

Ethical Dilemmas in Palliative Surgery for Cancer Patients



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PALLIATIVE CARE IS COMMON IN TREATING TERMINALLY ILL PATIENTS. ONE IMPORTANT ASPECT IS TREATING CANCER PATIENTS WITH SURGICAL INTERVENTIONS. SUCH INTERVENTIONS FOR CANCER PATIENTS PUTS PALLIATIVE CARE AT THE FOREFRONT OF ETHICAL DEBATES. THIS ARTICLE WILL EXPLORE SOME OF THE PRINCIPLES OF BIOMEDICAL ETHICS WITH RESPECT TO PALLIATIVE INTERVENTIONS IN PATIENT CARE.

One possible route of palliative treatment available to cancer patients is surgery. However, the ethical implications of palliative surgical treatment are under continuous debate. Issues involved in the practice and research of palliative surgery will be explored using the four principles of biomedical ethics.

WHAT IS PALLIATIVE CARE?

According to the World Health Organization, “palliative care” differs from conventional medical care by promoting the quality of life in those patients with non-curable diseases (Cimino, 2002). Palliative care is common in treating terminally ill patients. Its purpose is to alleviate symptoms with minimal impact on the patient’s survival without worsening the patient’s condition. Techniques such as radiotherapy, chemotherapy, and surgery in addition to a support system are used to help the patient cope with the illness (Cimino, 2002).

PRINCIPLES OF BIOMEDICAL ETHICS

Beauchamp and Childress provided the impetus to develop the four principles of biomedical ethics: beneficence, nonmaleficence, respect of autonomy, and justice (Hofman, 2005). Beneficence and nonmaleficence mean ‘doing good’ and ‘doing no harm’ on the part of the clinician. Both served as

the foundation for those traditional and paternalistic beliefs which maintains ‘doctor knows best’. Patient autonomy means that the patient has the right to informed consent and to input in decision-making (Hofman, 2005). ‘Justice’ is a principle that entitles each patient to an equal level of attention from clinicians. The application of these principles is important in understanding the ethical concerns of palliative surgery for cancer patients.

ETHICAL ISSUES IN PATIENT CARE

To discern the prevalent ethical concerns, McCahill et al. (2001) devised a 110-item survey. Its purpose was to determine the extent that palliative surgery was practiced and to identify ethical concerns involved in their decision making. The most frequent ethical dilemmas reported include: ‘providing honest information without destroying hope’, ‘uncertainty about the patient’s prognosis’, ‘preserving patient choice’, and ‘withholding/withdrawing life-sustaining treatments’ (McCahill, 2001).

Patients are entitled to informed consent and full disclosure, but a balance must be achieved between informing the patient and maintaining hope. If a clinician reveals the truth, especially in a manner that is not sensitive to the patient’s state, the bad news may worsen the patient’s condition. On the other hand, it is unethical to withhold information that is pertinent to future treatment plans. In doing so, the clinician can influence the patient’s decision and compromise their autonomy. For example, if an oncologist believes major surgery is the best option for a patient with Stage IV breast cancer, it would be unethical according to the principle of autonomy to withhold information about alternative treatments such as chemotherapy or radiotherapy. Therefore, it is recommended in palliative care to make the patient aware of the severity of

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the illness in a manner that gives the patient the opportunity to make decisions, while preserving their hope (Krouse, 2002). It is recommended that a paternalistic model be avoided. Information about treatment options should be made known to the patient, as the patient has the right to informed consent. However, uncertainty with the patient's prognosis results in ambiguity, in which case, how much detail should be elucidated to the patient if doubt exists with respect to the prognosis? Concerns about the quality of life should take precedence over informed consent as physicians have a duty to do no harm to the patient.

Preserving patient choice is an important principle to uphold, but its application should consider individual circumstances. One could argue that patients should be tested to ensure impaired thinking is not impacting the decision making process (Davies, 1995). Suggestions in the medical literature contend that patients should undergo mental health examinations to determine if they can make adequate choices (Krouse, 2002). If the patient is incapable of making decisions regarding one's health, a substitute decision maker should be delegated. Otherwise, an incapacitated patient may decide to refuse promising treatment.

Another issue is whether or not it is ethical to withhold a treatment, even if it is demanded by a patient. In their Code of Medical Ethics, the American Medical Association discusses this concept and claims that "physicians are not ethically obligated to deliver care that, in their best professional judgment, will not have a reasonable chance of benefitting their patients. Patients should not be given treatments simply because they demand them" (Davies, 1995). Thus, while the patient may demand surgery, the physician is entitled to refuse such a request. However, what if this lack of adherence negatively impacts the doctor-patient relationship? Some clinicians argue that questionable therapy is justified on the grounds of maintaining the trust and cooperation of the patient (Krouse, 2005). But

refusing a patient's request also conflicts with a physician's 'duty to help' (Krouse, 2005). The physician may wish to help the patient and adhere to their requests, but this may lead to futile treatment.

ETHICAL ISSUES IN CLINICAL RESEARCH

Another ethical concern is the lack of reliable and valid scientific evidence in support of palliative surgical treatments. Many surgical cancer treatments have not been subjected to a randomized controlled trial (RCT), resulting in a possible placebo effect (Hofman, 2005). Although this is not necessarily a negative outcome when it comes to palliative care, it is still in the practice of good science to discern the effect of treatment from a given intervention.

However, there is an insufficient number of RCTs because it is unethical to use placebos to randomize control patients in a surgical trial. Many operations that are medically futile, or even detrimental in terms of patient risk, continue to be employed, such as palliative nephrectomy for radiating pain (McCahill, 2001). According to Hofman et al. (2005) these widely accepted surgical procedures require ethical consideration. In context of Beauchamp's and Childress' principles of biomedical ethics, it is a physician's duty to do no harm. Performing a procedure that is known to be detrimental is an unethical practice.

There is a responsibility among clinicians to help individuals with non-curable disease such as cancer, and surgery provides an important option to palliate symptoms. But despite the desire to adhere to patient needs, if there is insufficient scientific evidence for a surgical option, alternative methods should prevail. Otherwise, a surgical option becomes unethical. 

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