Outline

1. Surgical ethics and surgical informed consent?
2. The surgeon-patient relationship
3. How should the quality of informed consent be determined?
4. Decision-making and 30 day outcomes
5. What does the future hold?
Surgical Ethics

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Disclosures

None
The real title of this talk:

Surgical Ethics

IS NOT AN OXYMORON!
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Medical Ethics

Surgical Ethics
Medicine and Surgery
Is surgery a purely technical discipline?

Technical mastery is necessary

...but it is not sufficient
Many differences between surgeons and non-surgeons

Stereotypes and reality...

"I don’t care if my surgeon is a nice guy. I only care if he or she can cut."

What’s the difference between God and a surgeon?
Informed Consent

Based on central principle of respect for patient autonomy

Allows patients to participate in decisions about their care

When patients cannot give consent, treatment based on presumed consent
Informed Consent for Surgery

Surgeon must educate patient about condition

Surgeon must clarify goals of the operation

Potential risks of surgery are high and patient is particularly vulnerable

Short time to engender trust from patients to turn over their well-being to a surgeon they may just have met

Informed consent changes the entire interaction
Charles Bosk, *Forgive and Remember*, 1979

“When the patient of an internist dies, the natural question his colleagues ask is, “What happened?” When the patient of a surgeon dies his colleagues ask, “What did you do?” By the nature of his craft and his beliefs about it, the surgeon is more accountable than other physicians and he also has much more to account for.”
The surgeon-patient relationship
Why examine this relationship?

1. Surgery requires the potential to harm in order to heal
2. The healing cannot occur without an intervention that would be illegal in any other context
   
   3. Intensely intimate physical relationship
4. Short time frame

5. Trust is central
Where have we come from?

What is the historical view of the relationship between the doctor and the patient?
"The Doctor"

A doctor tends to a mortally ill child in Sir Luke Fildes’s 1891 painting ‘The Doctor.’

The doctor is...
- thoughtful
- caring
- concerned
- trustworthy
- welcomed into the home
The Surgeon?

Brutal
Callous to the suffering of the patient
Struggles against the patient
Operates in scary places ("the operating theater")
Prior to development of anesthesia speed was essential

1517, also known as Schyl-Hansthe first edition of the Feldbuch der Wundarzney (Field book of the wound-doctor).
Speed Essential

Led to occasional unfortunate outcomes

Dr. Robert List

Known for:

Listener's most famous case

Leg amputation in ~2.5 min

Lister's antisepsis: elimination of infection

Patient died of gangrene

Post-mortem: absence of sepsis at site of operation

Lister's original technique: smoke sterilization of instruments

One operation: 300% mortality
Liston’s most famous case

Leg amputation in <2.5 min

Unfortunately, assistant lost 2 fingers
Patient died of gangrene
Assistant subsequently died of gangrene
Liston also slashed through the coat of spectator who was so terrified he "dropped dead of fright"

One operation: 300% mortality
After development of anesthesia, surgeons and surgery changed

Patient is asleep

Operation can take as long as necessary

Finesse and meticulous technique emphasized

Assumption by many that the surgeon-patient relationship is less important

Thomas Eakins, “The Agnew Clinic” 1889
OR experience changed with general anesthesia, but the necessity of engendering trust became even greater.

General anesthesia creates ultimate vulnerability for surgical patients.

Informed consent and the surgeon-patient relationship became even more important.
How should the quality of informed consent be determined?

Traditionally assessed by exploring the patient's knowledge of risks, benefits, and alternatives

Multiple studies show that most patients do not remember what their surgeons tell them

Nevertheless, there is high degree of satisfaction in informed consent process by most surgical patients
How can there be this discrepancy?

Patients remember little

Yet remain highly satisfied
Is information transfer the true measure of success of informed consent?

Patient trust transcends problems with memory
Patient trust is the basis for informed consent
Surgeons trusted by their patients are less likely to be sued despite complications

Surgical Informed Consent Revisited: Time to Revise the Routine?
Kinga B. Skowron¹,² · Peter Angelos¹,²
World J Surg
January 2017
Informed Consent

Means much more than a checklist of "risks, benefits, and alternatives" for patients

Good data is necessary for informed consent but it is not sufficient

Patients must be willing to allow their surgeons to place them at significant risk for the possibility of benefit
Is surgical decision-making affected by 30 day outcome measurements?

Many non-surgeons have assumed that surgeons will keep patients alive even against their wishes in order to improve 30 day outcomes.

What does the data show?
Unintended Consequences of the 30-Day Mortality Metric

Fact or Fiction

Winta T. Mehtsun, MD, MPH,*† Keith D. Lillemoe, MD,† Jie Zheng, PhD,*
E. John Orav, PhD,†§ and Ashish K. Jha, MD, MPH*†

National Medicare Data

872,968 patients undergoing 1 of 19 surgical procedures

No statistically significant increases in mortality after day 30 compared with before day 30
The apparent difficulty in surgeons "letting patients go" may have more to do with their sense of responsibility for how their patient does than with 30 day outcome statistics.
Consider a case...

78 year old man presents with a known abdominal aortic aneurysm (AAA)

Imaging showed that the AAA increased from 4.5 cm 2 years ago to now 7 cm with evidence of leaking of blood

The anatomy of the AAA does not allow for endovascular approach

The vascular surgeon recommends an urgent open AAA repair due to the high risk of rupture
The patient has lived independently since his wife died 2 years ago.

He has 3 adult sons who all live in a different state.

The vascular surgeon discusses the risks of the operation with the patient who agrees to proceed stating, "I am not ready to throw in the towel yet."

The operation begins on Sunday afternoon and finishes early on Monday morning.

The patient is transferred intubated and sedated to the SICU.
Case continued

On Monday afternoon, the 3 sons arrive and demand that the patient be extubated and made comfortable.

All 3 sons state that their father would never have been wanted to be kept alive by artificial means.

How should the surgeon respond?

Could this situation have been avoided?

If the patient develops pneumonia and cannot be extubated, what are the limits of the surgeon’s influence over the treatment choices long after the consent for surgery?
Case 2

82 year old woman with a large neck mass presents with complaints of rapid growth of the mass and hoarseness

Worrisome for an aggressive thyroid cancer

FNA shows evidence of anaplastic thyroid cancer
CT shows multiple pulmonary metastases consistent with metastatic anaplastic thyroid cancer

Patient wants surgery and her large family are in agreement
Case 2 continued

Does it matter that the patient wants surgery?

Can the surgeon decline to offer surgery if the patent really wants it and the alternative is chemoradiation or palliative case?

What are the parameters for surgeons to decline to offer surgery?

How does "shared decision making" apply in this case?
What does the future hold?

"Prediction is very difficult, especially about the future."

*Niels Bohr, Winner of Nobel Prize, 1922*
Ongoing Challenges to the Surgeon-Patient Relationship

Increasing emphasis on volumes and RVUs pushes surgeons to spend less time with patients.

Surgeons paid primarily to operate on patients not talk with patients.

Central question has changed from "What can we do for this patient?"

Today the question is often, "What should we do for this patient?"

A question of Surgical Ethics
The Challenge to be a Complete Surgeon

Technical expertise is necessary but not sufficient.
A complete surgeon is a technically excellent surgeon who is also a great doctor.

Surgeons must withstand the temptation to become purely technicians and thereby cease to be true physicians.

Surgical Professionalism
The Inspiring Surgeon of the Modern Era
Julia R. Berian, MD,† Clifford Y. Ko, MD, MS, MSHS, FACS,†‡ and Peter Angelos, MD, PhD, FACS*
Annals of Surgery • Volume 263, Number 3, March 2016
The challenge is to ensure that informed consent for surgery continues to be a meaningful exchange

Surgeons today face the challenge of overcoming impediments to the surgeon-patient relationship and engendering the patient’s trust

Success demands that surgeons become adept at engendering trust
The future of surgery depends on the quality of informed consent that grounds the relationships between surgeons and patients today.