Futility: when not operating is the best option

Mr Michael Puttick

General Surgeon, Auckland City Hospital

Futility: Noun, pointlessness or uselessness.

Futile: Adjective, incapable of producing any useful result; pointless.

When we focus on mortality, particularly 30-day mortality, as an outcome we have a very two-dimensional view of surgical success. For many elderly people major surgery can lead to an irreversible decline in function and a quality of life that is less than it would have been had they had no surgery at all.

It is clear that surgery is futile when the outcome with or without surgery is the same (usually death). However a more nuanced definition would be when surgery leads to a shorter or lower quality of disease free life than life without surgery but with the disease.

Data show that many patients who have an acute admission are in their final year of life and so the mindset of surgery and care should be palliative rather than curative

Surgeons will often request an Anaesthetic Review to help decision making but this can mean a number of things

1. Can this paint be medically optimised in order to make the surgery safer?
2. Just how risky is surgery and anaesthesia in order to achieve proper informed consent?
3. Should we even be performing surgery?

Unless these questions are made explicit then a patient can be optimised and even informed of high risk of anaesthesia, rather than a proper decision not to operate being made.

It is often easier to operate than not, and the conversations around not operating are difficult. When the outcomes we use, such as mortality, are simplistic we do not address the medium and long-term consequences of surgery. There is a myth that you will either survive surgery and return to normality or peacefully die in the operating room under anaesthesia; the reality is that neither outcomes are true. We quote mortality statistics in percentages and patients will legitimately ask why would I not take a 1% chance of surviving if it is there? We in turn ask ourselves who are we do deny them this?

The questions we need to ask are

- What do you want from life? and
- What do you most fear?

Many patients will fear loss of independence, pain or a stoma more than they fear death and if these questions can be used as a framework for discussion we are less likely to embark on surgery that could be regarded as futile and is certainly not wanted by the patient.

In this talk we will discuss elective surgery and emergency surgery and situations in which operating may not be the best thing and how conversations between surgeons, anaesthetists patients and their families could avoid futile surgery.

Further reading

1. Atul Gawande. Being Mortal: Medicine and What Matters in the End. Picador 2017
2. Paul Kalanithi. When Breath becomes Air. Random House 2016
3. Henry Marsh. Admissions: Life as a Brain Surgeon. St Martin's Press 2017