

AB113. SOH21AS216. Professional views around end-of-life decision making in surgeons—a novel entrustable professional activity in waiting?

Maria Mahmood^{1,2}, Muhammad Umair²,
Paul Ridgway^{1,2}

¹Trinity College Dublin, School of Medicine, The University of Dublin, Dublin, Ireland; ²Department of Surgery, Tallaght University Hospital, Tallaght, Ireland

Background: End of life (EOL) decision making is a nuanced skill learned towards end of training. There is little prospective work identifying this as an entrustable professional activity (EPA) in surgical practice. Little is known about the factors influencing a surgeon's considerations and decision.

Methods: Informed by a narrative review; survey was conducted on a cohort of surgeons at a University hospital. This analysed professional views around EOL decisions in context of frequently encountered scenarios in surgical practice, and reflective questions. Narrative Review using a systematic approach yielded 2000 articles of which 9 fulfilled the inclusion criteria; 1 systematic review, 1 quantitative and 7 qualitative studies.

Results: Surgeons consistently reported little to no palliative care training. This was associated with aggressive treatment recommendations. EOL decisions were influenced by experience and intuition, prognostic estimates, patient/family perceptions and legal implications. The level of comfort around discussing palliative care, rises with increasing experience. Junior surgeons were more influenced by family wishes. High end decision making in complex benign surgical issues showed significant statistical difference as the surgeon progresses to autonomous practice (P=0.03). Statistical difference in the response to complex

malignant surgical issues with the development of a construct validity was noted among junior surgeons as they progressed in their training career (P=0.03).

Conclusions: Surgeons learn essential EOL decision making and communication skills around palliative care over time through experience and role-modelling. Training surgeons in EOL decisions can avoid inappropriate invasive treatment of patients at the end of life. More research is required in the field to identify this task as an EPA.

Keywords: Training; clinical decision making; end-of-life decisions; palliation in surgery; entrustable professional activity

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Footnote

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