Shifting from “What is the matter?” to “What matters to you?”

*Shared decision making for older adults with multiple chronic conditions and their informal caregivers*

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Epilogue
On Monday morning Mr. Hendriks visits the geriatrician in the outpatient clinic. Mr. Hendriks, 81 years old, is married to Mrs. Hendriks (79), who accompanies him on this appointment. The geriatrician has read the medical history of Mr. Hendriks. He suffers from diabetes, cognitive disorders, high blood pressure, arthrosis and stomach complaints. The geriatrician asks about the preparatory tool and the PROM. Mrs. Hendriks hands it over and says: ‘We completed it together’. The geriatrician reads that Mr. Hendriks rates his quality of life very low and that he would like to discuss this with the geriatrician. ‘What matters most to you?’ Mr. Hendriks thinks a bit before answering the question. ‘I like to go out, take a good walk through the park. I like having my family around me, my grandchildren.’ ‘What are you worried about?’ the geriatrician asks. ‘I don’t dare go outside anymore because sometimes I get lost. And I’m worried about how long I can stay with my wife, because....well.... I forget a lot...’ Mrs. Hendriks nods in the affirmative. The geriatrician summarizes: ‘So it’s important that you go out regularly, that you see your family and that you feel supported in dealing with your memory problems?’ The couple agrees on these goals. The geriatrician discusses different options for Mr. Hendriks and explains the advantages and disadvantages of each option. They look at which options best contribute to the goals of Mr. Hendriks. They agree to suggest to relatives and friends to take Mr. Hendriks outside for a walk, instead of sitting down and having a cup of coffee during their visit. They also look for a volunteer, who could go for a walk with him a few times a week. Because Mr. Hendriks is reluctant to take more pain medication, they discuss the use of a walker with a comfortable seat, so that he gets more support while walking and can rest if necessary. More regular exercise can also have a positive effect on blood pressure and stomach complaints. They also agree to do some memory tests to gain more insight into the seriousness of the memory problems and to get a better idea of what support is needed to keep the couple independent for as long as possible. Maybe a case-manager could support Mrs. Hendriks in the situation. At the next visit they will evaluate the blood pressure and then decide whether medication is really needed, because Mr. Hendriks has a lot of problems with taking medication.

The couple leave the consultation room satisfied and relieved, and the geriatrician also feels that she has really been able to do something for them.