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The Question...

- *It is recognised that currently in some circumstances, surgical treatments with limited benefit might be delivered to patients whereas there are greater limitations in the use of drug/medicine therapies.*
- *With particular reference to patients thought to be in their final year of life, what guidance and information should be considered by MDTs when making decisions to undertake complex surgical procedures in order to assure that surgical interventions are in a patient's best interests?*

What is the question getting at?

- Over-intervention / over-treatment?
- Complex surgery, end of life, poor evidence, uncertain risks and benefits.
- How surgeons balance risks and benefits?
- How MDTs balance risks and benefits.

Four Principles of Biomedical Ethics

- **Respect for autonomy:** respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned informed choices.
- **Beneficence:** the balancing of benefits of treatment against the risks and costs; the healthcare professional should act in a way that benefits the patient.
- **Non maleficence:** avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal, but the harm should not be disproportionate to the benefits of treatment.
- **Justice:** distributing benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner.

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Ethical pointers

- Don't approach the question as if our motive is to place limits on surgery. Instead ask how we determine whether complex surgery is the best option to offer.
- Don't ask whether we could operate, but why we should *and* why we should not.
- MDTs *recommend* treatment, the doctor and patient decide. Consider improving how informed the patient is...
...as well as MDT members