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*Letter to Editor*

# Inter Professional Shared Clinical Decision Making Models in the ICU: Necessity to use

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The Intensive Care Unit (ICU) is a paramount essential part of each hospital, which the most critically ill patients are treated and taken care by the highest experienced physicians and nurses' with the most advanced equipment in an appropriate and adequate space (1, 2). Those with different scopes of practice work more or less independently, in ways that might not best serve the needs of patients and their families (3). In such situations, lake of harmony, coordination, and consensus among the clinicians is the major source of human error, which is the eighth leading cause of deaths in the ICU (4).

The applying shared decision making models (SDMMs), is one of the saviors' approaches to harmonize and optimize the coordination and communication among the clinicians and can prevent the dreaded and catastrophic human errors. Shared decision making models have traditionally been understood to be the sharing of responsibility and control over medical decisions between patients, families, nurses, and physicians (5) and from many years ago, the models were introduced in the developed countries (6, 7).

However, with many advantages and very minor disadvantages of SDMMs, the models remain in its infancy and significantly lag behind the progress made by developed countries in order to demonstrate the need for innovation. Furthermore, it should be stated why the models didn't get run in the developing countries and also, what the barriers and bridges of the commencing era of the SDMMs in the countries are.

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