



Early interest in shared decision making contributed to fruitful research career

Dr France Légaré cites collaboration as being key to her success

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The concept of shared decision making in medicine gained prominence in the 1980s, prompting researchers to explore its patient care benefits.¹ Yet exactly how shared decision making may lead to better patient outcomes and how this approach is applied have received less attention.¹ Questions about barriers to and facilitators of shared decision making have driven the research career of Dr France Légaré, a professor in the Department of Family Medicine and Emergency Medicine at Laval University in Québec, Que.

In a study published in the May 2024 issue of *Canadian Family Physician*, Aggarwal et al reported on the contributions of highly productive primary care researchers in Canada and identified individuals whose work has been cited widely in the medical literature.² Dr Légaré was recognized as 1 of the 5 most widely cited Canadian primary care researchers, with a total of 4128 citations of articles of which she is first author. Additional statistics from Dr Légaré's career are highlighted in **Box 1** and her most-cited peer-reviewed articles as first author are listed in **Box 2**.

This interview with Dr Légaré, who holds a Tier 1 Canada Research Chair in Shared Decision Making and Knowledge Translation, is the third installation in our 5-part series profiling the most-cited primary care researchers in Canada.

After family medicine training you obtained a PhD in population and public health. How did that influence your research?

My research themes are directly informed not only by my training in family medicine but also, and most probably, even more by the clinical work and exposure I have as a family physician in a primary health care team in the downtown inner city of Québec.

How did your interest in shared decision making between clinicians and patients come about?

[I had a] few sources of inspiration. First, as a family physician, I was struck by the gap between what I had been taught—being patient centred and making sure to individualize care to a specific individual—and some kind of pressure I felt from clinical practice guidelines that would inform us clinicians to standardize care for specific diseases. Second, I completed a master's degree in community health with Gaston Godin and Sylvie Dodin [at Laval University] assessing factors influencing clinical

Box 1. Dr France Légaré, by the numbers: Data as of January 2023.

Number of publications: 426

Number of publications as first author: 71

Number of citations as first author: 4128

Total number of citations: 18,477

Author *h* index score,* 2007 to 2022: 64

*The *h* index score is calculated as the highest number of manuscripts (*h*) from an author that all have at least the same number of citations (*h*).

Box 2. Most-cited publications as first author

- Légaré F, Ratté S, Gravel K, Graham ID. Barriers and facilitators to implementing shared decision-making in clinical practice: update of a systematic review of health professionals' perceptions. *Patient Educ Couns* 2008;73(3):526-35. Epub 2008 Aug 26.
- Légaré F, Wittman HO. Shared decision making: examining key elements and barriers to adoption into routine clinical practice. *Health Aff (Millwood)* 2013;32(2):276-84.
- Légaré F, Ratté S, Stacey D, Kryworuchko J, Gravel K, Graham ID, et al. Interventions for improving the adoption of shared decision making by healthcare professionals. *Cochrane Database Syst Rev* 2010;(5):CD006732. Updates in: *Cochrane Database Syst Rev* 2014;(9):CD006732, *Cochrane Database Syst Rev* 2018;(7):CD006732.
- Légaré F, Ratté S, Stacey D, Kryworuchko J, Gravel K, Turcôt L, et al. Interventions for improving the adoption of shared decision making by healthcare professionals. *Cochrane Database Syst Rev* 2007;(7):CD006732. Updates in: *Cochrane Database Syst Rev* 2010;(5):CD006732, *Cochrane Database Syst Rev* 2014;(9):CD006732, *Cochrane Database Syst Rev* 2018;(7):CD006732.
- Légaré F, Thompson-Leduc P. Twelve myths about shared decision making. *Patient Educ Couns* 2014;96(3):281-6. Epub 2014 Jul 3.

behaviour in doctors and health-related behaviour in individuals. We performed several studies in the 1990s trying

to understand how to increase prescription of hormone replacement therapy [HRT] to menopausal women and, in turn, to have menopausal women take this medication. It was a time when clinical practice guidelines were pressuring the uptake of HRT based on current evidence. However, we saw with large trials that not all was rosy and there were risks and benefits. This is when I met with Annette O'Connor, from the University of Ottawa [in Ontario], who at the time was already the world leader in patient decision aids and decision support. Annette helped me reconsider decision making in patients and convinced me that we should act as knowledge brokers. Therefore, the road to shared decision making was quite natural. Finally, as I engaged more and more in the field of shared decision making both as a clinical scientist and as a practising family physician, I could better see its relevance and impact on the quality of care, on patients' experiences, and on patients' outcomes. Also, as a clinician, it made more sense to me and to the patients I met. In other words, practising it was natural and consistent with the patient-centred approach I had been taught during residency.

At the start of your career there were few francophone women among primary health care researchers in Canada. How did that affect you?

I wasn't aware of this and never thought about it in detail. I felt very fortunate that I learned the basics of clinical research from Gaston Godin and Sylvie Dodin, and that happened in French. Then I trained with Annette in Ottawa and was able to use French in some instances. Also, in the 1990s the province of Quebec's 4 departments of family medicine and emergency medicine had a vibrant community of family medicine research with an annual conference that was well attended. This was lost in the 2000s. Finally, Dr Marie-Dominique Beaulieu has had an impact on many of us francophones, especially women.

On the other hand ... the mantra of "publish or perish" did impose on me the need to write articles in English, and often I would submit grant proposals in English, as well. I've lived in Newfoundland and I married a Newfoundlander; thus I am used to using both French and English. However, in recent years, many of my graduate students who have come from North, West, and Central Africa have asked that we engage in reinforcing "*une science en français*." This is something that is important to me because I think I can relate to it. However, it remains a challenge. But I am confident that it can be addressed. If we are serious about and committed to a more equitable, diversified, and inclusive research environment, we must and can do this.

What factors have contributed most to your research success?

First, when I did engage in a research career, very honestly, I never thought of success. I just did what I thought and was advised to do. Second, I feel extremely

privileged that the research I have contributed to has always been so engaging and stimulating. It is not only about the topics and the impact of the research itself, but also about the exceptional people you get to meet and collaborate with. This is a passion; I have no other words for it. Thus, I feel it has to do with the awe of learning ... but more importantly, it has to do with the awesome people you get to journey with.

What has been your greatest research accomplishment?

I don't know if I am in a good position to identify a biggest accomplishment. I prefer to have others do this. However, I can say that what brings me the most joy and sense of having accomplished something worthwhile is trainees, mentees, any individual who feels I have made a positive difference in his or her life. I often say that what counts the most for me is I want to be in the column of positive impact or benefits for people I have met rather than in the negative or no impact columns.

What is the greatest challenge you have faced?

This is a difficult question. One could identify "material" aspects. However, I believe the greatest challenge is to remain aligned with society's needs and most pressing challenges. Thus, the greatest challenge is to remain relevant.

How has your work influenced primary health care policy and practice?

This is another difficult question, and policy-makers and clinicians would be in the best position to respond. I sometimes like to think that when policy-makers ask us to produce decision aids for their population-based screening programs, it is because some of our work combined with others' work has influenced their desire to engage individuals in decision making regarding their health.


How have you managed the balance between your professional and personal life?

I confess I may not have done it proactively. As I said, I am still passionate about the work and research we do and enthusiastic about trainees and mentees. Thus, it doesn't feel like work. On the other hand, I have been extremely fortunate to have a loving family and dedicated partner as well as some very dear friends; together, they help me have this balance.

Do you have any regrets about the path you followed?

None.

What advice do you have for aspiring primary health care researchers?

Follow your passion. Engage with people so you can develop trusting and fruitful collaborations. Be thankful for life in general. 

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Competing interests

None declared

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Impact Interviews is a limited series in *Canadian Family Physician* coordinated by the Section of Researchers (SOR) of the College of Family Physicians of Canada. In highlighting the 5 most widely cited Canadian primary care researchers, the SOR's goal is to celebrate their contributions and to inspire others to engage in this field. Find out more about the SOR at <https://www.cfp.ca/en/member-services/committees/section-of-researchers>.