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Perspective on shared decision-making for depression and anxiety disorders in clinical practice: a qualitative and quantitative exploration

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Citation

Rodenburg-Vandenbussche, S. (2024, January 30). *Perspective on shared decision-making for depression and anxiety disorders in clinical practice: a qualitative and quantitative exploration*. Retrieved from <https://hdl.handle.net/1887/3715350>

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Stellingen behorende bij het proefschrift

Perspectives on shared decision-making for depression and anxiety disorders in clinical practice: a qualitative and quantitative exploration

1. For most patients with depression in a specialized mental health care setting choosing between Pills and Talking is no longer the question. *This thesis*
2. Patients (and their relatives) are the only ones who are positioned to choose the right treatment modality for them. If this treatment choice aligns with their unique perspectives, values, circumstances and preferences, there is no wrong decision. *This thesis*
3. Shared decision-making, ideally initiated from the beginning of the clinical encounter, is the integration of the patient's and the clinician's distinct and individual pathways of forming treatment preferences and then making the decision together. *This thesis*
4. Doctors should seek for the person behind the disease, as "it is far more important to know what person the disease has than what disease the person has". *This thesis and Hippocrates, 600 BC*
5. Some challenges in implementing SDM in clinical mental health care practice are inherent to the nature of mental health care. However, even in the (dark) grey area, where patients (temporarily) face difficulties in making treatment decisions, shared decision making remains the best approach. *Verwijmeren et al. Community Ment Health J 2023*
6. The medical student's initial motivation to become a doctor and to heal and support patients provides a great opportunity to learn and foster the skills of shared decision-making already early on in medical education. However, in the current system, focused on clinical reasoning, efficiency and evidence-based medicine, medical students unlearn what comes natural to them. *Thesis Ester Rake, September 2023: chapter 6*
7. Stigmatization of psychiatric patients by medical ethics committees leads to diminished sample sizes and, consequently, the emergence of 'evidence-biased research'. *Shepherd. BMC Medical Ethics 2016;17:55*
8. Although the Shared Decision Making Questionnaire (SDM-Q-9) assesses the different SDM steps and differentiates between the different components of the SDM construct, it is nonetheless a subjective patient satisfaction measure. *Ubbink et al. Patient Education and Counselling 2022;105(7):2475-2479*
9. "To be what we are, and to become what we are capable of becoming is the only end of life", but also one of the greatest challenges of modern society. *Robert Louis Stevenson, 1912*
10. The stringent academic criteria and potential consequences tied to a Binding Study Advice (BSA) create a pressure-laden environment, contributing to heightened stress levels among our students.
11. Cherish your volunteers, for they uphold the community.
12. If "the world begins at a kitchen table and it is here that children are given instructions on what it means to be human.", let's return to the kitchen table. *Joy Harjo, 1994*