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Patient involvement in the decision-making process improves satisfaction and quality of life in postmastectomy breast reconstruction

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ABSTRACT

Background: The patient-physician relationship has evolved from the paternalistic, physician-dominant model to the shared-decision-making and informed-consumerist model. The level of patient involvement in this decision-making process can potentially influence patient satisfaction and quality of life. In this study, patient-physician decision models are evaluated in patients undergoing postmastectomy breast reconstruction.

Methods: All women who underwent breast reconstruction at an academic hospital from 1999–2007 were identified. Patients meeting inclusion criteria were mailed questionnaires at a minimum of 1 y postoperatively with questions about decision making, satisfaction, and quality of life.

Results: There were 707 women eligible for our study and 465 completed surveys (68% response rate). Patients were divided into one of three groups: paternalistic ($n = 18$), informed-consumerist ($n = 307$), shared ($n = 140$). There were differences in overall general satisfaction ($P = 0.034$), specifically comparing the informed group to the paternalistic group (66.7% versus 38.9%, $P = 0.020$) and the shared to the paternalistic group (69.3% versus 38.9%, $P = 0.016$). There were no differences in aesthetic satisfaction. There were differences found in the SF-12 physical component summary score across all groups ($P = 0.033$), and a difference was found between the informed and paternalistic groups ($P < 0.05$). There were no differences in the mental component score ($P = 0.42$).

Conclusions: Women undergoing breast reconstruction predominantly used the informed model of decision making. Patients who adopted a more active role, whether using an informed or shared approach, had higher general patient satisfaction and physical component summary scores compared with patients whose decision making was paternalistic.

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