

# Towards a Structured Collaborative Clinical Decision Making

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## Editorial

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## Editorial

Philosophies, scientific theories and personal experiences have provided us in the healthcare sector with models on which interventions are based. Unfortunately, they have not taken us, care providers and care recipients, as well as stakeholders to our desirable goal of achieving quality healthcare delivery which is satisfying to all. What is lacking therefore requires more rigorous attention to the details of our practice.

In recent years, there has been increasing demands from national and international clinical guidelines and major health policy documents for inclusivity in healthcare service delivery. In one word, this implies the full integration of all stakeholders in clinical decision making, relating to data collection, analysis, problem identification, setting priorities and goals, planning intervention and strategies, implementing intervention with periodic review and evaluating the effects of intervention. While this is taken to be true at the face level, the practicability is far from reality. In dealing with human challenges in healthcare, we must be reminded that we are dealing with an entity called the "body" with its multifaceted components and myriads of network which are yet to be fully understood. One scriptural truth says,

**"for the body is not one member but many,  
if the foot shall say because I'm not the hand I'm not  
of the body;  
is it therefore not of the body? And if the ear shall say  
because I'm not the eye I am not of the body;  
is it therefore not of the body?  
If the whole body were an eye, where were the  
earring?  
If the whole where earring, where were smelling?"**

Even nature abhors fragmentation and disintegration! Indeed for the body to work efficiently, effectively, and optimally there must be complete integration of all its component parts. Many of the pathological processes affect the body in various dimensions with varying reactions. For example, stroke could affect cognition, memory, perception, motor skill, functional skill, hearing, language, speech, sight, emotions, feeding, physical structure, personality; systems such as the cardiovascular system, nervous system, limbic system, excretory system, reproductive system, to mention a few. This of course would necessitate the intervention of a wide plethora of health professionals. However, this intervention cannot work effectively without the inclusion of the patient and his or her social and physical environment, a fact that is taken into consideration in the conceptualisation of the International Classification of Functioning, Disability and Health (ICF). This biopsychosocial model of healthcare has raised the issue of collaborative clinical decision making in healthcare delivery. Most of the clinical research studies undertaken can be said to be fragmented, reflecting in most cases individual professional attention and evaluation of care without integrating information or service from other healthcare providers or stakeholders. Researchers have argued profusely about the difficulty of involvement of clients in collaborative clinical decision making. Yet no study has ever found that such a practice is counterproductive. As the drive for improved healthcare continues, issues on this area will not abate. There is therefore the need for deliberate discourse to foster a structured model of clinical collaboration that will address this emerging need of healthcare delivery.

It is pertinent to reiterate the potential benefits of engaging collaborative clinical decision making:

1. Reduces inter-professional rivalry and rancour.

2. Promotes inter-professional or multidisciplinary discourse.
3. Promotes inter-professional communication and collaboration.
4. Provides a holistic and integrated professional service to patients.
5. Develops intra-professional knowledge base.
6. Confers a better outcome to clinical research study.
7. Elicits public and patient's respect for the healthcare sector.

A major challenge to be addressed as we move on along the trajectory of improved clinical care for patient is that we need to be mindful of operating a model of clinical care or study that galvanises all professional and non-professional stakeholders and renders intervention meaningful and satisfying to all stakeholders.

