Managing Uncertainty in Perioperative Outcomes

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Understanding patient risk is difficult, particularly in the acute setting and when deciding how to proceed with urgent operative intervention. Outcomes are typically uncertain, patient preferences unclear, and more than one reasonable option for treatment may exist. More troublesome, clinicians are typically not trained in communication techniques to understand and elicit the most important considerations of patients and their family members. Furthermore, frontline personnel are frequently not empowered to engage in such discussions with patients until very late in a patient's disease course.(1) These challenges are occurring at a time when high-intensity therapy is being increasingly offered to patients at the end of life.(2-4)

The barriers to communication include patient and surrogate factors: their understanding of their illness and its acuity, lack of decisional capacity, and their emotional state; perioperative clinician factors: prognostic uncertainty, lack of training in communicating serious illness, inexperience, and lack of a prior established physician-patient relationship; and systemic factors: fragmented information, time constraints, local practice patterns, default pathways to "do everything", and environmental contexts and limitations.(5)

Specific communication strategies can help guide discussions of such complex medical decisions. The goal of such discussions are to 1) place the patient's acute surgical condition in the context of the patient's underlying illness, 2) elicit the patient's goals, priorities, and what is acceptable to the patient regarding life prolonging and comfort focused care, 3) describe treatment options — including palliative approaches — in the context of the patient's goals and priorities, 4) direct treatment to achieve these outcomes and encourage the use of time-limited trials in circumstances of clinical uncertainty, and 5) affirm continued commitment to patient's care.(5)

In addition, the manner with which such communication occurs is important. Communications experts recommend that providers sit, make eye contact, provide some physical contact, allow for silent pauses, acknowledge emotions, and request patients to summarize their understanding of the discussion as they move through the interaction.

Finally, with the power of new statistical capabilities, we can now quantify risks more accurately. For example, the American College of Surgeons has a web-based Surgical Risk Calculator that provides information to providers and patients regarding the potential hazards of surgical intervention.(6) While not perfect, such tools can provide quantitative information when discussing the benefits and perils of surgical intervention.

References

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