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Editorial introduction: decision making, reasoning, context and perspective

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**Editorial Introduction: Decision-making, reasoning, context and perspective**

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**Philosophy Thematic Edition 2020****Title: Editorial Introduction: Decision-making, reasoning, context and perspective**

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**Editorial Introduction: Decision-making, reasoning, context and perspective**

The 2019 philosophy thematic edition of this journal was devoted to the discussion of shared decision-making and person-centred care. [1] Initial contributions were based on presentations to an international conference in March 2019 at the University of West London (UWL) in the UK, on the subject of 'Shared Decision-Making, Person-Centred Care & The Values Agenda' – a conference organised by UWL's European Institute for Person Centred Health and Social Care, in collaboration with the European Society for Person Centered Healthcare and the Collaborating Centre for Values-based Practice at St. Catherine's College, Oxford, UK. A call for papers was circulated to invite contributions from across the globe, and the response was overwhelming. It soon became clear that the number of high quality submissions was such that one edition of the journal would be insufficient to include them all.

Consequently, this edition of the Journal continues the debates which commenced in the 2019 thematic edition, featuring papers that address how best to conceptualise, implement and evaluate shared decision-making (SDM) and person-centred care (PCC) in a vast range of professional, social, cultural and national contexts. It opens with a series of papers aimed at improving our understanding of the underlying philosophy of SDM and associated concepts and methods, including agency, autonomy, phenomenology, self-disclosure, epistemic justice, the logic of choice and the logic of care, and how to recognise and respect the personhood of patients, practitioners and other affected parties in practice. [2-7] Authors argue that the *meaningful* implementation of SDM presents not only practical but conceptual challenges. Articles focus on the cognitive and emotional skills needed to implement SDM, and the need for broader conceptions of reasoning and evidence in clinical practice – conceptions that fully acknowledge and meaningfully utilise diverse sources of evidence, addressing the role of trust, the first-personal perspective, the distinction between "bias" in clinical decision-making and attention to relevant differences, and even the role of differences determined by sheer luck. [8-14]

Meaningful implementation of SDM requires understanding factors affecting patient decision-making. The edition contains several research papers aimed at getting a clearer picture of the patient decision-making process in a number of areas, in different national contexts. [15-17] These papers are followed by articles identifying barriers to the implementation of SDM (again, in a diverse range of social and cultural contexts) and proposing ways of overcoming these barriers. [18-20]

The edition concludes with a number of papers proposing innovative methods for implementing and evaluating the impact of PCC and SDM. [21-36] Again, the core concepts of PCC and SDM are explored across a very diverse set of contexts. It would of course be misleading to present this edition as the "conclusion" of the debate commenced in our previous thematic issue on this subject. However, while the debates are by no means resolved, as noted in the previous editorial on this subject, [1] authors are making significant progress in exploring connections between arguments about underlying or "foundational"

issues confronting the defenders of SDM and PCC, and practical questions about the implementation of these challenging ideas in real-world contexts.

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