

Title	The Future for Surgical Futility
Number	66
Authors	Alan Shirley, Wairarapa District Health Board
Abstract	<p>“Futile” surgery and how to determine appropriate surgical care for patients “near” the end of their lives remain a challenge. Doctors have a common training and some then succumb with unbridled enthusiasm to the attraction of a surgical career. Surgeons respond to the challenge to operate and “repair things”. Decisive decision-making is required early in a surgical career. Surgeons operate, that is what they do. “Appropriateness” is one of the seven determinants of quality care. A correct decision that surgical intervention is appropriate care results in care that is not futile. With clearly defined goals and agreement on the appropriateness of an episode of care, failing to achieve the desired outcome does not mean the surgery was futile. Goals of care, assessment of frailty, the trajectory of dying, the knowledge of palliative medicine and the process of clinical decision making all influence “appropriateness” and all determine whether or not intervention may be futile. The importance of the concept of appropriateness is fundamental in the education and training of surgeons. Participation in a clinical team is essential. The American College of Surgeons has a “Surgical Palliative Care Task Force” and a “Surgical Residents Guide to Palliative Care”. Surgical futility might be made fit for the future if the Australasian organisations influential in palliative medicine and surgery develop an educative programme for surgeons in training.</p>