

EPISODE – Author Interview: “***How Should Surgical Palliative Success Be Defined?***”

Guests: Pringl Miller, MD; Preeti R. John, MD, MPH; Sabha Ganai, MD, PhD, MPH

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast](#)

[bright theme music plays]

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 way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode are Dr Pringl Miller, an Associate Member of the American College of Surgeons Academy of Master Surgeon Educators, and the Founder and Executive Director of the nonprofit organization Physician Just Equity; Dr Preeti John, triple-board certified in general surgery, surgical critical care, and hospice and palliative medicine, who practices at the Veterans Affairs Maryland Health Care System; and Dr Sabha Ganai, Associate Professor of Surgery and Director of Surgical Education at the University of North Dakota, as well as a GI surgical oncologist at Sanford Health in Fargo, North Dakota. They're with me to discuss their article, *How Should Surgical Palliative Success Be Defined?*, in the October 2021 issue of the Journal, *Palliative Surgery*. Drs Miller, John, and Ganai, thank you so much for joining me on the show.

DR PRINGL MILLER: Thank you for inviting us.

DR SABHA GANAI: Thank you.

HOFF: To begin with, what is the main ethics point of your article? And Dr Miller, if you want to take the reins here?

MILLER: Sure. And thank you again, Tim, for having us be on the podcast. I would say for me, although all of the principles apply to our article, I would say autonomy stands out most because we're trying to really center patients in their care. And self-determination and patient preferences matter.

HOFF: Wonderful. Dr John, do you have anything to add to that?

DR PREETI JOHN: I think shared decision making is a key concept that we should focus on and help trainees focus on. In theory it sounds great, but the conversations involved in eliciting patient and surrogate goals and wishes are sometimes difficult. And there are training modalities that can be used. And so, shared decision making is a key concept that we should be encouraging trainees to engage in right from the beginning.

HOFF: Mmhmm. Dr Ganai, do you have anything to add to that?

GANAI: Yeah, just to add, in addition to autonomy and improving shared decision making, I think we also have to examine the risk-benefit calculus and in terms of beneficence. Oftentimes we make the judgment as providers in terms of really the worthwhile nature of an intervention. And really, the decision making, as Dr John mentioned, with shared

decision making, really, we have to look in terms of the risks and benefits of a procedure from the perspective of the patient.

HOFF: Great. Thank you. And Dr Ganai, what do you see as the most important thing for health professions students and trainees to take from your article?

GANAI: So, when we talk about trainees, I think one of the things that is important is when we look at ethics in terms of at a concrete nature, sometimes we're very rule-based about how we approach. And sometimes there is a little bit of, in terms of when we're talking about shared decision making, the importance of really having a conversation with the patient and making sure that there's a good understanding from both aspects, that the patient understands the intention and risks of a procedure that might be offered or might not be offered and why. But also, that we kind of also appreciate and understand the perspective of the patient.

HOFF: Great. Thank you. Dr John, do you have anything to add to that?

JOHN: I think outcomes of procedures should be thought about in broader terms than just physiologic outcomes and morbidity and mortality like we focus on during conferences, surgical conferences. We should encourage trainees to think about the patient and surrogate perspectives, encourage them to explore what their definition of success would be following an intervention. I think that's something we often don't remember to do.

HOFF: Great. Thank you. And Dr Miller, any final thoughts on this?

MILLER: Yeah, I would just echo the idea that it's important that we listen to what our patients are saying to us, because I think that we're guilty of having bias before we even listen to responses. And so, it's important for clinicians to check their biases at the door and truly be open-minded about what patients are saying to us.

HOFF: Finally, Dr Miller, if you could add a point to your article that you don't feel like you got to fully explore, what would that be?

MILLER: The other point that I would offer up is that as surgeons, we should start getting a little bit away—not to exclude our classic metrics of success of a therapeutic intervention—but include the metric of whether a patient feels that our intervention was a success to them, whether it improved their quality of life, and whether it met their expectations. And that isn't something that we've classically factored into how we measure our success as clinicians.

HOFF: Mm. Dr John, anything to add?

JOHN: So, right from training, we are encouraged to think a certain way about how to measure the success of what we do. Our procedures and interventions are assessed in a certain manner. We have morbidity and mortality meetings, and we focus on physiologic outcomes. And we should try and incorporate the patient's definition of success, as Pringl just said, as well as the surrogate or the next-of-kin's definition of success in terms of how they felt the procedure affected their lives and whether they were satisfied with what was done to them.

HOFF: Dr Ganai, any final thoughts?

GANAI: Yeah, just that teaching good communication skills is challenging and really comes from mentorship. And trainees often don't have the opportunities to spend time watching these conversations happen. And when they happen well, there's ample opportunity for silence. There's opportunity for the patient to think about what has happened and to give a response. And so, really, in terms of as a physician, it's important to also learn these techniques for how to communicate well and how to elicit those questions or just take the moment to ask what questions you have and go on for there. It can be often challenging in that sense, but in our case, the patient is introducing the issue. And oftentimes when the patient has a concern, sometimes it's just completely overlooked. And we have to learn to take the time to spend time with our patients and listen. [bright theme music returns]

HOFF: Dr Miller, Dr Ganai, and Dr John, thank you so much for joining me today and for your contribution to the Journal this month.

JOHN: Thank you.

GANAI: Thank you.

MILLER: Thank you for the opportunity, Tim.

HOFF: To read the full article and the rest of the October 2021 issue for free, as well as find more author interviews, videos, and CE opportunities, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.