

Values Assessment Tools in Advanced Cancer: A Clinical Literature Review

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BACKGROUND: Patients with advanced cancer may receive cancer treatment that does not reflect their values because they may not be completely aware of what is important to them regarding treatment-related decisions when they are diagnosed.

OBJECTIVES: The purpose of this review was to determine whether existing values assessment tools can improve awareness of treatment-related decisional values in patients with advanced cancer.

METHODS: PubMed®, CINAHL®, and PsycINFO® databases were searched for original English-language articles evaluating values assessment tools that could be used to assess patients with advanced cancer. The quality of the identified tools was evaluated using selected International Patient Decision Aid Standards instrument, version 3.0, criteria.

FINDINGS: All tools identified are appropriate for use in patients with advanced cancer. Two scored at least 80% on the selected International Patient Decision Aid Standards criteria. The Short Graphic Values History Tool was developed with patient and clinician input and may be particularly useful for low-literacy patient populations with advanced cancer. No values assessment tools have been identified specifically for use in patients with advanced cancer.

KEYWORDS

values assessment; patient preferences; advanced cancer; values clarification

DIGITAL OBJECT IDENTIFIER

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PATIENTS WITH ADVANCED CANCER MAKE DIFFICULT CHOICES about treatment, such as whether to focus on aggressive treatment or symptom management and palliative care. Anticancer treatments for metastatic disease may cause increased negative side effects; however, they may also increase optimism, improve symptom control, and/or provide patients with additional time (Temel et al., 2010). These decisions are deeply personal, rooted in patients' unique values, and consequently cannot be predicted via providers' intuition or demographic, psychosocial, or cultural data (Karel et al., 2007; Schildmann, 2019). Oncology clinicians require a thorough understanding of patients' values to best support and guide them to make treatment decisions (Agarwal & Epstein, 2018; Lynch et al., 2022). The Institute of Medicine includes patient-centeredness, or "providing care that is respectful of and responsive to patient preferences, needs, and values and ensuring that patient values guide all clinical decisions," as one of its six aims for the U.S. healthcare system (Agency for Healthcare Research and Quality, 2022, para. 4).

Patients with advanced cancer often make treatment decisions that do not align with their values (Heyland et al., 2017), highlighting a need for improved methods to assess values and support patient-centered treatment decisions (Epstein et al., 2016). Failure to understand patient values can result in the provision of care that patients do not want and that increases financial burden on patients and/or insurers (Davis et al., 2023; Kovacević et al., 2015). Aggressive end-of-life care has been shown not only to be expensive but also to result in lower patient satisfaction and well-being (Hoverman et al., 2017; Zhang et al., 2009). Such care could have been declined by patients had their decisions been made via a shared decision-making model that incorporates a thorough assessment of their goals and values.

Interactive decision aids can support patients in making decisions about their health care, with a focus on improving understanding and communication of values and preferences (Hawley et al., 2018; Hoverman et al., 2017; Leinweber et al., 2019; Stacey et al., 2017; Van Scoy et al., 2017). The routine use of interactive decision aids is supported by a Cochrane review (Stacey et al., 2017) and multiple systematic reviews (O'Brien et al., 2009; Spronk et al., 2018; Tapp & Blais, 2019), which suggest that decision aids typically increase patient knowledge, decrease decisional conflict, improve accuracy in risk perception, and increase decision satisfaction.

In clinical practice, formal values assessment is an overlooked aspect of decision-making for patients with advanced cancer. To the authors'