Social consequences and ethical considerations of postoperative complications of surgery

Satyendra P. Kaushik

Received: 15 January 2008 / Accepted: 21 April 2009

© Association of Surgeons of India 2009

Abstract A certain percent of patients undergoing operative treatment would always run into complications following surgery. With millions of surgeries being performed every day, world over, the number of such patients is indeed quite high and their predicament needs to be appreciated by the surgical fraternity. One of the natural consequences of occurrence of a complication is prolongation of hospital stay in most circumstances. This also means increased financial burden for the family. There are many other implications involving these patients and these also affect the society as well. In our country no support systems exist for helping such patients either financially or socially, inspite of the fact that they are in difficulty. The hardship they are made to face remains unrecognized and even unappreciated most of the times by all concerned. Invariably they are left to suffer on their own. The present communication makes an effort to highlight this aspect of surgical complications, and the adverse effects, occurrence of such complications have on the individual, his/ her family and the society as a whole. An attempt has also been made to draw the attention of surgical fraternity to these happenings with a suggestion that one needs to react to a situation which is largely a creation of our own. As a surgeon, one ought to take this as a challenge to one's professional capabilities and expertise,

and make active efforts to perform routine as well as difficult surgery with no or minimum possible complication rates. And if an unfortunate patient does run into difficulty, the surgeon must play a positive role to minimize sufferings and to rehabilitate him/her back into the society.

Keywords Complications. Surgery. Social implications. Ethical considerations. Professional conduct

Introduction

Complications following surgical interventions are indeed inevitable. Apart from creating a challenge for their successful management, these occurrences also affect adversely the patient's psyche and result into an increased social and financial burden. The prevailing circumstances thus generate a state of extreme mental stress for the individual and his/ her family. In the larger context, the whole society in turn gets affected.

The frequent occurrence of complications, therefore, raises some pertinent questions relating to the professional competence and skills of the operating surgeon and at the same time reflect on some very important medical, social and ethical issues.

These aspects of surgical complications have not been high lighted, understood clearly or appreciated very well, either by the professionals and or social scientists alike. In the present day perspective, there is need for them to be addressed seriously and remedial measures taken, well in time, by the medical fraternity, as well as by the existing medical set ups and institutions, where such procedures are being performed routinely. The social scientists, administrators and political leadership should also not ignore the plight of community under these circumstances.

S. P. Kaushik (✉)
Former Professor and Head,
Department of Surgical Gastroenterology,
Sanjay Gandhi PGI, Lucknow, India
Department of Surgery,
Government Medical College,
Chandigarh, India

E-mail: spkaushik@hotmail.com

The immediate fall out of a complication, which occurs during or after surgery, is prolongation of hospital stay. There is resultant increase in financial expenses, and increased psychological and physical stress. An effort has been made in the present communication, to look into details, some of these aspects of surgical complications.

Number and nature

Even though the total number of patients developing complications after surgical procedures may remain small, and may be considered a matter of insignificant percentage occurrence, taken from the individual patient's point of view it is either 100% "YES" or 100% "NO". With millions of surgeries being performed every day all over the world, the number of such complications in its entirety, does amount to a sizable volume of suffering humanity.

Fortunately though, many of these complications are preventable. In a large number of cases, the main cause of their occurrence usually turns out to be a faulty selection of patient. A competent surgeon, therefore, ought to be suitably selective in choosing his or her patients for a particular surgical procedure and thus minimize such happenings. Factors like body physique, general condition (both mental and physical) and capability to undergo surgical stress needs to be assessed carefully before surgery. The choice of a competent surgeon and his/her ability to assess a patient's status correctly before intervention thus becomes a matter of prime importance.

Choice of the surgeon and the place of surgery

The surgeon concerned should have the requisite training background [1], expertise and experience to take a particular surgical procedure to its logical conclusion resulting into a successful outcome. Another factor of equal importance is the infrastructure support available in the form of hospital, operating room, facilities, equipment and a well knit team of junior doctors and paramedics [2].

Once the complication has occurred, it is the test of the surgeon's technical skills, and his/her ability to handle the adverse situation on a minute to minute basis, in order to get the patient out of a crisis situation, at the earliest [3]. Besides self competence and confidence, networking with other colleagues and institutions may well be required as an important significant input to reduce suffering.

Social impact and consequences

Occurrence of a complication, no doubt, affects directly the individual patient, who has to suffer and go through it all by his own self. But what is not so well realized, is the fact that

it also results into serious consequences for his/her family members and the society.

As mentioned before, prolongation of hospital stay is the most natural outcome of any complication. One of the major fallout of that is increased loss of work days for a working person. This does result into increased period of 'no earnings' beside other problems like leave etc. And if the stay away period gets further prolonged, one may stand even to loose one's job. A longer period of stay away from home, family and friends in an unfriendly environment, also contributes significantly to increased mental strain for the patient.

'In absence' arrangements are never adequate and/ or satisfactory. The stress is indeed formidable for the immediate family members i.e. the spouse and the children. With increasing trends of nuclearisation of the families, one is likely to be left alone at home. This in itself may become a reason for interruption of work for the working spouse and in addition loss of children's educational activity at school.

The composite effect of loss of earnings and eating away of one's savings coupled with increased financial expenses at the hospital and home, may indeed become unbearable and is indeed an important factor in magnifying existing worries.

In a large number of Indian families, the other half (particularly a non working spouse) is hardly ever prepared to face a situation which involves prolonged absence of the bread earner, who is indeed the manager and head of the family. The difficulties appear to be insurmountable when it comes to overall management of family budget, operating bank accounts, if any, and payment of bills etc. In addition, other liabilities also increase the stress related problems.

The above consequences become all the more dominant in case of an emergency intervention, and if the need arises for intensive care treatment. In the unfortunate event leading to death of the patient, the money matters, assets and liabilities added on to property problems, if any, increase the impact of tragedy many times more. Readjustment of life style with or without shifting of residence to another locality or township, may make life even more difficult for the survivors.

The above narration should make it quite clear that the adverse effects of a surgical complication do not remain confined to an individual patient, but also affect his/ her family members and therefore, the society as a whole. The end result of such events is consequential increase in health budget of the society. In developing countries, where one is already trying to match health needs with limited finances, the better results of surgery, with minimal or no complications would therefore go a long way to keep the resource crunch within acceptable limits. The medical fraternity must therefore, work out 'risk reduction' strategies, in order to make surgical intervention, a viable, more acceptable and less expensive treatment option.

The surgeon's role and institutional responsibilities

Most of the patients undergoing a surgical procedure, no matter how well informed, are largely unaware of the possible complications of the intervention. A large number of them are, therefore, not prepared to face the resultant hardships and consequences that follow such eventualities. It is therefore, obligatory on part of the operating surgeon to have more than one face to face interaction with the patient and the close family members, and explain to them in clear words all possible consequences of the intervention. Then only would they be well prepared to face the unforeseeable and the least expected problems. It would also be advisable that all the family members including the patient should have a clear and detailed discussion with the surgeon regarding the possible risks and complications of surgery beforehand.

Although complications do occur in the hands of the best of surgeons and one must accept a minimum rate of procedure related complications, there is absolute need to keep a constant vigil in order to keep their occurrence within acceptable limits.

A high rate of occurrence of complications in one's practice, however, does become a test of competence for the surgeon and raises pertinent questions regarding his/her background and training [4]. Every patient therefore, should have the right to know the details of the surgeon's background, training and experience in the field of his or her specialization before submitting themselves or ones near and dears ones to any intervention by him/her. There ought to be an opportunity to discuss every aspect of patient care and surgeon's capabilities frankly with the -hospital authorities beforehand.

A surgeon whose patients develop frequent and unwanted complications may also loose his/her image and standing in the profession. Hence it is obligatory for a surgeon to continuously strive to reduce the complication rate further by improving his/her acumen, technique, by discussion amongst colleagues, mutual consultation and support. Honest and strict audit of one's own results, self-appraisal and literature review thus, becomes mandatory [5].

The choice and place of further treatment of a complication, and the various available options should be considered after due care and deliberations, before a final plan of action is worked out. There may be need to be conservative in treating a complication and follow wait and watch policy, but it must be realized that because of prolongation of hospital stay and increased costs, a far more aggressive and invasive approach may, at times, be justifiable in order to hasten recovery.

In the eventuality of a higher than acceptable rate of complications occurring in one's practice, a surgeon should seriously consider stopping to operate for a while, take help from others or better train oneself all over again with known teachers/centers for a short period. There is no room for

complacency and personal egos. Every surgeon must have the patient related consequences of a complication, uppermost in his/her mind and look for appropriate remedies.

Far too frequent occurrence of complications also reflects adversely, the reputation of the hospital, department and/or the Institutional set up, and also exposes the possible lack of support systems. The primary objective of any such health care centres ought to be to alleviate suffering of humanity. Such establishments are not required to add or increase the burden of individuals, families and the society. The concerned authorities therefore need to define and implement a system of checks and counter checks. Departmental and institutional audit of results and performances, dos and don'ts are required to be clearly outlined [6]. Proper monitoring of results of surgery by supervisory committees and appropriate bodies ought to be activated and made effective. Performances based reward systems i.e. distribution of assets, budget, and allocation of other priorities to the different departments should be carefully worked out in order to curb adventurism on part of individuals. It is likely to work out as one of the successful methods to improve overall results and better health care. An action-oriented approach by hospital administration could thus make all the difference for the better.

In these days of the Information technology (IT) revolution, networking between individual surgeons, faculty, departments and different institutions should also be available on an 'as and when' required basis. An appropriate advise to the treating surgeon, in house, if possible from another surgeon or through internet or telemedicine facilities could be a great help. Alternatively the patient may be transferred to a better equipped institution, keeping in mind the best interest of the suffering patient and the family. However, one should not loose sight of the fact that if a patient, because of an unforeseeable surgical complication, has to be referred to another institution or town, the consequential problems do get further magnified for the family i.e. unfamiliar and unknown environment, different people, increased expenses and significantly reduced support systems (manpower and others). In a strange place, one may even have to face a hostile reaction, at least in the beginning, by the host institution and inmates, in addition to the problems of language, board and lodging etc.

Ethical considerations and practices

The ethical conduct of the surgeon has an important bearing on the results of any surgical intervention. The malpractice arena prevalent today includes patients snatching, undercutting (since there are no uniform fee structures) , kick backs and reward systems, toutism, advertising, making tall claims, false indications of interventions, cooking up data and running down own colleagues etc. These practices have a definite adverse effect on surgical outcomes and effect patient's best interests [7].

Every institution and the society, therefore, should have an effective ethical monitoring mechanism and committees consisting of medical experts and peers [8]. The committee should have the authority to oversee the quality of surgical care being delivered by individual surgeons and the departments. An element of accountability ought to be introduced and committee authorized to take appropriate action and provide relief to the consumers.

The role of the society

The society and the respective health authorities need to play a very proactive role in support of these unfortunate patients, who develop unexpected complications after surgery. All grades of well equipped and manned health care institutions in each state i.e. primary, secondary and tertiary level, must be actively involved and primed for surgical care and if found wanting, upgraded to take care of patients in need of surgical intervention in its entirety. At the same time apex institutions like AIIMS New Delhi, PGI Chandigarh and Sanjay Gandhi PG Lucknow must be established in each state of India with out any further delay, so as to provide specialized care to it's population with in reachable distance and under familiar environment.

Social and financial support systems must work, in reality, to provide help to deserving and needy individuals who have run into complications with the undesirable consequences of a surgical intervention. The health support systems should materially benefit patients with complications in a graded manner at surgeons, departmental, institutional, state and public administration levels.

Conclusion

In conclusion, the society, the operating surgeon as well as the institutions and departments undertaking surgical treatment, ought to remember that they have the primary responsibility of any intervention being undertaken, and that a complication sets into motion a train of undesirable consequences, which have serious social implications. Such situations need to be appreciated, recognized early, and require expert handling.

Simultaneously the public at large must realize that surgery is also a form of treatment, and may be the only

option in certain conditions and situations. There is always a certain amount of risk involved with all interventions. The surgeon's background and expertise should be looked into in great details and the infrastructure and facilities available at the place where surgery is to be performed should also be checked in advance. All possible outcomes should be discussed with the surgeon beforehand and last but not the least one should always be prepared to face the unexpected.

The humane approach thus, becomes the duty of all concerned in the management of surgical patients. A firm commitment is required by the surgeons, departments and the institutions offering operative treatment for the sake of better health care.

The surgical interventions though would always be required, but these must be carried out with minimum of complication rates and should not result into a significant increase in already existing burden for the sick. The society ought to evolve ways and means to help such patients at time of need, in order to support them morally and financially and allow them to avail the best surgical care, resulting in restoration of normal health at the earliest.

Conflict of interest The author does not have any disclosable interest

References

1. Kaushik SP (2002) Surgical training in India. *Nat Med J Ind* 15:282–283
2. Kaushik SP. Quality of Indian doctors: A matter of concern? Glaxo Oration, National Academy of Med. Scs. (India) 2006–2007
3. Gupta A, Kumar S, Shailendra, Mishra MC, Kumar S (2006) Surgical residency program. *Ind J Surg* 68:310–315
4. Bajaj JS (2006) National standards for medical education. *Ann Nat Acad Med Scs* 42:85–168
5. Sheldon MG (1982) Medical audit in general practice. *J R Coll Gen Pract* 20:1–21
6. Kaushik SP (2000) Surgical Audit. *Tropical Gastroenterol* 21: 41–42
7. Beauchamp G (1998) General surgeons and clinical ethics. *Can J Surg* 41:451–454
8. Kaushik SP (2002) Ethics in surgical practice: an Indian viewpoint. *Nat Med J Ind* 15:34–36