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Communicating With Patients About Surgery

Lauren J. Taylor, MD; Emily B. Rivet, MD; Muneera R. Kapadia, MD, MME

Surgeons face specific challenges when talking to patients and families about surgery. Surgical problems often involve rapid decision-making with limited time for deliberation and require proficiency discussing interventions ranging from elective outpatient procedures to an emergency operation in the setting of life-limiting illness. For patients and families, the concept of surgery may incite strong emotions, with many discussions occurring without a previously established patient-surgeon relationship.

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Through effective communication, surgeons can establish trust and support patient self-determination. Traditional practices around perioperative communication and informed consent may provide information to patients that they do not need while omitting information that they do. Three advanced communication skills may help guide conversations when making decisions about surgery (**Table**).

Attend to Emotion

Receiving bad news such as a new cancer diagnosis or an unexpected postoperative complication often takes patients and families by surprise. Without warning about difficult news, they may fail to process what has happened. To anticipate and attend to their emotions, surgeons can prepare patients and families to receive the news.[1] A "heads-up" statement can be a simple as "I have serious news" or "Things have changed."

Next, the new information can be summarized with a clear headline. Offering a lengthy, technical explanation of clinical events can be challenging for patients and family members to understand and detract from the main message. A survey of family members whose loved ones died after traumatic injury identified clarity of the message as critical to delivering bad news.[2] Surgeons can generate a concise headline to summarize the situation and next steps, eg, "You have a hole in your intestines. We usually treat this with surgery and several days in the hospital."

When presented with new information, emotional response often precedes rational thinking and drives many of the behaviors of patients and their family members who may express fear, frustration, sadness, or other strong emotions through statements and questions. Surgeons fall into the cognitive trap if they fail to recognize the emotional reaction and only respond with more information. When a patient says "The other doctor told me this was nothing. Do you even talk to each other?" surgeons can first endorse the validity of these claims with empathy for the patient's frustration. The NURSE mnemonic (naming and understanding the emotion, respecting and supporting the patient, and exploring the emotion) can prompt clinician responses that convey empathy.[3] Empathic communication may deescalate the emotional tenor of the conversation, increase trust in the physician,[4] and allow a rational discussion about treatments. *I wish* statements are particularly useful when surgery is nonbeneficial. Surgeons can answer the question "Isn't there anything else you can do?" with "I wish things were different, but I worry that our goal of helping you to live longer is not possible with surgery," followed by discussion of an alternative treatment such as palliative care. Rather than describing an ineffective procedure, this response allows surgeons to convey compassion while establishing that the hoped-for goal is not possible.[5]

Use Scenario Planning to Manage Uncertainty

In the face of a new acute illness and major surgery, it may be hard to predict how events will unfold, leaving patients and families blindsided by the experience of illness and treatment. Even with accurate risk prediction, patients may falsely assume that the complications described will not happen to them or may overestimate survival in the setting of life-limiting disease.[6] Using statistics to convey the likelihood of isolated risks does not help patients imagine what life might look like after treatment.

Scenario planning is a strategy originally developed in the business sector to help people make decisions in times of uncertainty.[7] Rather than striving to predict a singular outcome, scenario planning provides multiple accessible illustrations of the future under different sets of assumptions. Scenario planning permits surgeons to say "In the best-case scenario, I am hoping for… and in the worst-case scenario, I am worried about…." Surgeons can use narratives to describe short- and longer-term outcomes, including time in the hospital and the potential effect of illness and treatment on functional status. Similarly, surgeons can describe a worst-case scenario assuming complications occur, which may include death after prolonged hospitalization. Providing alternate scenarios allows surgeons to manage uncertainty by defining clinically plausible outcomes. This skill can be used to discuss prognosis after an acute clinical change or urgent operation or to facilitate shared decision-making when deliberating about high-risk operations. After training surgeons to use a communication framework that incorporates scenario planning, median (IQR) score on Observer OPTION 5, a measure of shared decision-making (range, 0-100; higher scores indicate better shared decision-making), increased from 41 (22-66) to 74 (60-81).[8]

Describe the Goals and Downsides of Surgery to Support Deliberation

In routine discussions about surgery, surgeons commonly use a fix-it model, identifying an isolated anatomic abnormality and how surgery will repair, replace, bypass, or remove the problem.[9] Detailed technical descriptions of surgical procedures are time-consuming and may not be useful to support patients and families who are deciding whether they want to proceed with the operation. More importantly, this model may reinforce the oversimplified narrative that surgery will fix the problem without describing the outcomes an operation can achieve.

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Table. Key Communication Skills for Conversations With Patients and Families About Surgery

Communication goal	Specific skills	Examples
Attend to emotion	Heads-up	"I have bad news…"
	Headline	"You have a perforated ulcer. We usually treat this with surgery and several days in the hospital…"
	Respond with empathy	"It must be hard to see your dad this sick…"
Manage uncertainty	Scenario planning	"I'm worried that in the worst-case scenario, complications keep building up, and despite all our efforts, he dies of this in a few weeks…"
Support deliberation	Name the goal of surgery	"The goal of surgery is to help you live longer…"
	Describe all the downsides	"You will have surgery and anesthesia and stay in the hospital for several days. At home, you will be sore and tired for several weeks. There are complications that can happen during the procedure. Sometimes surgery falls short of reaching our goals."

Clearly stating the goal of surgery ensures that clinicians and patients have the same understanding of what the operation can and cannot accomplish. Surgery can help people live longer, feel better, preserve function, or obtain a diagnosis. However, a secondary analysis of 169 audio-recorded preoperative consultations between surgeons and patients discussing high-risk surgery suggests that a discussion of treatment goals rarely occurs. In this study, surgeons used the fix-it model in 92% of conversations, but the overall goal of surgery was not discussed in 80% of conversations.[10]

Surgeons routinely list discrete potential complications of surgery; however, there are more downsides than just the technical risks. Every operation is associated with expected unpleasant experiences, such as pain and deconditioning that requires time and effort to overcome. Adverse surgical outcomes may include transient events such as urinary retention, complications such as bleeding and infection, and major changes in functional status such as loss of cognitive capacity or physical independence. Also, surgery may not achieve the patient's goals even if complications do not occur, such as when cancer recurs after a major operation. Juxtaposing the goals and downsides allows patients to consider the trade-offs in advance and helps surgeons support patients and families in deliberation about whether surgery is the best option.

Conclusions

Caring for surgical patients requires skill both in and out of the operating room. Attention to 3 core communication skills—attending to emotion, managing uncertainty, and supporting deliberation—offers a way for surgeons to collaborate with patients and families to make patient-centered decisions about surgery.

ARTICLE INFORMATION

Author Affiliations: Department of Surgery, Central Virginia VA Health Care System, Richmond (Taylor); Department of Surgery, Virginia Commonwealth University, Richmond (Taylor, Rivet); Department of Internal Medicine, Virginia Commonwealth University, Richmond (Rivet); Department of Surgery, University of North Carolina at Chapel Hill (Kapadia).

Corresponding Author: Muneera R. Kapadia, MD, MME, Division of Gastrointestinal Surgery, University of North Carolina at Chapel Hill, Burnett Womack Building, Ste 4038, Campus Box 7081, Chapel Hill, NC 27599-7081 (muneera_kapadia@med.unc.edu).

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