



**“Should lifestyle choices
influence clinical decisions
regarding surgery?”**

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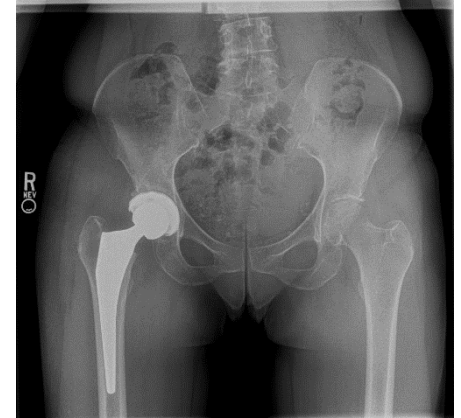
Defining lifestyle

“someone’s way of living; the things that a person or particular group of people usually do”

- Cambridge English Dictionary

Examples of lifestyle choices





Effects of **negative** lifestyle choices



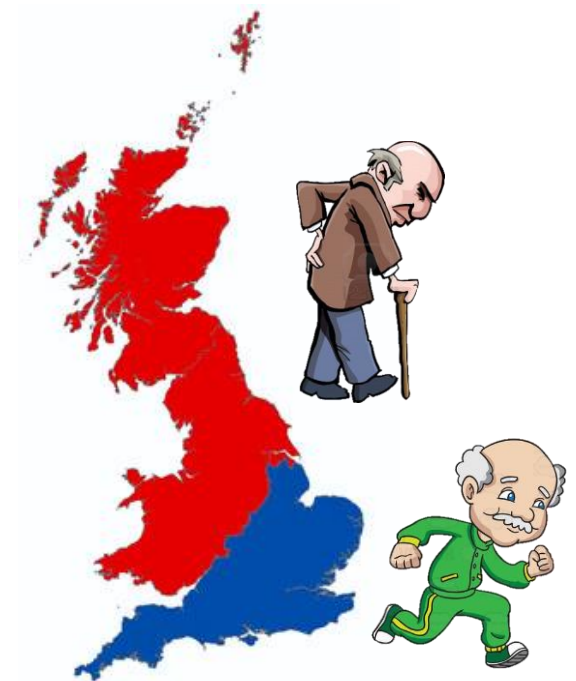


...but what about **positive** lifestyle choices?





...or **extrinsic** lifestyle
'choices'



Generally GMC guidance is clear...

*“You must give priority to patients on the basis of their **clinical need**”*

*“You **must not refuse or delay treatment** because you believe that a patients actions or lifestyle has contributed to their decision”*



...but there are exceptions



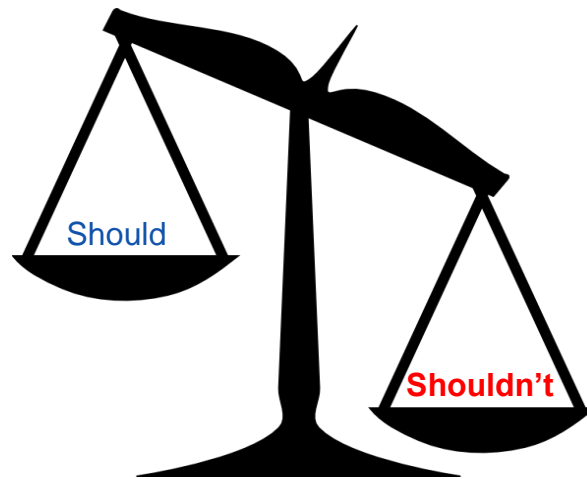
Good medical practice

General
Medical
Council
Regulating doctors
Ensuring good medical practice

*“The treatment you provide... must be based on... **your clinical judgement about the likely effectiveness of the treatment options**”*

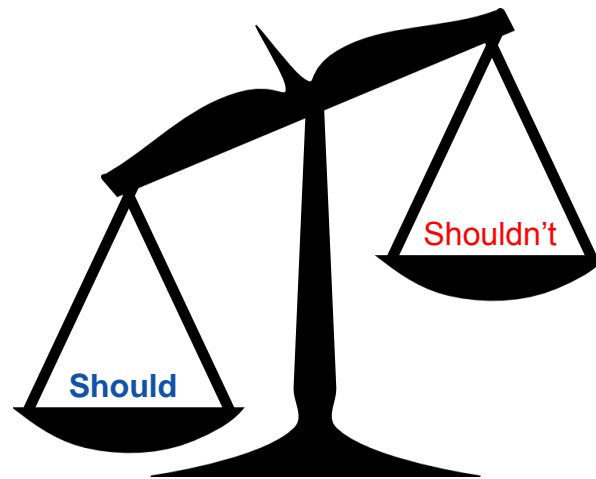
*“Provide effective treatments **based on the best available evidence**”*

Default position: lifestyle choices *shouldn't* influence clinical decisions regarding surgery



To do so would risk **unevidenced opinions, prejudice and discrimination**

But lifestyle choices *should and must* influence clinical decisions when...



1. ... there is objective evidence that consideration could **enhance individual patient outcome or minimise potential harm**
2. ... consideration is necessary to **promote fairness and equality in a society with finite resources**

Conclusion

Lifestyle choices generally **shouldn't** influence clinical decisions regarding surgery

...but they must be considered where *objective evidence* informs clinical opinion that may be of **benefit to either the individual patient or society**



Thank you for your attention

Any questions?

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Lifestyle choices and their relation to surgical care:

Specialities	Relevant conditions
Cardiothoracic	<ul style="list-style-type: none"> • CABG • Mesothelioma – occupational hazard
General	<ul style="list-style-type: none"> • Bariatric surgery - obesity • Gallstones – rapid weight loss (cholecystitis, pancreatitis) • GI cancers – diet (fibre, red meat) • Post-menopausal breast cancer (obesity) • Organ transplant – liver, kidney, pancreas (smoking, alcohol) • Deny elective surgery until certain BMI achieved
Neurosurgery	<ul style="list-style-type: none"> • DBS (lower threshold for highly technical pts with PD)
Ophthalmology	<ul style="list-style-type: none"> • Cataracts
Oral & Max Fax	<ul style="list-style-type: none"> • Oral cancers – smoking
Paediatric	<ul style="list-style-type: none"> • Spina bifida
Plastics	<ul style="list-style-type: none"> • Cleft palate (obesity/DM during pregnancy) • Skin cancers (UV exposure)
Trauma & Ortho	<ul style="list-style-type: none"> • Joint replacement surgery
Urology	<ul style="list-style-type: none"> • Vasectomy
Vascular	<ul style="list-style-type: none"> • Endarectomy • Amputation – diabetes

Transplant surgery

“Selection will be based primarily on risk of death without a transplant. Patients can be considered for elective transplantation if they have an anticipated length of life or survival in the absence of transplantation that is less than that obtained with a liver transplant”