Critical Intelligence Unit

Evidence brief

Shared decision-making in clinical practice guidelines

25 June 2026

Evidence check question

What are the strategies for systematically embedding shared decision-making in clinical practice guidelines, models of care, and frameworks?

Summary

- Shared decision-making in healthcare settings refers to a process where both the consumer (and their family, partner or carer) and healthcare provider are actively involved in decision-making based on best available evidence on options and their risks, benefits and uncertainties as well as consumer preferences, values and goals.[1] Shared decision-making has the potential to improve patient experience, contribute to the quintuple aim of healthcare,[2] and strengthen informed consent processes.[3]
- Shared decision-making process can be enhanced by the use of decision support tools such as patient decision aids, which have been shown to have a positive impact, helping patients make informed and value-congruent choices, improving knowledge and risk perception, and reducing uptake of options that are not beneficial for most (reducing waste and harm).[4]
- Despite receiving growing interest in academic research and policy agendas, implementation of shared decision-making and patient decision aids in clinical practice has been slow due to multiple challenges. These include a lack of leadership and implementation support, inadequate resources, and lack of training and guidelines that support shared decision-making.[5]
- This evidence check aimed to explore strategies to facilitate shared decision-making in clinical practice through clinical practice guidelines (CPGs) and other similar clinician-facing guidance documents, and their associated outcomes. The peer-reviewed and grey literature reviewed was mostly descriptive, providing an overview of the development and integration of shared decision-making principles, concepts or tools into CPG. Few studies examined acceptability, usability and feasibility through real-world user testing.
- Several approaches to incorporating shared decision-making and patient decision aids in CPGs are described in the literature. These include: mentioning or recommending shared decision-making, highlighting options and patient involvement and choice, embedding or linking to an external or appropriate patient decision aid. Some patient decision aids are developed and updated alongside the CPG, often using the same evidence underlying the CPG recommendations.
- The evidence suggests the incorporation of patient decision aids in CPGs is likely to improve the uptake of strong recommendations which are based on high-certainty evidence or support the decision deliberation process for weak or conditional recommendations based on low-certainty

evidence.[6] CPG-integrated or derived patient decision aids were also generally perceived positively by the patients and healthcare professionals in terms of acceptability, feasibility and usefulness.[7-9]

Aboriginal health lens

- There is limited peer-reviewed evidence on applying an Aboriginal health lens to systematically embed shared decision-making in clinical practice guidelines, models of care, and frameworks. Several Australian studies describe the development of shared decision-making resources specifically for Aboriginal people. For example:
  - The Finding Your Way resource was the first in Australia to culturally adapt a shared decision-making resource for Aboriginal people using a co-design approach and integrating Eight Ways of Aboriginal Learning.[10] This tool demonstrated promising feasibility, usability and acceptability.[10]
  - The Heart Health Yarning Tool was developed in New South Wales for Aboriginal and Torres Strait Islander people for use alongside the new Australian guidelines for primary cardiovascular disease risk assessment and management.[11]
  - In Victoria, maternity discussion cards for Aboriginal and Torres Strait Island people were developed to facilitate shared decision-making healthcare settings.[12]
- Given the potential of shared decision-making tools and approaches to improve patient experience and promote health equity, further research in this area is warranted.

Evidence

- A 2025 scoping review of methods used to develop and integrate patient decision aids based on the recommendations of CPGs categorised strategies applied or proposed in reviewed documents into 4 categories:[13]
  - Selecting CPG recommendations for which patient decision aids are (most) needed:
    - Often based on the strength of the recommendations in the CPGs, where weak recommendations are often suggestive of a need for shared decision-making tools
    - Other factors that were used in decisions on patient decision aid for specific recommendations include uncertainty in evidence, balance in outcomes, trade-off between options and uncertainty or variability in patient values and preferences, etc
  - Guideline-based patient decision aid development or updating:
    - Development by a multidisciplinary group, patient representatives and their associates, as well as healthcare professionals that are not expert members
    - As part of, or external to, or in collaboration with the CPG development group
    - Tasks included identifying and prioritising topics, adapting, adopting or de novo development, quality assurance including using International Patient Decision Aid Standards (IPDAS) criteria, updating, using evidence derived from CPG or associated evidence summaries alongside other sources
    - Development in parallel with or after the CPG, and ensuring patient decision aid updates following CPG updates
  - Patient decision aid quality assessment and user testing:
    - Using IPDAS criteria or documenting processes for evidence selection and synthesis
    - Review and feedback from the CPG group or other interest groups
    - User testing both within the development team and the real-world settings
  - Linking CPGs and patient decision aids:
    - Hosting CPG and patient decision aids in the same online location or cross-referencing
    - Integrating CPG and the patient decision aid in clinical decision support systems or patient electronic health records
    - Linking patient decision aids to relevant recommendations in CPG
- Three recent condition- or intervention-specific systematic reviews, including colorectal cancer, breast cancer screening and cardiovascular diseases, on the integration of shared decision-making in clinical practice guidelines have noted that: [14-16]
  - only around half of the CPGs or consensus statements ever mentioned something about shared decision-making
  - most did not meet all the quality criteria or scored poorly in the shared decision-making assessment tool (31 items covering domains such as basic information, background, evidence selection criteria, evidence strength and limitation, recommendations, facilitators and barriers, implementation advice, resource implications, etc)
  - CPGs that were developed with a systematic review component scored better than those that did not

  - CPGs that used specific quality assessment tools such as Appraisal of Guidelines for Research and Evaluation II (AGREE II) scored higher than those that did not.
- Several recent guidelines describe incorporating explicit recommendations for shared decision-making or advocating for shared decision-making.[17-22]
  - The Safety of Blood, Tissues and Organs (SaBTO) guideline from United Kingdom explicitly recommends having an shared decision-making process for blood transfusion decisions and for this to be documented in patients' clinical records. It recommends shared decision-making and informed consent training should be included in training curriculum or programs for relevant healthcare professionals. It provides templates to document shared decision-making process and consent for transfusion in different clinical scenarios, and training resources to support shared decision-making and consent.[18]
  - The clinical practice guidelines for the management of basal cell carcinoma in Gorlin syndrome specifically recommends a shared decision-making approach to treatment planning, especially in patients suffering from treatment fatigue.[17]
  - The Allergic Rhinitis and its Impact on Asthma (ARIA) EAACI 2024–2025 guideline development group reported adopting a patient-centred approach and incorporating shared decision-making to increase adherence in patients with allergic rhinitis.[19]
  - The European Association of Urology (EAU) guidelines on male lower urinary tract symptom recommends shared decision-making process to be undertaken when deciding on treatment options and provides practical considerations and tips on patient selection for optimal outcomes based on clinical indications and patient wishes.[23]
- Most studies describe the results of user-testing or processes for development of patient decision aids or other decision support tools linked to CPGs, reporting qualitative or survey outcomes such as perceived feasibility, acceptability, usefulness and user-friendliness.[7-9, 24] Overall these tools were perceived positively by both patients and providers, although some challenges in using or integrating into current practice were noted.
  - Encounter patient decision aids (SHARE-IT) which were automatically produced alongside digital guidelines and evidence summaries in MAGICapp platform were perceived as useful in facilitating shared decision-making, well designed and easy-to-use by both the patients and the clinicians in multiple studies.[8, 9, 25, 26] Perceived challenges in usability often included limited health literacy of patients and a learning curve requiring time investment from healthcare providers.[9]
    - A framework for practical issues was developed and was integrated into the MAGICapp to prompt guideline authors in generating key domains for CPGs, evidence summaries and patient decision aids. Key domains in the framework include medication routine, tests and visits, procedure and device, recovery and adaptation, coordination of care, adverse effects, interactions and antidote, physical wellbeing, emotional wellbeing, pregnancy and nursing, costs and access, food and drinks, exercise and activities, social life and relationships, work and education, travel and driving.[25]
    - Application of this framework to the development of BMJ Rapid Recommendations and user testing of the generated shared decision-making tools resulted in high satisfaction among patients.[25]
  - A guideline-based preference elicitation tool to enhance shared decision-making in supervised exercise therapy for patients with intermittent claudication was evaluated in the Netherlands. It

achieved a modest adoption rate (around 60% eligible therapists completed e-learning and almost half of those who completed e-learning used the tool) and reach (therapists used the tool with 38% of eligible patients).[20]

  - A recent analysis comparing depression therapies used before and after the introduction of a patient choice decision aid alongside the CPG has suggested that the patient decision aid has likely had limited impact on patient choice, either due to patient preference remaining the same or they were guided to more available choices by professionals or not offered other choices.[27]
    - The authors further suggest that the patient decision aid development with a strong emphasis on patient choice rather than patients' and carers' lived experiences might have resulted in an under exploration of barriers to meaningful engagement in decision-making.[27]

- Challenges to integrate shared decision-making and decision support tools to CPGs as identified in a 2026 qualitative interview study with experts include:[28]
  - not having a patient or lived experience partner during the CPG development
  - absence of established collaborative or co-development mechanisms for CPGs and patient decision aids
  - poor methodological quality of CPGs, including the absence of a GRADE evidence-to-decision framework and inadequate processes to ensure shared decision-making is properly considered and prioritised
  - lack of synchronisation of CPG and shared decision-making development, leading to delays and discrepancies in the evidence base
  - lack of human resources, funding and time
  - lack of interest or negative attitudes towards shared decision-making and resistance to change from CPG developers.
- Other challenges include lack of reporting on absolute or relative effect sizes for benefit or harm of recommended management options within CPGs, which may restrict deviations from CPG recommendations if patient preferences are to be elicited as part of shared decision-making.[29, 30]
- Some major healthcare guideline production organisations, such as the UK National Institute for Health and Care Excellence (NICE) and Guidelines International Network (GIN), have developed guidance for incorporating shared decision-making in CPGs. These have been reflected in the addition of shared decision-making tools in recently published or updated guidelines such as "depression in adults: treatment and management".[27]
  - The NICE shared decision-making guideline has made recommendations on the following four areas:[31]
    - Embedding shared decision-making at an organisational level
    - Putting shared decision-making into practice
    - Patient decision aids
    - Communicating risks, benefits and consequences
  - GIN Public Toolkit: patient and public involvement in guidelines has a specific chapter on fostering shared decision-making through guidelines, which outlines several strategies, including:[32]
    - dedicating a chapter or section on shared decision-making in CPGs

    - structuring the range of options to enhance individuals' awareness of their choices or to facilitate deliberation
    - developing a patient version of the guideline
    - providing CPG-derived decision support tools.
  - The GIN toolkit also recommends several practical approaches to the development of shared decision-making tools, such as:
    - using existing decision support tools
    - production by an external team using systematic reviews and evidence tables contained within the CPG
    - using semi-automated content management and production tools such as MAGICapp or GRADE Pro
    - production during the guideline development process
    - embedding shared decision-making and decision aids within guideline algorithms and recommendations, and supplying shared decision-making tools as part of the guideline package
    - positioning guidelines as distinctive tools that actively support shared decision-making, extending beyond simple recommendations.
- Several clinical practice guidelines by the Canadian Taskforce on Preventive Health Care provideF supplementary tools such as patient-clinician discussion tool for smoking cessation or decision making tool for breast cancer screening.

Methods

PubMed search terms

("decision making, shared"[MeSH Terms] OR "shared decision making"[Title] OR "decision aid*"[Title]) AND ("guideline*"[Title] OR "guidance"[Title] OR "model of care"[Title/Abstract] OR "models of care"[Title/Abstract])

153 hits on 5th Feb 2025

Updated search in 2026

("decision making, shared"[MeSH Terms] OR "shared decision making"[Title] OR "decision aid*"[Title]) AND ("guideline*"[Title] OR "guidance"[Title] OR "model of care"[Title/Abstract] OR "models of care"[Title/Abstract]) AND 2025/02/02:3000/12/31[Date - Publication]

21 hits on 17 March 2026

Aboriginal health lens search terms

("decision making, shared"[MeSH Terms] OR "shared decision making"[Title] OR "decision aid*"[Title]) AND ("guideline*"[Title] OR "guidance"[Title] OR "model of care"[Title/Abstract] OR "models of care"[Title/Abstract]) AND ("indigenous"[Title/Abstract] OR "aboriginal"[Title/Abstract] OR "first nation*"[Title/Abstract] OR "native*"[Title/Abstract])

0 hits on 17 March 2026

Google search terms

shared decision making, decision aid, clinical practice guideline, and system implementation.

Inclusion and exclusion criteria

Inclusion	Exclusion
Published in English Published since 2015 **P**opulation: nil **I**ntervention: strategies embedding or linking shared decision-making tools or guides in clinical practice guidelines **C**omparison: nil **O**utcomes: patient, clinician and system outcomes as reported. **S**tudy types: • Descriptive studies, including qualitative or quantitative cross-sectional studies, case studies • Delphi Consensus studies • Review studies with systematic search strategy and methods	Not in English Published prior to 2015 Studies that do not meet **PICOS** criteria

Inclusion	Exclusion
• Evaluative studies with quantitative or qualitative assessment of outcomes with/without a comparison group • Grey literature such as guidelines and consensus statements	

References

1. Australian Commission on Safety and Quality in Health Care (ACSQHC). Shared decision making. Canberra: ACSQHC; [cited 07 May 2025]. Available from: https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making
2. Hoffmann TC, McCaffery KJ, Légaré F, et al. From words to action: time for Australia to take shared decision making implementation seriously. The Medical Journal of Australia. 2025;223(8):391-6.
3. James JT. Abandon Informed Consent in Favor of Probability-Based, Shared Decision-Making Following the Wishes of a Reasonable Person. J Patient Exp. 2022;9:23743735221106599. DOI: 10.1177/23743735221106599
4. Stacey D, Lewis KB, Smith M, et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews. 2024(1). DOI: 10.1002/14651858.CD001431.pub6
5. Waddell A, Lennox A, Spassova G, et al. Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review. Implementation Science. 2021;16(1):74. DOI: 10.1186/s13012-021-01142-y
6. van der Weijden T, Boivin A, Burgers J, et al. Clinical practice guidelines and patient decision aids. An inevitable relationship. Journal of Clinical Epidemiology. 2012;65(6):584-9. DOI: https://doi.org/10.1016/j.jclinepi.2011.10.007
7. Ramos-García V, Perestelo-Pérez L, Rivero-Santana A, et al. Decision aids linked to the recommendations in clinical practice guidelines: results of the acceptability of a decision aid for patients with generalized anxiety disorder. BMC Med Inform Decis Mak. 2022;22(1):171. DOI: 10.1186/s12911-022-01899-2
8. Heen AF, Vandvik PO, Brandt L, et al. Decision aids linked to evidence summaries and clinical practice guidelines: results from user-testing in clinical encounters. BMC Med Inform Decis Mak. 2021;21(1):202. DOI: 10.1186/s12911-021-01541-7
9. Van Bostraeten P, Aertgeerts B, Bekkering G, et al. Digital encounter decision aids linked to clinical practice guidelines: results from user testing SHARE-IT decision aids in primary care. BMC Med Inform Decis Mak. 2023;23(1):97. DOI: 10.1186/s12911-023-02186-4
10. Dimopoulos-Bick T, Follent D, Kostovski C, et al. Finding Your Way – A shared decision making resource developed by and for Aboriginal people in Australia: Perceived acceptability, usability, and feasibility. Patient Education and Counseling. 2023;115:107920. DOI: https://doi.org/10.1016/j.pec.2023.107920
11. McKinn S, Parnham J, Follent D, et al. The Heart Health Yarning Tool: co-designing a shared decision-making tool for cardiovascular disease prevention and risk management. Heart, Lung and Circulation. 2025;34:S66-S7.
12. Druce T, Vasilevski V, Kennedy C, et al. Co-Design of Maternity Discussion Cards for Aboriginal and Torres Strait Islander Women. Health Expectations. 2025;28(5):e70437. DOI: https://doi.org/10.1111/hex.70437
13. Fischer L, Schewe LV, Scheibler F, et al. Scoping review indicates heterogeneous methods for developing and integrating patient decision aids in the context of clinical practice guidelines. Journal of Clinical Epidemiology. 2025;181:111708. DOI: https://doi.org/10.1016/j.jclinepi.2025.111708
14. Maes-Carballo M, García-García M, Gómez-Fandiño Y, et al. Systematic review of shared decision-making in guidelines about colorectal cancer screening. Eur J Cancer Care (Engl). 2022;31(6):e13738. DOI: 10.1111/ecc.13738
15. Maes-Carballo M, Moreno-Asencio T, Martín-Díaz M, et al. Shared decision making in breast cancer screening guidelines: a systematic review of their quality and reporting. Eur J Public Health. 2021;31(4):873-83. DOI: 10.1093/eurpub/ckab084
16. MacDonald BJ, Turgeon RD. Incorporation of Shared Decision-Making in International Cardiovascular Guidelines, 2012-2022. JAMA Network Open. 2023;6(9):e2332793-e. DOI: 10.1001/jamanetworkopen.2023.32793

17. Cahn BA, Zhang R, Sidwell AM, et al. Clinical practice guidelines for the management of basal cell carcinoma in Gorlin syndrome. J Am Acad Dermatol. 2026;94(2):485-94. DOI: 10.1016/j.jaad.2025.10.076
18. Murphy MF, Carson D, Davies A, et al. Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent and shared decision-making for blood transfusion. Br J Haematol. 2025;207(6):2314-21. DOI: 10.1111/bjh.70075
19. Bousquet J, Sousa-Pinto B, Vieira RJ, et al. Methodology for the Development of the Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI 2024-2025 Guidelines: From Evidence-to-Decision Frameworks to Digitalised Shared Decision-Making Algorithms. Allergy. 2026;81(2):427-53. DOI: 10.1111/all.70100
20. Marcellis LHM, Rutgers KM, Spruijt S, et al. A guideline-based preference elicitation tool to enhance shared decision-making in supervised exercise therapy for patients with intermittent claudication: a process evaluation. Ann Med. 2025;57(1):2540022. DOI: 10.1080/07853890.2025.2540022
21. Lam CSP, Spatz ES. Shared Decision Making in the 2025 ACS Guideline. J Am Coll Cardiol. 2025;85(22):2071-3. DOI: 10.1016/j.jacc.2025.04.031
22. Ball GDC, Merdad R, Birken CS, et al. Managing obesity in children: a clinical practice guideline. Cmaj. 2025;197(14):E372-e89. DOI: 10.1503/cmaj.241456
23. Baboudjian M, De Nunzio C, Cornu JN. Current Guidelines for the Management of Benign Prostatic Obstruction: Practical Tips for Patient Selection to Achieve Optimal Outcomes. Eur Urol Focus. 2025;11(4):579-81. DOI: 10.1016/j.euf.2025.06.006
24. Beneciuk JM, Bialosky JE, Harrison T, et al. American Physical Therapy Association Clinical Practice Guideline Facilitated Shared Decision Making for Patients With Low Back Pain: Feasibility and Acceptability in Outpatient Physical Therapy. Phys Ther. 2026;106(1). DOI: 10.1093/ptj/pzaf152
25. Heen AF, Vandvik PO, Brandt L, et al. A framework for practical issues was developed to inform shared decision-making tools and clinical guidelines. Journal of Clinical Epidemiology. 2021;129:104-13. DOI: 10.1016/j.jclinepi.2020.10.002
26. Fedele DA, Ray JM, Mallela JL, et al. Development of a Clinical Decision Support Tool to Implement Asthma Management Guidelines in Pediatric Primary Care: Qualitative Study. JMIR Form Res. 2025;9:e65794. DOI: 10.2196/65794
27. McPherson S, Wicks C, Beresford P. Patient Choice in Depression: Are We Failing to Implement NICE Guidelines? J Patient Exp. 2025;12:23743735251325132. DOI: 10.1177/23743735251325132
28. Fischer L, Wollny R, Schewe LV, et al. Integrating Shared Decision Making and Decision Support Tools into Clinical Practice Guidelines: What Does It Take? A Qualitative Study. Medical Decision Making. 2026;46(1):60-75. DOI: 10.1177/0272989X251368866
29. Morgott M, Heinmüller S, Hueber S, et al. Do guidelines help us to deviate from their recommendations when appropriate for the individual patient? A systematic survey of clinical practice guidelines. Journal of Evaluation in Clinical Practice. 2020;26(3):709-17. DOI: https://doi.org/10.1111/jep.13187
30. Raittio E, Raittio L. Statements considering intervention effects in Finnish clinical practice guidelines: Recommending interventions with non-numeric effect-sizes or unspecified outcomes. Journal of Evaluation in Clinical Practice. 2021;27(4):751-8. DOI: https://doi.org/10.1111/jep.13455
31. National Institute for Health and Care Excellence (NICE). Shared decision making. London: NICE; 2021 [cited 07 May 2025]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK572428/
32. Guideline International Network (GIN). GIN public toolket: patient and public involvement in guidelines. GIN; [cited 07 May 2025]. Available from: https://g-i-n.net/toolkit

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