Abstract for symposium at ASA NSC 2014

To do or not to do: Avoiding futile surgery

The issue of futile medical treatment is gaining increasing attention from the medical profession and the media. With the aging population, this issue will only arise more frequently.

This symposium will focus on futile surgery and end-of-life decision making. A panel of experts has been assembled to discuss these issues using an actual case history as an illustration of the dilemmas faced by anaesthetists. Audience members will be invited to give their opinion on whether they would proceed with a surgical intervention.

Does the patient have an Advanced Health Directive, Acute Resuscitation Plan or Enduring Power of Attorney? The panel will discuss the implications of these directives on patient management, especially for the patient whose mental competence is in question.

The panel will consist of an Intensivist, Anaesthetist, Surgeon, Lawyer and Clinical Ethicist.

The discussion will address the questions of "Is this procedure futile?", "Who says no?" and "What happens next?" The panel will also discuss the legal and ethical implications of proceeding, or not proceeding, with surgical interventions that may be futile. These legal implications can vary from state to state, and country to country.

The panel will propose that, rather than Anaesthetists making these decisions alone, the Attending Anaesthetist is supported by a group specifically set up for this purpose. Ideally, in a large metropolitan hospital, the group would consist of Surgeon, Anaesthetist, Intensivist, Palliative Care Physician, Hospital Lawyer and the patient's General Practitioner. Such discussions could take place by teleconference or videoconference. This would help practitioners in regional hospitals to access these experts.

It is hoped that this panel discussion will set out a pathway and guidance for Anaesthetists and other medical practitioners to address this critical issue. A robust discussion is anticipated, and audience participation encouraged.