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PERSON CENTREDNESS AND SHARED DECISION-MAKING

IN FORENSIC CARE, SOCIAL SERVICES AND PUBLIC HEALTH

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TOPIC AND PROBLEM

Shared decision-making and person centred care (PCC/SDM) are increasingly embraced frameworks for **how to organise health care's continuous interaction with patients** based on a personal **narrative** about their general life-situation facilitating greater **adaption** to individual circumstances and recognition of **patients as collaborators in clinical decision-making** as main ingredients.

PCC/SDM has migrated into areas where patients are in non-standard conditions (e.g., dementia care and pediatrics), actualising peculiar problems to achieve PCC/SDM **core values of combining enhanced adherence to promote individual health outcomes, and empowered capabilities to boost patient autonomy**. More recently, the migration has reached areas even farther removed from the PCC/SDM context of patient focused somatic hospital care with individual health and autonomy as core values, aiming rather for conformity to external norms, collective outcomes and achievement of public goods, such as social order, cohesion and prosperity.

We contrast the **standard ethical basis of PCC/SDM** with the three areas of **(compulsory) forensic psychiatric care**, **social services**, and **public health exemplified by antibiotic resistance prevention programmes,** with the respective **core values and main objectives** marked in a red colour, and examples to illustrate concrete areas of ethical tension and conflict to standard PCC/SDM.

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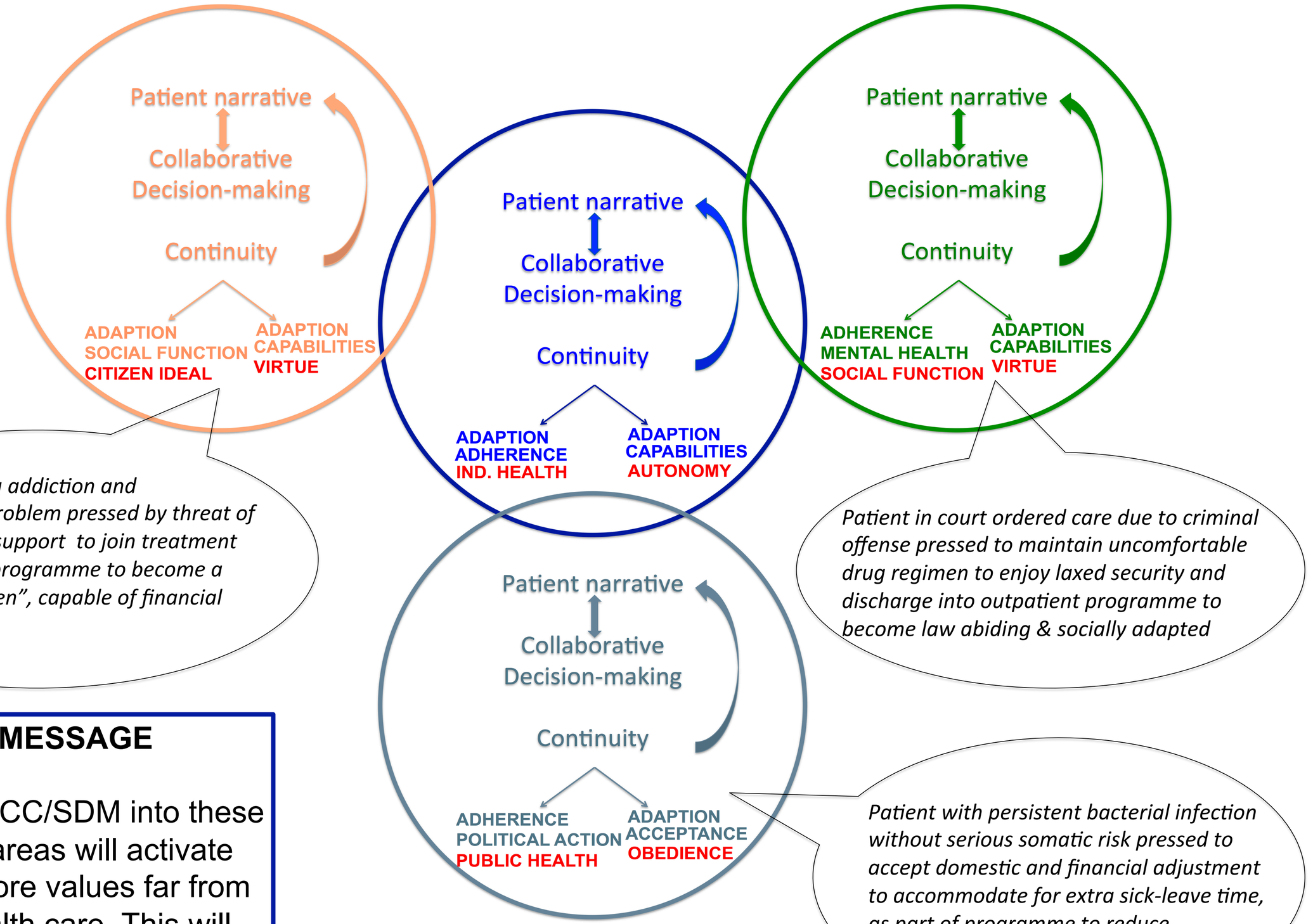

MAIN MESSAGE

Extension of PCC/SDM into these and similar areas will activate institutional core values far from those of health care. This will cause new ethical dilemmas and tensions, hitherto unexplored in the PCC/SDM literature, and have uncertain compatibility with PCC/SDM original ideas and values.

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