment for services rendered.

The AAOS believes that the orthopaedic surgeon should inform the patient of the medical condition and treatment, respect the patient's autonomy and values, and encourage the patient to actively engage in her/his treatment and in shared decision making. The AAOS also believes that for successful treatment and patient satisfaction, the patient must exercise her/his rights of being informed and autonomy to make choices by being engaged, asking the necessary questions and assuming responsibility for carrying out his/her part in following through with agreed upon recommendations.

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