

**Abstract Type : Poster**

**Abstract Submission No. : PO-1795**

**The Physicians' Perspectives toward Shared Decision Making on End of Life Care**

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**Objectives:** Shared decision making (SDM) has been defined as a process where patients and clinicians share the best available evidence and contribute to make a medical decision under mutual agreement. SDM is essential for patient-centered health care. This study aimed to identify the physicians' perspectives toward SDM on end of life (EOL) care in the field of nephrology after the enactment of "Act on Decisions on Life-Sustaining Treatment for Patients in Hospice and Palliative Care at the End of Life" in 2018.

**Methods:** We developed a 14-item questionnaire survey through modified Delphi process after reviewing the current legislation and published articles. Nephrologists and general physicians who mainly involved in the EOL care across the country were participated in the survey.

**Results:** Total 261 physicians replied and most of them were well acquainted with essential elements and definition of SDM. Among the various elements of SDM, 'relationship with a patient' was regarded as the most important factor (mean 2.53 point among 5-point Likert-type scale). Ninety nine (37.9%) responded that they made appropriate SDM on EOL care, while 162 (62.1%) answered 'no' or 'unclear'. Moreover, only 9.9 percent of participants answered that they had ever



# KSN<sup>2020</sup>

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received education about SDM while on their training. The main obstacles to make an appropriate SDM were a time constraint for SDM (46.7%) and unrealistic request of a patient/family member (39.4%).

**Conclusions:** Most respondents were aware of the main concept for SDM contrary to the low rate of SDM achievement. The next step for proper SDM on EOL care in the field of nephrology is to develop a training program and provide a clear guidance for how to accomplish SDM.