Professional views around end-of-life decision making in surgeons—a novel entrustable professional activity in waiting?

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Background: End of life (EOL) decision making is a nuanced skill learned towards end of training. There is little prospective work identifying this as an entrustable professional activity (EPA) in surgical practice. Little is known about the factors influencing a surgeon’s considerations and decision.

Methods: Informed by a narrative review; survey was conducted on a cohort of surgeons at a University hospital. This analysed professional views around EOL decisions in context of frequently encountered scenarios in surgical practice, and reflective questions. Narrative Review using a systematic approach yielded 2000 articles of which 9 fulfilled the inclusion criteria; 1 systematic review, 1 quantitative and 7 qualitative studies.

Results: Surgeons consistently reported little to no palliative care training. This was associated with aggressive treatment recommendations. EOL decisions were influenced by experience and intuition, prognostic estimates, patient/family perceptions and legal implications. The level of comfort around discussing palliative care, rises with increasing experience. Junior surgeons were more influenced by family wishes. High end decision making in complex benign surgical issues showed significant statistical difference as the surgeon progresses to autonomous practice (P=0.03). Statistical difference in the response to complex malignant surgical issues with the development of a construct validity was noted among junior surgeons as they progressed in their training career (P=0.03).

Conclusions: Surgeons learn essential EOL decision making and communication skills around palliative care over time through experience and role-modelling. Training surgeons in EOL decisions can avoid inappropriate invasive treatment of patients at the end of life. More research is required in the field to identify this task as an EPA.

Keywords: Training; clinical decision making; end-of-life decisions; palliation in surgery; entrustable professional activity

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/map-21-ab113). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-21-ab113