

Poster presentation

Surgery in patients with advanced malignancies: ethical dilemmas

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Background

Surgery remains the only radical therapy in cancer. Palliative surgery is important for patients with metastases, because it establishes a good quality of life. Various moral dilemmas are encountered in palliative surgery. Some of these relate to the patients, the biological basis of their illness, to oncologists and surgeons, their attitudes, skills and knowledge.

Materials and methods

Information was taken from the Hellenic Anticancer Society, the Greek Bioethic Commission, the Greek Ministry of Health, the European Organisation for Research and Treatment for Cancer (EORTC) and the Patients Association of UK.

Medical greek and international journals and sites oriented to bioethical issues were a useful basis for results and discussion, too.

Results

Evidence-based medicine and survival studies have made over-therapy less frequent than ever. However, patients with non-curable diseases are vulnerable to marketing of various Medical Centers of Excellence. Awareness of Surgical Societies is needed and the surgeon must be taught the sensibility to deal with these patients. The proper patient information and respect to personal autonomy are required. Moreover, variations in definition of palliative surgery as well as limited scientific evidence in rare oncological cases make surgeons perform operations even in final stage cancer cases. Detailed protocols may save patients from forms of "palliative surgery" that consist unnecessary or precarious solutions.

Discussion

Both in clinical practice but also in education and research moral sensibility is required in order to promote public health and mainly in the field of surgical oncology.

References

1. Lee KF, Purcell GP, Hinshaw DB, Krouse RS, Baluss M: **Clinical palliative care for surgeons: part 1.** *J Am Coll Surg* 2004, **198**:303-319.
2. Hofmann B, Haheim LL, Soreide JA: **Ethics of palliative surgery in patients with cancer.** *Br J Surg* 2005, **92**:802-809.
3. Bernstein M, Bowman K: **Should a medical/surgical specialist with formal training in bioethics provide health care ethics consultation in his/her own area of speciality?** *HEC Forum* 2003, **15**:274-286.