

Publication**Clinical Priority Setting and Decision-Making in Sweden: A Cross-sectional Survey Among Physicians****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 4618000**Author(s)** Drees, Catharina; Krevers, Barbro; Ekerstand, Niklas; Rogge, Annette; Borzikowsky, Christophe; McLennan, Stuart; Buyx, Alena M.**Author(s) at UniBasel** [Mc Lennan, Stuart Roger](#) ;**Year** 2022**Title** Clinical Priority Setting and Decision-Making in Sweden: A Cross-sectional Survey Among Physicians**Journal** International Journal of Health Policy and Management**Volume** 11**Number** 7**Pages / Article-Number** 1148-1157

Background: Priority setting in healthcare that aims to achieve a fair and efficient allocation of limited resources is a worldwide challenge. Sweden has developed a sophisticated approach. Still, there is a need for a more detailed insight on how measures permeate clinical life. This study aimed to assess physicians' views regarding (1) impact of scarce resources on patient care, (2) clinical decision-making, and (3) the ethical platform and national guidelines for healthcare by the National Board of Health and Welfare (NBHW). Methods: An online cross-sectional questionnaire was sent to two groups in Sweden, 2016 and 2017. Group 1 represented 331 physicians from different departments at one University hospital and group 2 consisted of 923 members of the Society of Cardiology. Results: Overall, a 26% (328/1254) response rate was achieved, 49% in group 1 (162/331), 18% in group 2 (166/923). Scarcity of resources was perceived by 59% more often than 'at least once per month,' whilst 60% felt less than 'well-prepared' to address this issue. Guidelines in general had a lot of influence and 19% perceived them as limiting decision-making. 86% professed to be mostly independent in decision-making. 36% knew the ethical platform 'well' and 'very well' and 64% NBHW's national guidelines. 57% expressed a wish for further knowledge and training regarding the ethical platform and 51% for support in applying NBHW's national guidelines. Conclusion: There was a need for more support to deal with scarcity of resources and for increased knowledge about the ethical platform and NBHW's national guidelines. Independence in clinical decision-making was perceived as high and guidelines in general as important. Priority setting as one potential pathway to fair and transparent decision-making should be highlighted more in Swedish clinical settings, with special emphasis on the ethical platform.

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