

EPISODE – Author Interview: “*How Should Surgeons Communicate About Palliative and Curative Intentions, Purposes and Outcomes?*”

Guests: Charles E. Binkley, MD

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast](#)

[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Back on the podcast this month is Dr Charles E Binkley, the Director of Bioethics at the Markkula Center for Applied Ethics at Santa Clara University in California. He's here to discuss his article, *How Should Surgeons Communicate About Palliative and Curative Intentions, Purposes and Outcomes?*, in the October 2021 issue of the Journal, *Palliative Surgery*. Dr Binkley, thank you so much for joining me again. [music fades out]

DR CHARLES E BINKLEY: Tim, it's a real pleasure to be with you today.

HOFF: So, what is the main ethics point of this article?

BINKLEY: The article really is about the importance of accurate, clear communication between surgeons and patients, particularly in the setting of a recent diagnosis of cancer. So, many patients, when they see surgeons after a diagnosis of cancer, they're waiting to be told whether or not they'll be candidates for surgery, what's the timing of surgery relative to other therapies—for instance, chemotherapy and/or radiation—and really an overview of what the risk-benefit ratio is. Sometimes surgeons frame this discussion in terms of themes like cure, and they'll talk about the curative intention of the operation. I think it's most important and most ethical to really talk about expected outcomes rather than value laden terms such as “cure.” I think in the setting of a recent cancer diagnosis in a vulnerable patient, the patient may latch on to the term “cure” and miss the chances that a cure will occur. And so, instead of using terms like “cure,” what I recommend in the paper is that surgeons set reasonable expectations for what surgery can provide, not only as a standalone, but also in combination with other treatments.

And we can talk about that in terms of survival percentages at certain intervals. We oftentimes will use a one- and five-year projected survival based on the tumor characteristics, the patient characteristics. And those seem much more ethical for informed consent, also more ethical in terms of forging a trusting relationship, and also more ethical from the perspective of truthfulness, which is sort of a foundational requirement that if surgeons talk about expectations, if they frame expectations in terms of reasonable outcomes rather than in terms of things like cure, that the ethical standard will be raised.

HOFF: Great. Thank you. And what do you see as the most important lesson for health professions students and trainees to take from your article?

BINKLEY: It really is the importance of communication and contextualizing the communication from the patient's perspective. Again, a patient who's recently been

diagnosed with a severe cancer comes to see a health care provider with lots of emotion, and it's important, I think the duty is really on the provider to be as clear and accurate in the communication as possible. And this doesn't mean a data dump or going through every clinical trial with percentages, but rather to frame it in terms that are understandable to the patient and also to check in with the patient to make sure that they're processing the information and that they understand the information.

And I think another point for those in training is to sort of help fashion the way that they communicate. Many times, part of the training is not just learning technical skills, but also learning communication skills. And I think one of the points of the article that I would really stress to trainees is to take seriously really honing those communication skills during their training.

HOFF: And finally, if you could add a point to your article, what would that be?

BINKLEY: It would really be to give more guidance to surgeons about how to accurately communicate. I think saying that there's a need to accurately communicate begins the conversation. But I think about things, for instance, about 10 years ago, the national and international pancreatic surgery communities came up with a standardized nomenclature for things like whether a tumor's resectable or unresectable or borderline resectable, and there was consensus around these terms. I think that a similar strategy for talking to patients and agreeing on what these terms mean and how to accurately express it to patients is really very, it was needed. And so, what I would say as one more point would be to establish a standardized nomenclature that surgeons can use in their communication with patients that would be widely adopted. [bright theme music returns]

HOFF: Great. Dr Binkley, thank you very much for your contribution to the Journal this month and for joining me again on *Ethics Talk*.

BINKLEY: Tim, it's a real privilege.

HOFF: To read the full article and the rest of the October 2021 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.