“So it’s 50:50, doc?”
Proceeding In Borderline Cases
“So it’s 50:50, doc?”
Proceeding in Borderline Cases

Tim Paterson
WAASM 2016
Declarations

• None
Overview

- Patient perception
- What are we doing?
- What should we do?
- How to do it
- When it goes wrong
Patient Perception

• Eternal optimists

• 1200 US patients with IV cancer
  – Lung: 70% thought chemo curative
  – Colorectal: 80% thought chemo curative
Patient Perception

• Eternal optimists
• US patients with IV cancer
• Post-operative
  – Lung (115): 60% thought surgery curative
  – Colorectal (381): 80% thought surgery curative

• Actual 5YS
  – 4% Lung
  – 30% colorectal
Patient Perception

• Eternal optimists

• 50:50

• Die...

• ... or be back to normal
What Are We Doing?
Audit Data: WAASM 2016

• 37% of surgical deaths over 5 years did not have an operation

• By 2015, 50% of these non-operative deaths (87/172) were an active decision not to operate
What Are We Doing?
Audit Data: WAASM 2016

• 37% of surgical deaths over 5 years did not have an operation
• By 2015, 50% of these non-operative deaths (87/172) were an active decision not to operate
• ... What about the ones that didn’t die?
What Are We Doing?
Audit Data: SCGH

• gHDU
  – 14, Surgical, >80yo (CTS/NSx excluded)
  – None had Goals of Care pre-admission
What Are We Doing?
Audit Data: SCGH

• gHDU
  – 14, Surgical, >80yo (CTS/NSx excluded)
  – None had Goals of Care pre-admission
• ICU
  – 63, General Surgery, admitted immediately post-operatively, ½ had mortality risk >10%
  – 30% mortality/morbidity in notes
  – 10% ICU review
What Are We Doing?
Audit Data: SCGH

• MET
  – Life-limiting disease
  – 3 team reviews prior to MET
What Should We Do?
Bill
What Should We Do?

Bill

• 60’s lifelong smoker
• NSCLC with known liver metastasis
  – Progression on chemotherapy
  – About to start immunotherapy
  – Prognosis: “Months. Maybe better”
  – FEV1 <30%. Home O2
• T2DM
• Ischaemic cardiomyopathy: EF 20%
• CRF: creat 150-200
What to Do?

Bill

• Presents with a (pathological) femoral fracture. Epidural/sedation.

• Operate?
What to Do?

Bill

• Attempts at spinal/epidural insertion fail.
• Continue?
What to Do?

Bill

• General anaesthesia is administered.
  Significant blood loss.

• Transfuse?
What to Do?

Bill

• Cardiac arrest during femoral reaming.
• Resuscitate?

Emergency Instructions
What to Do?

Bill

• 25 minutes of CPR. ROSC. Surgery completed.
• Comatose
• Extubate?
What to Do?

Bill

• ICU. Shocked. Anuric.

• Dialyse?
What to Do?

Bill


• Tracheostomise?
### What Should We Do?

#### Options

<table>
<thead>
<tr>
<th>Intraoperative</th>
<th>Postoperative</th>
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<tbody>
<tr>
<td>Unrestricted</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Limited (procedure, CPR)</td>
<td>Critical Care; Limited (time)</td>
</tr>
<tr>
<td>Suspend Pre-op Limitations?</td>
<td>Critical Care; Limited (nature)</td>
</tr>
<tr>
<td>Ward-based</td>
<td></td>
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</tbody>
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How To Do It

• Position
• Environment
• Personnel
• Content
How To Do It

“Although it’s dire, we’ll operate because there is little choice, and see how things go”
"I think we agree that the situation is dire. It’s not just a matter of surviving the operation, but also of getting through the post-operative period. We will do all we can to support Bill through the operation and for the first few days in ICU, but if things are looking bad during the first 48 hours we may have to accept that, unfortunately, Bill is going to die from this disease"
When Things Go Wrong

• Should be prepared
  – Docs
  – Family
  – Patient

• “No matter how far down a road you are, you can always turn back”
When Things Go Wrong

Especially if it’s the wrong road
Suggestions

• Have a position
• Discuss expectations and limits pre-operatively
• Discuss with ICU pre-discussion
Futile Care and End of Life Matters
A Symposium by the Western Australian Audit of Surgical Mortality
Tuesday, 15 November 2016

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>James Atken</td>
<td>Chairman, Introduction</td>
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<tr>
<td>Hon Jim McGinty AM</td>
<td>Former WA Minister of Health and Attorney General, Parliament’s role in End of Life matters</td>
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<tr>
<td>Dr Penny Flatt AO</td>
<td>Former CEO Brightwater Care Group, The aged care sector’s role in preparing for the End of Life</td>
</tr>
<tr>
<td>Dr Matthew Anstey</td>
<td>Senior Medical Advisor Australian Commission on Safety and Quality in Health Care, End of Life care - a national policy perspective</td>
</tr>
<tr>
<td>Dr Tim Paterson</td>
<td>Consultant in Intensive Care, Proceeding in borderline cases</td>
</tr>
<tr>
<td>Mr Stephen Honeybul</td>
<td>Consultant Neurosurgeon, Futile care or no treatment</td>
</tr>
<tr>
<td>Dr Zaza Lyons</td>
<td>Consultancy, Futility and recovery: a personal reflection</td>
</tr>
<tr>
<td>Mr Albie Lyons</td>
<td>Consultancy, Futility and recovery: a personal reflection</td>
</tr>
<tr>
<td>James Atken</td>
<td>Chairman, Discussion (to conclude at 8.30pm followed by refreshments)</td>
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</tbody>
</table>

This activity qualifies for 3 RACS CPD points in *Maintenance of Knowledge and Skill*