

Ethical challenges in palliative surgery

BG Lindeque

Background

- Palliative surgery has a wide definition and comes into play in several situations
 - Terminal or end-of-life care
 - Inoperable or otherwise incurable disease
 - Relief of gross symptomatology
 - And more
- Decision making is under investigation here...

Example

- Easy decision
 - Patient with RVF after treatment for cervical carcinoma
 - May have a recurrence
 - Good PS and expectation to live another year
 - Colostomy?
- Difficult decision
 - Patient with bowel obstruction due to recurrent ovarian cancer
 - Laparotomy and stoma?

What are the ethics questions to be asked?

- Baseline statement
 - In all cases and in particular in all difficult cases the practitioner must have REFLECTIVE and CONSULTATIVE practice

Questions? The measuring tools:

- The four principles of bioethics:
 - Beneficence and Non maleficence
 - Respect for autonomy
 - Distributive justice: always to be considered!
- Most valuable in Doctors decision: Beneficence and non maleficence
- Doctor and patient: respect for autonomy. The patient has to consent to everything

Autonomy

- The patient (owner of autonomy) can only make informed consent decisions after being fully informed (what does “fully” mean?);
- and after repeated open and clear communication between doctor and patient took place;
- and in these contexts, with the family as well

Descriptive principle of Utilitarianism

- You always have to do the right thing (categorical imperative)
- Issue: right from whose perspective, right for whom: In clinical practice: FOR THE PATIENT
- Rider: I have to accept that clinical knowledge and skill from the practitioner will lead to correct clinical decisions being made

End argument

- Palliative surgery is a clear and valuable option in many cases with serious disease -
- PROVIDED the ethics questions have been asked and concerns addressed
- Palliative surgery does not differ much from therapeutic surgery, seen from an ethics perspective
- Thank you