

EPISODE – Author Interview: “***Which Priorities Should Guide Palliative Surgical Research?***”

Guests: Christy Cauley, MD

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TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. With me now is Dr Christy Cauley, an Assistant Professor of Surgery at Harvard Medical School in Boston, Massachusetts. Dr Cauley is also a colon and rectal surgeon at Massachusetts General Hospital and a researcher at Ariadne Labs. She’s with me to discuss her article coauthored with Dr Zara Cooper, *Which Priorities Should Guide Palliative Surgical Research*, in the October 2021 issue of the Journal, *Palliative Surgery*. Dr Cauley, thank you so much for joining me on *Ethics Talk*.

DR CHRISTY CAULEY: Thanks for having me.

HOFF: To begin with, what is the main ethics point of your article?

CAULEY: Yeah. So, over one million patients with serious illness undergo major surgery annually, and patients with serious illness are at very high risk of iatrogenic harm, specifically when considering high-risk procedures. These seriously ill surgical patients are less likely to receive palliative care in comparison to medical subspecialties. And palliative care has previously been found to reduce health care costs and promote patient-physician communication. A couple of major barriers to the integration of palliative care that have been found in the past include a rescue-based culture bias in surgical care, as well as the fact that traditional quality metrics in surgery really only evaluate the morbidity and mortality outcomes that surgeons are used to discussing with patients.

There really has been less of an emphasis on patient-centered outcomes, such as quality of life. And there’s really no indication of palliative intent in looking at surgical research databases to date. By not examining the patient experience or the ability of the palliative procedure to address a seriously ill patient’s treatment goals, surgeons really don’t have the information that they need to appropriately counsel these patients who are vulnerable in these instances. So, there’s really a need to evaluate the patient experience to aid decision making and avoid harm among these patient groups.

HOFF: To continue, what is the most important thing for health professions students and trainees to take from your article?

CAULEY: So, I would really encourage any students or trainees who are interested in this area to really consider the fact that this is such a new and robust area for research. With the aging population and the advances in medical care of seriously ill patients, there’s really a growing need to care for this patient population. And so, in considering the surgical care going forward, this is a patient population that’s going to be presenting to your clinics. It’s really important to consider the patient experience when you’re caring for these

patients. And it's also imperative for researchers to find ways to more systematically evaluate the care quality that patients are receiving to guide future policy. This is really a complicated issue because the surgeon has to consider what the goals are for the operation that they might be performing, what the patient's goals and values are, and really understand how to communicate the likely outcomes of these interventions given the patient's underlying illness burden.

So, for the trainees, this may be a really complicated area of inquiry, but it's really also a really growing and robust area for research to help surgeons through these really important questions. Researchers can really help through detailed and systematic evaluation of recovery outcomes in this patient population. And another area that really needs a lot of attention is how we can improve the communication practices in the surgical setting. So, again, for the trainees who are interested in this area, it's a great place to put your time and effort into, and I would encourage you to perform evaluation in this area.

HOFF: Great. Thank you. And finally, if you could add a point of discussion to your article, what would that be?

CAULEY: So, I think it's really important to keep in mind that there really always is going to be uncertainty in the outcomes that we discuss with this patient population. They're vulnerable. There are always going to be risks involved with whatever treatment they're looking at. And it's really about evaluating the different tradeoffs that are available based on the different treatments we can provide. And by improving our understanding of the uncertainty that's there and our ability to communicate that uncertainty in patient-centered terms, the real goal of this work, whether on the patient care side or the research side, is to evaluate how we could improve alignment of patients' expectations with the likely treatment outcomes so that patients and their families can really have realistic expectations for what we can provide. [theme music returns]

HOFF: Dr Cauley, thank you so much for being on the podcast. And thanks to you and Dr Zara Cooper for your contribution to the Journal this month.

CAULEY: Great. Thanks again.

HOFF: To read the full article and the rest of the October 2021 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.