STRIVING TO DO NO HARM AND YET RESPECT PATIENT AUTONOMY: PLASTIC SURGEONS' PERSPECTIVES OF THE CONSULTATION FOR BREAST RECONSTRUCTION WITH WOMEN WHO HAVE EARLY STAGE BREAST CANCER

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Introduction

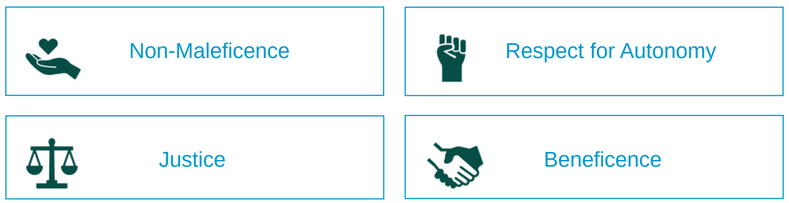
- Rates of **contralateral prophylactic mastectomy** (CPM) have doubled over the last decade among patients considered low risk for developing a contralateral breast cancer
- Growing awareness, availability and access to immediate reconstructive surgery may influence the decision to pursue this more aggressive treatment
  - Patients are 3x more likely to undergo CPM if they have immediate breast reconstruction
  - Breast symmetry is important to patients
  - Some patients switch to CPM following a plastic surgery consultation
- Despite a strong association between CPM and breast reconstruction, little is known about the clinical encounter between patients and plastic surgeons

Objectives

- **A qualitative study aimed to understand how plastic surgeons describe their roles in the treatment decision making process through their consultations with women who have non-high-risk early stage breast cancer**

Methods

- Purposive & snowball sampling
- Recruited Plastic Surgeons from academic & community hospitals across Ontario, Canada
- Semi-structured one-on-one telephone interviews
- Inductive and interpretive thematic approach
- Four principles of the **Biomedical Ethics Framework** served as the conceptual lens to interpret findings



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Results

DEMOGRAPHIC DETAILS (n = 18)*

Category	n
Institution Type	
Academic	10
Community	8
Sex	
Female	10
Male	8
Average # of years in practice	13 years (range 3.5 – 25 years)
Average # of confirmed breast patients per month	13 patients (range 1 – 25/month)
Residency Location	
Canada	17
Outside Canada	1
Fellowship Location	
Canada	9
Outside Canada	9

*data saturation determined through consensus

OVERARCHING THEME

Striving to balance parallel responsibilities to do no harm while also respecting patients' rights to make their own healthcare decisions (Table 1)

- Challenging to reconcile that CPM + BR involves removing healthy tissue and may cause long-term morbidity but may also reduce anxiety, create better symmetry and improve self-esteem for select patients

TABLE 1. OVERARCHING THEME WITH REPRESENTATIVE QUOTES

Themes	Representative Quotes from Plastic Surgeons
Overarching Theme Striving to Do No Harm and yet Respect Patient Autonomy	*"I'm of the opinion that resecting a normal breast is not the way to treat the anxiety and I know it's easier said than done. It's hard to not share their anxiety and share their concerns but it's also more surgery to take off another breast and have another reconstruction"* (ID 2) *"I think we often struggle with the whole idea that we're taking off perfectly healthy tissue, we're adding another operation with another level of complexity and another potential risk for a patient and you can have a really awful outcome on the non-cancer side and so for all of that, I think we struggle"* (ID 4)

Results

TABLE 2. MAIN THEMES WITH REPRESENTATIVE QUOTES

Themes	Representative Quotes from Plastic Surgeons
Theme 1 Maintaining Non-Maleficence	*"I say to them, there's no good reason to do this, there just isn't...you're just like any woman who's never had breast cancer...I try and counsel them out of it"* (ID 18)
Theme 2 Supporting Patient Autonomy	*"I know very few reconstructive surgeons who will ultimately say no to a prophylactic if the patient advocates for themselves, even in situations where there really isn't a good medical cancer reason to take off the opposite breast...if they really want it, they're going to get it"* (ID 4)
Theme 3 Delivering (un)Equal Healthcare	*"The other obvious problem that's an issue is there's a lot of women in the province that aren't being offered reconstruction at the optimum time in the course of their treatment planning and that's just because of accessibility. I think in the more highly populated areas of southern Ontario it is offered, but once you get outside of southern Ontario, I'm not so sure"* (ID 12)
Theme 4 Providing Care to Enhance Well-Being	*"It's a quality of life surgery and I'm not saving anybody's life by reconstructing their breast, but I just want to make them really, really happy for the rest of their life. They will survive and are young, so I just really want them to get over this and live a happy life after"* (ID 16)

Conclusions

- Plastic surgeons are conflicted and feel the push-pull between what patients want and what guidelines recommend
- Patient-centric climate → patients may value outcomes such as peace of mind above other clinical factors and are willing to incur additional risk to achieve this
- Controversy surrounding CPM is mainly about avoiding harm
  - Do we need to rethink how we define harm (i.e., surgical harm vs. psychological harm)?
- Decision making for ESBC is complex and is frequently underpinned by fear, thus reinforcing the need for ensuring patients understand the rationale for CPM and **shared decision making** during the clinical consultation
  - Help to reveal the rationale underlying the treatment choice
  - Allow physicians to weigh patient requests with the best available medical evidence

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