Different modes of SDM are required for different purposes in order to act well in response to different patient problems.

While it may be appropriate to decide on an antidepressant by weighing the pros and cons of options, a weighing approach for gender confirmation decisions may be highly inappropriate as gender identity is not a matter of pros, cons or preferences.

Purposeful SDM offers a comprehensive theoretical and methodological approach to SDM. It is applicable to diverse care situations and warrants further research. Further development of Purposeful SDM may help address adoption challenges as it positions SDM as a part of the everyday work that clinicians need to and are doing with patients.

Conclusion: Purposeful SDM offers a comprehensive theoretical and methodological approach to SDM. It is applicable to diverse care situations and warrants further research.

Purposeful SDM provides an initial schema of kinds of situations in which patients, caregivers, and clinicians need to and are making decisions together: appropriate methods of SDM; and the purposes that they pursue. (Table 1) Purposeful SDM is informed by the work of the philosopher Richard McKeon and the design studies theorist Richard Buchanan and Ian Hargraves.

An Alternative Conceptual Beginning for SDM: Involvement Logic: The dominant premise of SDM from its inception to the current day is that SDM is a response to a need to involve patients in decision making. The focus on patient involvement naturally leads to a concern for matters such as the roles of patients and clinicians involved in decision making, patient power and knowledge, engaging patients in discussing options, community techniques for supporting involvement etc. The involvement focus is also reflected in evaluating SDM. Focused on involvement in deliberation, deliberation itself becomes an important but secondary matter etc.

Recently, unease about the conceptual beginnings of SDM has been expressed and appropriately. SDM is a response to the need to act well in response to particular patient problems. Just as the involvement logic leads to a concern for how patients are involved, the purpose logic (Figure 1) naturally leads to a concern for how appropriate action is taken in response to problems i.e. methods and purposes of SDM.

Purposeful SDM takes the position that questions of how communication should be employed deliberation happens, in pursuit of which purpose and guided by which values, are each answered through attending to the particularity of a patient’s problems rather than established a priori or normatively.

Conclusion: Purposeful SDM offers a comprehensive theoretical and methodological approach to SDM. It is applicable to diverse care situations and warrants further research. Further development of Purposeful SDM may help address adoption challenges as it positions SDM as a part of the everyday work that clinicians need to and are doing with patients.


2. Vickers A, Raftery J. Involvement Logic: The dominant premise of SDM from its inception to the current day is that SDM is a response to a need to involve patients in decision making. The focus on patient involvement naturally leads to a concern for matters such as the roles of patients and clinicians involved in decision making, patient power and knowledge, engaging patients in discussing options, community techniques for supporting involvement etc. The involvement focus is also reflected in evaluating SDM. Focused on involvement in deliberation, deliberation itself becomes an important but secondary matter etc.

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