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HOW DO SURGEONS AND ANAESTHETISTS MAKE DECISIONS ABOUT SURGERY FOR PATIENTS WHO ARE FRAIL, AND WHAT FACTORS INFLUENCE THESE DECISIONS?

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Background Frailty is a concept that describes decreased physiological reserve. Evidence shows that frailty is a risk factor for post-operative complications including sepsis and delirium, increased length of stay and the inability to be discharged home after surgery. Frailty is also a risk factor for increased mortality in the setting of cardiac surgery. Little is known about how decisions are made about surgery in frail patients.

Aims

1. To explore how surgeons and anaesthetists make decisions about surgery in patients who are frail.
2. To identify what training surgeons and anaesthetists would find useful in helping them to make decisions about surgery in patients who are frail.

Methods of Data Collection Individual interviews were conducted with three surgical consultants, three anaesthetic consultants, three surgical trainees and three anaesthetic trainees. A paired interview was also carried out to gauge the thoughts of a surgeon and an anaesthetist together about these issues.

Methods of Data Analysis Interview transcripts were coded and codes collapsed progressively using a constant comparative approach allowing themes to emerge, with subsequent mapping to a decision-making framework.

Results Key findings

- ▶ Most participants preferred a shared decision making approach.
- ▶ Communication challenges and issues around capacity presented problems with decision making.
- ▶ There was a lack of understanding of the term 'advance care planning'.

A theoretical decision making model was developed from the interview data and a preceding literature review.

Conclusions Surgeons and anaesthetists accepted that working with frail patients was a common but challenging scenario. Specific education in this area was thought to be lacking. A tailored learning intervention for core surgical and anaesthetic trainees is subsequently being designed.