

Surgeon experience aids assessment of futility

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(HealthDay)—More experienced surgeons are more confident in their

assessments of perceived futility, according to a study recently published in the *Journal of the American College of Surgeons*.

Rachel S. Morris, M.D., from the Medical College of Wisconsin in Milwaukee, and colleagues conducted semi-structured interviews with 20 practicing surgeons at two large [academic medical centers](#). The questions and case vignettes were used to assess surgeons' perceptions of shared decision-making with older surgical patients with comorbidities.

Through thematic analysis, the researchers identified six major themes: responsibility for the decision to operate, perceived futility, surgeon judgment, surgeon introspection, pressure to operate, and costs of the operation. There was universal recognition that perceived futility was a contraindication to surgical [intervention](#). Given the challenge of defining futility, participants emphasized the importance of patients' self-determined risk-to-benefit analysis when considering surgery. Communicating to patients that a condition was not amenable to an operation and reserving the right to refuse to operate was more common among experienced surgeons.

"Due to external pressures and uncertainty, some providers err on the side of operative intervention, despite suspected futility," the authors write. "Greater experience allows surgeons to withstand [external pressures](#), be confident in their assessments of perceived futility, and guide [patients](#) and their families away from additional interventions."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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