

Context

- The [Global Commission on Evidence to Address Societal Challenges](#) (the Global Evidence Commission), which began in 2022 as a grassroots effort to improve the use of research evidence, prioritized action to put evidence at the centre of everyday life.
- To further understand the strategies that can be used to put evidence at the centre of citizens' everyday lives, the Global Evidence Commission consulted with subject-matter experts and citizen partners, including the [Citizen Leadership Group](#) and via a [series of citizen panels](#), and developed a list of five potentially promising strategies that could help to achieve this aim.
- This living evidence profile (LEP) addresses **strategy 2**, which focuses on making evidence available to citizens when they are making choices, and includes two sub-strategies – building more trustworthy websites that feature evidence about a wide range of choices, and creating tools (sometimes called decision aids) that explain what evidence is available about different options alongside the pros and cons of each option – that could be used to help ensure evidence is made available to citizens in a variety of decision-making scenarios that they may encounter in their everyday lives.
- This LEP is the second evidence synthesis in a series of five that collectively aim to examine what is known from the best-available evidence documents about the full list of strategies developed by the Global Evidence Commission for putting evidence at the centre of everyday life, including:
 1. make evidence-based choices the default or easy option (LEP 9a)
 2. make evidence available to citizens when they are making choices (this synthesis, LEP 9b)
 3. help citizens judge what others are claiming or find (and receive) reliable information on a topic (LEP 9c)
 4. engage citizens in asking questions and using new or existing evidence to answer them (LEP 9d)
 5. help health and social systems learn and improve rapidly and contribute to a society-wide transformation (LEP 9e).

Putting evidence at the centre of everyday life: Making evidence available to citizens when they are making choices

8 December 2025

[MHF product code: LEP 9b]

Box 1: Evidence and other types of information

+ Global evidence drawn upon



Evidence syntheses and single studies selected based on relevance, quality and recency of search

+ Additional forms of evidence used



Qualitative insights



Evaluation



Data analytics

* Additional notable features



Prepared with input from two citizen partners

Question

What is the best-available evidence related to making evidence available to citizens when they are making choices?

High-level summary of key findings

- We identified 124 evidence documents (102 evidence syntheses, 19 single studies and three protocols) across the two sub-strategies listed in the framework below related to making evidence available to citizens when they are making choices.
- Many of the evidence documents focused on informative websites and decision aids for patients making healthcare decisions.
- The evidence indicated that patient-oriented healthcare websites featuring interactive content, tailored and integrated information, and the use of plain language can improve public credibility and trustworthiness of web-based health information.
- The evidence also indicated that patient decision aids work best when they combine research evidence (e.g., evidence syntheses), patient experiences and expert insights, along with clear explanations of how the evidence was gathered to ensure transparency and usefulness.
 - Digital decision aids were found to significantly improve participation in healthcare decisions and be beneficial for informed treatment choice.
- When developing interventions like decision aids to support citizens when they are making decisions, the evidence highlighted that consideration should be given to the timing and frequency of the interventions, the perspectives of both citizens and experts, and the application of decision aids in real-world settings.

Box 2: Approach and supporting materials

For this living evidence profile we engaged citizen partners, who read earlier drafts to ensure the summary of the evidence was presented with clear and understandable language from their perspective.

We identified evidence addressing the question by searching Health Systems Evidence, Social Systems Evidence, PubMed, Web of Science, ProQuest and EBSCOhost search. All searches were conducted in April 2024. The search strategies used are described in Appendix 1. In contrast to evidence-synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents.

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses) and protocols for evidence syntheses. We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

We anticipate completing a jurisdictional scan that will be included in the next update to this LEP.

A separate appendix document includes:

- 1) methodological details (Appendix 1)
- 2) details about each identified evidence synthesis (Appendix 2)
- 3) details about each identified single study (Appendix 3)
- 4) syntheses that were excluded in the final stages of review (Appendix 4)
- 5) references.

Framework to organize what we looked for

The strategy of making evidence available to citizens when they are making choices was categorized into two sub-strategies:

- building more trustworthy websites that feature evidence about a wide range of choices
- creating tools (sometimes called decision aids) like websites, videos and brochures that explain what evidence is available about different options alongside the pros and cons of each option (or citizen-friendly products).

We organize our findings around each sub-strategy, with a specific focus on what we know about the:

- benefits of the approach

- challenges/harms when using the approach
- costs and/or cost-effectiveness of the approach
- adaptations that must be made when using the approach
- views about and experiences with the approach.

What we found

For this LEP, we identified 124 evidence documents (102 evidence syntheses, 19 single studies and three protocols) relevant to making evidence available to citizens when they are making choices. There were two sub-strategies identified under this approach (see framework above). Below, Table 1 provides a high-level summary of our key findings, and the sections that follow provide a detailed description of our findings for each sub-strategy.

Table 1: What we know from identified evidence documents about making evidence available to citizens when they are making choices

	What does the evidence say about strategy #2: Making evidence available to citizens when they are making choices? And, in particular, what do we know about the: • benefits of the approach? • challenges/harms when using the approach? • costs and/or cost-effectiveness of the approach? • adaptations that must be made when using the approach? • views about and experiences with the approach?
Building more trustworthy websites that feature evidence about a wide range of choices	• Key features of impactful websites that can affect credibility and trustworthiness include interactive content, tailored and integrated information, the design and layout, sociodemographic data, and the use of plain language[benefits] • Other beneficial supports for the use of websites include evidence- and experience-based prompts and tools [benefits] • There is a need for better quality internet resources to support use and multiple evaluation methods to assess all stages of website development [challenges/harms] • No key insights about costs and/or cost-effectiveness, adaptations, or views about and experiences with the approach
Creating tools (sometimes called decision aids) like websites, videos and brochures that explain what evidence is available about different options alongside the pros and cons of each option	• Decision aids were found to be effective at increasing knowledge and decisional confidence and quality among users, as well as improving communication between patients and clinicians [benefits] • Digital decision aids were found to significantly improve participation in healthcare decisions and be beneficial for informed treatment choice [benefits] • Evidence indicates that decision aids work best when they combine research evidence, user experiences and expert insights [benefits] • Decision aids may not allow for tailoring of information to reflect patients' complex needs and accommodate their preferences [challenges/harms] • When decision aids are developed without the involvement of citizens or patients, there are missed opportunities to collaborate in designing effective decision aids [challenges/harms]

- There is minimal evidence on decision aids for disadvantaged populations and for diverse treatment alternatives outside of traditional treatment options in hospital settings [**challenges/harms**]
- There is no clear evidence that decision aids save money in healthcare, and there is a need to better assess the economic impacts of decision aids accurately [**costs and/or cost-effectiveness**]
- Evidence indicates that patients value the plain language, simple visuals and balanced information on treatment experience, quality of life and side effects, all of which decision aids can provide [**views and experiences**]
- Oftentimes healthcare professionals may have differing views than patients on the importance of clinical outcomes compared to quality of life (and the disease and treatment factors that affect quality of life); having both perspectives is therefore important when developing decision aids [**views and experiences**]
- No key insights about adaptations with the approach

Key findings from included evidence documents

We identified 124 evidence documents (102 evidence syntheses, 19 single studies and three protocols) across the two sub-strategies related to making evidence available to citizens when they are making choices.

Sub-strategy 1: Building more trustworthy websites that feature evidence about a wide range of choices

For the first sub-strategy, three evidence syntheses and two single studies met the inclusion criteria. In terms of citizens using patient-oriented websites, the evidence indicated that website features such as interactive content, design and layout, sociodemographic data, and use of plain language can affect public credibility and trustworthiness of web-based health information.(1-3) Tailored and integrated information on different stages of patients' conditions and healthcare processes combined with evidence- and experience-based prompts and tools can also be beneficial for supporting patients using websites.(3; 4) However, the evidence highlighted the need to develop better quality online resources to support patients' decision-making about treatment (although few details were offered to help define what would constitute 'better quality'), and for multiple evaluation methods to be used at all stages of website development.(5)

No evidence documents for this sub-strategy focused explicitly on costs, adaptations or interest holders' views and experiences.

Sub-strategy 2: Creating tools (sometimes called decision aids) like websites, videos and brochures that explain what evidence is available about different options alongside the pros and cons of each option

For the second sub-strategy, we identified a total of 119 evidence documents, specifically 99 evidence syntheses, 17 single studies and three protocols. Most evidence documents focused on decision aids for patients and caregivers when making decisions about care for a number of diseases and conditions, including cancer, cardiovascular disease, dementia and diabetes. Decision aids can contain information about a problem, options, outcome probabilities and values clarification, all of which can help individuals make informed choices.(6) We have summarized the evidence below by benefits, challenges or potential harms, costs and/or cost-effectiveness, interest holders' experiences, and recommendations for using decision aids based on the high-level findings of the evidence.

Benefits of using decision aids

Many of the evidence documents we identified about decision aids emphasized that they were very effective at increasing knowledge and confidence among patients and caregivers as well as reducing decisional conflict when patients were making decisions about their care.(6-18) Similar positive effects were identified for vaccination decision aids that were found to slightly increase vaccination uptake.(19; 20) When adjunct to counselling, decision aids significantly enhanced decision quality and aligned treatment choices with patient values.(21) Evidence shows that patient decision aids work best when they combine research evidence (e.g., evidence syntheses), patient experiences and expert insights, along with clear explanations of how the evidence was gathered to ensure transparency and usefulness.(22)

Several of the evidence documents assessed decision aids using the International Patient Decision Aid Standards (IPDAS) criteria that provides a framework to assess the quality and effectiveness of patient decision aids.(23) The IPDAS criteria have been used to assess decision aids for prostate and breast cancer patients, pre-natal screening and older adults in need of end-of-life care.(17; 24-29) Decision aids were found to improve patient-clinician communication and healthcare outcomes for different patient populations across different illness trajectories and healthcare settings.(30-32) Motivation and engagement of individuals actively seeking healthcare strategies were identified as key factors for developing and utilizing effective decision aids in clinical settings.(33)

Computer-based decision aids, including artificial intelligence (AI) decision aids, were the focus of a few evidence documents that pointed to their value for both clinicians and patients in shared decision-making, communication and compliance at different stages of the patient journey.(34-37) Digital decision aids have been found to significantly increase participation in cancer screening,(38) prenatal screening,(26; 39) and contraceptive decision-making,(40) and the integration of interactive features (e.g., patient narratives, content control) into these digital decision aids can potentially improve the quality of preference-sensitive decision-making.(26; 38-41) There was also evidence that video-based decision aids are beneficial for informed treatment choice and advanced care planning, and paper-based decision aids showed benefits for treatment engagement.(42; 43) It is crucial to identify the optimal timing for the implementation of digital decision aids within the care process and to integrate them into electronic medical records and data-management systems. Factors involved in determining the best timing for introducing decision aids are the condition of the patient, integration of decision aids into medical records systems, and determining the appropriate treatment options.(44) Consideration should also be given to patients living in remote areas who may have limited access to the internet or those who have low health literacy or little to no experience with using health information technology.(35; 45)

Challenges and potential harms of using decision aids

The evidence highlighted a few challenges of using decision aids. Firstly, a few evidence documents found that many decision aids do not allow for tailoring of information to reflect the complexity of patients' needs and accommodate the preferences of patients and their caregivers.(8; 46; 47) This includes decision aids for patients needing end-of-life care, gender-affirming care and maternal care, and for minority patients.(48-51) Additionally, evidence shows that decision aids are not always developed with the involvement of patients (especially those with low health literacy) or interprofessional teams, which can lead to missed opportunities to collaborate to ensure effective design.(28; 52; 53) Evidence also indicates that technical difficulties due to insufficient resources in remote areas and requiring information technology experience may affect accessibility of some digital decision-support systems and their design and maintenance.(35)

There is also a lack of high-quality directly comparative evidence on decision aids for disadvantaged populations and on diverse treatment alternatives in hospital settings, and the quality of decision aids can vary substantially across different types of diseases and conditions.(54-57) It was highlighted by the evidence that the effects of decision aids on decision-making satisfaction has been inconsistent at times, and that their use may not be as effective at sustaining long-term behaviour change, such as for long-term smoking cessation.(58; 59) Finally, there was evidence to indicate that, while decision aids have been shown to increase patient knowledge and reduce decisional conflict, heterogeneity has been

identified within relevant studies, which may prevent a comprehensive understanding of how their impact is measured.(60-63)

Costs associated with using decision aids

In terms of costs, we identified one evidence synthesis that explored whether patient decision aids generated savings in healthcare and found that there is no clear evidence of cost savings in healthcare, pointing to the need for better definitions and stronger comparisons with usual care to assess their economic impact accurately.(64)

Interest holders' views and experiences with using decision aids

A few of the single studies we identified focused on understanding patients' experiences with using decision aids for different types of healthcare concerns (e.g., cancer, Achilles tendon rupture). This evidence revealed that patients using decision aids valued plain language, simple visuals, and balanced information on treatment experience, quality of life and side effects.(52; 65-67) A noteworthy conclusion from some of these studies was that healthcare professionals often had differing views than patients on the importance of clinical outcomes versus factors of disease and treatment that impact quality of life, highlighting the importance of having both perspectives when developing decision aids.

Recommendations to improve use of decision aids

We identified a few recommendations from the evidence for the development and implementation of decision aids. According to the evidence, the timing and frequency of decision aids for patients, especially those receiving treatment for long periods of time (e.g. for chronic conditions), should be taken into consideration during the shared decision-making process.(68) Decision aids should also be tested in real-life settings and should include contributions from people with lived experiences and healthcare professionals to ensure their relevance.(69) Several evidence documents advocated for the co-design of decision aids with healthcare, administrative staff, patients and family members, and people with lived experience to improve effectiveness and meet certain criteria such as the IPDAS, which emphasizes a systematic development process.(16; 28; 36) This co-design process can reveal patient priorities and crucial differences between what patients and clinicians think should be included.(52) Additionally, the option of 'no active intervention' (in the event that the patient does not want to take action) may often be underutilized, but this option is important for facilitating discussions between patients and care providers should they choose no intervention.(70) Lastly, evidence suggests that future research should explore different communication tools for decision aids (e.g. plain language, simple images) which have been reported to improve understanding and shared decision-making for patients, regardless of socio-economic status or level of literacy.(25; 65)

Generally, the evidence framed decision aids as tools to facilitate shared decision-making; however, their role as a tool to present research evidence was not described.

References

1. Sbaffi L, Rowley J. Trust and credibility in web-based health information: A review and agenda for future research. *Journal of Medical Internet Research* 2017; 19(6): e218.
2. Kim Y. Trust in health information websites: A systematic literature review on the antecedents of trust. *Health Informatics Journal* 2016; 22(2): 355-69.
3. Clayman ML, Boberg EW, Makoul G. The use of patient and provider perspectives to develop a patient-oriented website for women diagnosed with breast cancer. *Patient Education and Counseling* 2008; 72(3): 429-435.
4. Salmon DA, Dudley MZ, Brewer J, et al. LetsTalkShots: Personalized vaccine risk communication. *Frontiers in Public Health* 2023; 11: 1195751.
5. Baker DM, Marshall JH, Lee MJ, Jones GL, Brown SR, Lobo AJ. A systematic review of internet decision-making resources for patients considering surgery for ulcerative colitis. *Inflammatory Bowel Diseases* 2017; 23(8): 1293-1300.
6. Stacey D, Légaré F, Lewis K, et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews* 2017; 4(4): Cd001431.
7. Fukunaga MI, Halligan K, Kodela J, et al. Tools to promote shared decision-making in lung cancer screening using low-dose CT scanning: A systematic review. *Chest* 2020; 158(6): 2646-2657.
8. Davies N, Schiowitz B, Rait G, Vickerstaff V, Sampson EL. Decision aids to support decision-making in dementia care: A systematic review. *International Psychogeriatrics* 2019; 31(10): 1403-1419.
9. Berlin NL, Tandon VJ, Hawley ST, et al. Feasibility and efficacy of decision aids to improve decision making for postmastectomy breast reconstruction: A systematic review and meta-analysis. *Medical Decision Making* 2019; 39(1): 5-20.
10. Baptista S, Teles Sampaio E, Heleno B, Azevedo LF, Martins C. Web-based versus usual care and other formats of decision aids to support prostate cancer screening decisions: Systematic review and meta-analysis. *Journal of Medical Internet Research* 2018; 20(6): e228.
11. Baers JH, Adekanye J, Hazlewood G, Davies JM, Caird JK, Wilton SB. Systematic review of patient decision aids for stroke prevention therapy in atrial fibrillation management. *Reviews in Cardiovascular Medicine* 2022; 23(10): 353.
12. Ilic D, Jammal W, Chiarelli P, et al. Assessing the effectiveness of decision aids for decision making in prostate cancer testing: A systematic review. *Psychooncology* 2015; 24(10): 1303-1315.
13. Poprzeczny AJ, Stocking K, Showell M, Duffy JMN. Patient decision aids to facilitate shared decision making in obstetrics and gynecology: A systematic review and meta-analysis. *Obstetrics & Gynecology* 2020; 135(2): 444-451.
14. Zhao J, Abdallah M, Sanapala C, et al. A systematic review of decision aids in hematologic malignancies: What are currently available and what are we missing? *Oncologist* 2023; 28(2): 105-115.
15. Zheng H, Zhang D, Xiang W, et al. Interventions to facilitate shared decision-making using decision aids with coronary heart disease patients: Systematic review and meta-analysis. *Reviews in Cardiovascular Medicine* 2023; 24(8): 246.
16. Cornelius J, Doran F, Jefford E, Salehi N. Patient decision aids in clinical practice for people with diabetes: A scoping review. *Diabetology International* 2020; 11(4): 344-359.
17. Maes-Carballo M, Martín-Díaz M, García-García M, et al. Decision aids for decision making about locally advanced breast cancer: A systematic review. *Cancer Investigation* 2023: 1-13.
18. Pei Y, Qi X, Schulman-Green D, Hu M, Wang K, Wu B. Decision aid interventions for family caregivers of persons with advanced dementia in decision-making about feeding options: A scoping review. *Journal of the American Medical Directors Association* 2022; 23(12): 1927.e1-1927.e6.
19. Vujovich-Dunn C, Kaufman J, King C, et al. A systematic review and meta-analysis of effectiveness of decision aids for vaccination decision-making. *Vaccine* 2021; 39(28): 3655-3665.

20. Bruel S, Leclercq T, Ginzarly M, Botelho-Nevers E, Frappé P, Gagneux-Brunon A. Patient decision aid in vaccination: A systematic review of the literature. *Expert Review of Vaccines* 2020; 19(4): 305-311.
21. O'Connor AM, Llewellyn-Thomas HA, Flood AB. Modifying unwarranted variations in health care: shared decision making using patient decision aids. *Health Affairs (Millwood)* 2004; Suppl Variation: Var63-72.
22. Clifford AM, Ryan J, Walsh C, McCurtin A. What information is used in treatment decision aids? A systematic review of the types of evidence populating health decision aids. *BMC Medical Informatics and Decision Making* 2017; 17: 22.
23. Elwyn G, O'Connor A, Stacey D, et al. Developing a quality criteria framework for patient decision aids: online international Delphi consensus process. *BMJ* 2006; 333(7565): 417.
24. Grüne B, Kriegmair MC, Lenhart M, et al. Decision aids for shared decision-making in uro-oncology: A systematic review. *European Urology Focus* 2022; 8(3): 851-869.
25. Vromans RD, van Eenbergen MC, Pauws SC, et al. Communicative aspects of decision aids for localized prostate cancer treatment – A systematic review. *Urologic Oncology* 2019; 37(7): 409-429.
26. Lu JYT, McKinn S, Freeman L, Turbitt E, Bonner C. Do online decision aids reflect new prenatal screening and testing options? An environmental scan and content analysis. *PEC Innovation* 2022; 1: 100038.
27. Leiva Portocarrero ME, Garvelink MM, Becerra Perez MM, et al. Decision aids that support decisions about prenatal testing for Down syndrome: An environmental scan. *BMC Medical Informatics and Decision Making* 2015; 15: 76.
28. Lognon T, Plourde KV, Aubin E, et al. Decision aids for home and community care: A systematic review. *BMJ Open* 2022; 12(8): e061215.
29. Hughes MC, Vernon E, Egwuonwu C, Afolabi O. Measuring decision aid effectiveness for end-of-life care: A systematic review. *PEC Innovation* 2024; 4: 100273.
30. Thodé M, Pasman HRW, van Vliet LM, et al. Feasibility and effectiveness of tools that support communication and decision making in life-prolonging treatments for patients in hospital: A systematic review. *BMJ Supportive & Palliative Care* 2022; 12(3): 262-269.
31. Nayfeh A, Contributed equally to this work with: Ayah N, Lesley Gotlib C, et al. The effect of end-of-life decision-making tools on patient and family-related outcomes of care among ethnocultural minorities: A systematic review. *PLoS One* 2022; 17(8): e0272436.
32. van Weert JC, van Munster BC, Sanders R, Spijker R, Hooft L, Jansen J. Decision aids to help older people make health decisions: A systematic review and meta-analysis. *BMC Medical Informatics and Decision Making* 2016; 16: 45.
33. Brown JG, Joyce KE, Stacey D, Thomson RG. Patients or volunteers? The impact of motivation for trial participation on the efficacy of patient decision Aids: A secondary analysis of a Cochrane systematic review. *Medical Decision Making* 2015; 35(4): 419-435.
34. Hassan N, Slight RD, Bimpong K, et al. Clinicians' and patients' perceptions of the use of artificial intelligence decision aids to inform shared decision making: A systematic review. *The Lancet, Supplement 2* 2021; 398.
35. Ali MK, Shah S, Tandon N. Review of electronic decision-support tools for diabetes care: A viable option for low- and middle-income countries? *Journal of Diabetes Science and Technology* 2011; 5(3): 553-570.
36. Blum D, Raj SX, Oberholzer R, Riphagen, II, Strasser F, Kaasa S. Computer-based clinical decision support systems and patient-reported outcomes: A systematic review. *Patient* 2015; 8(5): 397-409.
37. Park M, Doan TT, Jung J, Giap TT, Kim J. Decision aids for promoting shared decision-making: A review of systematic reviews. *Nursing & Health Sciences* 2024; 26(1): e13071.
38. Ramli NS, Manaf MRA, Hassan MR, Ismail MI, Nawi AM. Effectiveness of colorectal cancer screening promotion using e-media decision aids: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health* 2021; 18(15): 8190.
39. Wong HYC, Asim S, Feng Q, et al. Effectiveness of Interactive digital decision aids in prenatal screening decision-making: systematic review and meta-analysis. *Journal of Medical Internet Research* 2023; 25: e37953.

40. Goueth RC, Maki KG, Babatunde A, Eden KB, Darney BG. Effects of technology-based contraceptive decision aids: A systematic review and meta-analysis. *American Journal of Obstetrics & Gynecology* 2022; 227(5): 705-713.e9.
41. Syrowatka A, Krömker D, Meguerditchian AN, Tamblyn R. Features of computer-based decision aids: Systematic review, thematic synthesis, and meta-analyses. *Journal of Medical Internet Research* 2016; 18(1): e20.
42. Aslakson RA, Schuster AL, Reardon J, et al. Promoting perioperative advance care planning: A systematic review of advance care planning decision aids. *Journal of Comparative Effectiveness Research* 2015; 4(6): 615-50.
43. Shu X, Chen Q, Zhou Y, Yang Z, Zhang Q. The effectiveness of video decision aid on advance care planning with adult patients: A systematic review and meta-analysis of randomized controlled trials. *Journal of Hospice & Palliative Nursing* 2023; 25(1): e8-e13.
44. Peters LJ, Torres-Castaño A, van Etten-Jamaludin FS, Perestelo Perez L, Ubbink DT. What helps the successful implementation of digital decision aids supporting shared decision-making in cardiovascular diseases? A systematic review. *European Heart Journal – Digital Health* 2023; 4(1): 53-62.
45. Bonner C, Patel P, Fajardo MA, Zhuang R, Trevena L. Online decision aids for primary cardiovascular disease prevention: systematic search, evaluation of quality and suitability for low health literacy patients. *BMJ Open* 2019; 9(3): e025173.
46. Xie B, Berkley AS, Kwak J, Fleischmann KR, Champion JD, Koltai KS. End-of-life decision making by family caregivers of persons with advanced dementia: A literature review of decision aids. *SAGE Open Medicine* 2018; 6: 2050312118777517.
47. Adsul P, Wray R, Spradling K, Darwish O, Weaver N, Siddiqui S. Systematic review of decision aids for newly diagnosed patients with prostate cancer making treatment decisions. *Journal of Urology* 2015; 194(5): 1247-1252.
48. Nathan AG, Marshall IM, Cooper JM, Huang ES. Use of decision aids with minority patients: A systematic review. *Journal of General Internal Medicine* 2016; 31(6): 663-676.
49. Phillips G, Lifford K, Edwards A, Poolman M, Joseph-Williams N. Do published patient decision aids for end-of-life care address patients' decision-making needs? A systematic review and critical appraisal. *Palliative Medicine* 2019; 33(8): 985-1002.
50. Scalia P, Tighe KM, Elwyn G, et al. A systematic review of decision aids for gender affirming therapy. *Translational Andrology and Urology* 2021; 10(6): 2574-2582.
51. Shurong Z, Li M, Jie X. Decision-making experiences and the need for decision aids in women considering vaginal birth after cesarean: A qualitative meta-synthesis. *Birth* 2024; 51(1): 3-12.
52. Ankolekar A, Vanneste BGL, Bloemen-van Gurp E, et al. Development and validation of a patient decision aid for prostate Cancer therapy: from paternalistic towards participative shared decision making. *BMC Medical Informatics and Decision Making* 2019; 19(1): 130.
53. Harris E, Benham A, Stephenson J, et al. Patient decision aids for aortic stenosis and chronic coronary artery disease: A systematic review and meta-analysis. *European Journal of Cardiovascular Nursing* 2024; 23(6): 561-581.
54. Danner M, Debrouwere M, Rummer A, et al. A scattered landscape: Assessment of the evidence base for 71 patient decision aids developed in a hospital setting. *BMC Medical Informatics and Decision Making* 2022; 22: 1-11.
55. Hommes S, Vromans R, Clouth F, Verbeek X, de Hingh I, Krahmer E. Communication in decision aids for stage I–III colorectal cancer patients: A systematic review. *BMJ Open* 2021; 11(4): e044472.
56. Möller J, Josfeld L, Keinki C, Ziegłowski N, Büntzel J, Hübner J. The quality of German – language patient decision aids for oncological patients on the internet. *BMC Medical Informatics and Decision Making* 2023; 23(1): 161.
57. Enard KR, Dolan Mullen P, Kamath GR, Dixon NM, Volk RJ. Are cancer-related decision aids appropriate for socially disadvantaged patients? A systematic review of US randomized controlled trials. *BMC Medical Informatics and Decision Making* 2016; 16: 64.
58. Moyo F, Archibald E, Slyer JT. Effectiveness of decision aids for smoking cessation in adults: A quantitative systematic review. *JBIC Database of Systematic Reviews and Implementation Reports* 2018; 16(9): 1791-1822.

59. Gans EA, van Mun LAM, de Groot JF, et al. Supporting older patients in making healthcare decisions: The effectiveness of decision aids; A systematic review and meta-analysis. *Patient Education and Counseling* 2023; 116: 107981.
60. Krassuski L, Vennedey V, Stock S, Kautz-Freimuth S. Effectiveness of decision aids for female BRCA1 and BRCA2 mutation carriers: A systematic review. *BMC Medical Informatics and Decision Making* 2019; 19(1): 154.
61. Larsen MB, Stokholm R, Kirkegaard P, Laursen HS, Gabel P, Andersen B. Making decisions on your own: Self-administered decision aids about colorectal cancer screening – A systematic review and meta-analyses. *Patient Education and Counseling* 2022; 105(3): 534-546.
62. Nicholas Z, Butow P, Tesson S, Boyle F. A systematic review of decision aids for patients making a decision about treatment for early breast cancer. *Breast* 2016; 26: 31-45.
63. Tong G, Geng Q, Wang D, Liu T. Web-based decision aids for cancer clinical decisions: A systematic review and meta-analysis. *Supportive Care in Cancer* 2021; 29(11): 6929-6941.
64. Scalia P, Barr PJ, O'Neill C, et al. Does the use of patient decision aids lead to cost savings? A systematic review. *BMJ Open* 2020; 10(11): e036834.
65. Alam S, Elwyn G, Percac-Lima S, Grande S, Durand MA. Assessing the acceptability and feasibility of encounter decision aids for early stage breast cancer targeted at underserved patients. *BMC Medical Informatics and Decision Making* 2016; 16(1): 147.
66. Gan JFL, McKay MJ, Jones CMP, et al. Developing a patient decision aid for Achilles tendon rupture management: A mixed-methods study. *BMJ Open* 2023; 13(6): e072553.
67. Stringer E, Lum JJ, Livergant J, Kushniruk AW. Decision aids for patients with head and neck cancer: Qualitative elicitation of design recommendations from patient end users. *JMIR Human Factors* 2023; 10: e43551.
68. LoBrutto LR, Fix G, Wiener RS, Linsky AM. Leveraging the timing and frequency of patient decision aids in longitudinal shared decision-making: A narrative review and applied model. *Health Expectations* 2022; 25(4): 1246-1253.
69. Koon S. Important considerations for design and implementation of decision aids for shared medical decision making. *Permanente Journal* 2020; 24.
70. Hoffmann T, Beckhaus J, Del Mar C. 'What happens if I do nothing?' A Systematic Review of the Inclusion and Quantitative Description of a 'No Active Intervention' Option in Patient Decision Aids. *Journal of General Internal Medicine* 2021; 36(12): 3897-3899.

Bain T, Ali A, Ciurea P, Dass R, Mishra S, Bhuiya AR, Whitelaw H, Chen K, Gauvin FP, Moat KA, Lavis JN. Living evidence profile #9b: Putting evidence at the centre of everyday life: Making evidence available to citizens when they are making choices. Hamilton: McMaster Health Forum; 8 December 2025.

Citizen partner acknowledgement: We are thankful to our citizen partners, Emilie Rufray and Janet Gunderson, for their contribution to the living evidence profile by providing feedback that was incorporated into the final report. This living evidence profile was funded by the McMaster Health Forum and the Ontario SPOR SUPPORT Unit (OSSU). The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the living evidence profile are the views of the authors and should not be taken to represent the views of OSSU or McMaster University.

The authors wish to thank staff members who appraised the evidence syntheses: David Gou, Jennifer Lee, Maureen Saha, Nancy Chen, Russell Beltran, Samantha Cheng, Sana Khan, Sara Alkhawaja, Sarah Saleh, Shauna Vanderhorst, Tresha Sivanasanathan, and Yao MacLean.



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International license](https://creativecommons.org/licenses/by-nc-nd/4.0/).