Robert Wood Johnson Foundation Office of Promoting Excellence in End-of-Life Care: Executive Summary of the Report from the Field

Surgeons Palliative Care Workgroup

I. BACKGROUND AND CONVENING PROCESS

In recognition of a growing interest in palliative care by clinicians, patients, and families, the Promoting Excellence in End-of-Life Care national program of The Robert Wood Johnson Foundation, in conjunction with the American College of Surgeons, created a national Peer Workgroup to facilitate introduction of the precepts and techniques of palliative care to surgical practice and education in the United States and Canada. The World Health Organization has defined palliative care as "The active total care of patients whose disease is not responsive to curative treatment."[1]

The Surgeons Palliative Care Workgroup brought together surgeons with demonstrated interest and experience in palliative care to share resources, strategies, and expertise, and in so doing act as a catalyst for change. This is a summary of their analysis of the current state of palliative care in the surgical field and their recommendations. The full report will be released this summer by the Robert Wood Johnson Foundation.

The Workgroup met during a 14-month period from September 2001 through November 2002. The initial Workgroup membership of 20 consisted of 17 surgeons representing 6 subspecialties, representatives of the executive and administrative staff of the American College of Surgeons, two recognized leaders in palliative care research and education, and a representative of the National Program Office of the Robert Wood Johnson Foundation.

The Workgroup divided into seven subcommittees and conducted its business at four plenary sessions and periodic teleconferences. The Workgroup adopted the American College of Surgeons' *Statement of Principles Guiding Care at End of Life* (1998)[2] as its compass in the execution of its charge.

After approval by the American College of Surgeons Board of Regents in October 2002, the Workgroup became integrated into the Division of Education of the American College of Surgeons as the Surgical Palliative Care Task Force.

II. CLINICAL SKILLS—CORE COMPETENCIES

The Workgroup identified the following core competencies in surgical palliative care for the practicing surgeon.

A. Patient care
1. Possess the capacity to guide the transition from curative and palliative goals of treatment to palliative goals alone based on patient information and preferences, scientific and outcomes evidence, and sound clinical judgment.
2. Perform an assessment and gather essential clinical information about symptoms, pain, and suffering.
3. Perform palliative procedures competently and with sound judgment to meet patient goals of care at the end of life.
4. Provide management of pain and other symptoms to alleviate suffering.
5. Communicate bad news and poor prognoses effectively and compassionately.
6. Conduct a patient and family meeting regarding advance directives and end-of-life decisions.
7. Exercise sound clinical judgment and skill in the withdrawal and withholding of life support.

B. Medical knowledge

Surgeons should acquire knowledge in the fundamentals of palliative care domains as they apply to the breadth of surgical patients. This includes:
1. Acute and chronic pain management
2. Nonpain symptom management
3. Ethical and legal basis for advance directives, informed consent, withdrawal and withholding of life support, and the concept of futility
4. Grief and bereavement in surgical illness

Received February 6, 2003; Accepted February 6, 2003.

Members of the Surgeons Palliative Care Workgroup are listed in the Appendix.

Correspondence addresses: Geoffrey P Dunn, MD, FACS, 2050 S Shore Dr, Erie, PA 16505; Robert A Milch, MD, FACS, 225 Como Park Blvd, Cheektowaga, NY 14227.

© 2003 by the American College of Surgeons
Published by Elsevier Science Inc.

ISSN 1072-7515/03/$21.00
doi:10.1016/S1072-7515(03)00145-5

5. Quality-of-life outcomes measurement and prognostication
6. Role of spirituality at the end of life

C. Practice-based learning and improvement
1. Recognize quality of life and quality of death and dying outcomes as important components of the morbidity and mortality review process.
2. Understand their measurement and integration into the peer review process and quality improvement of practice.
3. Be skilled in the use of introspection and self-monitoring for practice improvement.

D. Interpersonal and communication skills
1. Be competent and compassionate communicators with patients, families, and other health-care providers.
2. Be skilled in communicating bad news, prognosis, and redefining hope in the context of cultural diversity.
3. Develop capacity to function as a leader member of an interdisciplinary team.
4. Maintain collegial relationships with other health-care providers.

E. Professionalism
1. Maintain professional commitment to ethical and empathic care that is patient focused, with equal attention to relief of suffering alongside curative therapy.
2. Show respect and compassion for cultural diversity, gender, and disability.
3. Maintain ethical standards in the withholding and withdrawal of life support.

F. Systems-based practice
1. Be aware and informed of the multiple components of the health-care system that provide palliative and end-of-life care.
2. Be knowledgeable and willing to refer patients to hospice, palliative care consultation, pain management, pastoral care, social services, etc.
3. Understand resource utilization and reimbursement issues.

III. EDUCATION

The educational activities of the Workgroup had two intended audiences: practicing surgeons and surgical residents. For the practicing surgeon, these activities included: symposia held at the 2001 and 2002 Clinical Congresses and at the 2002 and 2003 Spring Meetings of the American College of Surgeons; a series of articles published in the *Journal of the American College of Surgeons* including CME questions; information presented on the Web site of the American College of Surgeons's Surgical Palliative Care Task Force, http://facs.org/palliativecare/index.html; and questions proposed for incorporation in the Surgical Education and Self-Assessment Program, 2002 to 2004 (SESAP 12). A national conference on surgical palliative care to be jointly sponsored by the College and a surgical center is in the planning stages. To guide future educational efforts, the Workgroup will conduct a needs assessment of the College Fellowship.

Residency education was promoted by the Workgroup's participation in the End-of-Life Education Project for Postgraduate Training Programs, another Robert Wood Johnson Foundation–funded initiative (David Weissman, MD, Principal Investigator). A total of 24 programs have begun the program and an additional 10 are signed up for the future. Feedback from participants has been overwhelmingly positive.

IV. POTENTIAL AREAS OF CLINICAL RESEARCH IN PALLIATIVE SURGICAL CARE

The Workgroup compiled a research agenda based on its review of current clinical practice and its experience in palliative care education.

A. Surgical decision making
1. Prognostication and the natural history of disease
2. Selection of ideal treatment modality
3. Validated outcomes measures for surgical care
4. Assessment of new procedures

B. Patient decision making
1. The basis of patient preferences
2. Demands for care
3. Informed consent
4. Decision aids
5. Family and surrogate decision making
6. End-of-life decision making
7. Advance directives and do not resuscitate (DNR) orders
8. Withdrawal of support

C. End of Life

D. Symptom management
1. Pain
2. Nonpain symptoms

E. Communication
1. Breaking bad news
2. Cross-cultural aspects
3. Family and caregivers
4. Inter- and intradisciplinary team communication

F. Processes of care
   1. Models of care
   2. Cost effectiveness
   3. Suffering among health-care professionals

G. Surgical education about palliative care
   1. Medical students, residency, practicing clinicians
   2. Comparison of training modalities

H. Methodologic issues for clinical surgical research in palliative care
   1. Assessment of outcomes
   2. Trial designs
   3. Ethics

V. THE FUTURE OF SURGICAL PALLIATIVE CARE

Although in its narrowest definition palliative care pertains to addressing the total needs of the terminally ill patient, there is no reason that as a philosophy of care it should not extend well beyond the boundaries of care for the terminally ill surgical patient, and, ultimately, transform most aspects of surgical practice. The immediate concerns of this report, as outlined above, relate to dissemination of information about basic palliative care, both knowledge and skills, to practicing surgeons, and to those receiving postgraduate training in surgery with a focus on care of the terminally ill surgical patient.

Once such principles have been integrated within the practice, education, and culture of the surgical disciplines, surgeons will be fully prepared to fulfill the time-honored aphorism that lies at the heart of our profession:

To cure sometimes
To relieve often
To comfort always.

VI. RECOMMENDATIONS

A. Needs assessment
   1. Further needs assessment of both the surgeon in practice and surgeon in training is required to develop targeted educational efforts and systems-based changes in surgical palliative care.
   2. Needs assessment of the practicing surgeon through the ACS Fellowship regarding knowledge and attitudes of surgical palliative care
   3. Needs assessment of surgeons to identify barriers to effective palliative and end-of-life care

B. Education
   1. Develop "Advance Palliative Life Support Course," modification of AMA's EPEC (Education for Physicians on End-of-Life Care) program for surgeons in practice.
   2. Recruit more than 50% surgical residency programs to the End-of-Life Education Project for Postgraduate Training Programs.
   3. American College of Surgeons–sponsored national conference on surgical palliative care
   4. Develop and legitimize surgical palliative care as an academic discipline and subspecialty within the specialties of surgery and palliative care.
   5. Include surgical palliative care as a concept and practice in surgical textbooks and palliative care literature.
   6. Continue to encourage submission of surgical palliative care articles and reports for publication in surgical and palliative care literature.
   7. Add palliative care questions on surgical board examinations, SESAP, and ABSITE exams.
   8. Write an ACS consensus statement defining surgical palliative care and "palliative" in surgical procedures and practice to establish uniformity in research and outcomes language.
   9. Incorporate a palliative care "Speaker's Bureau" as one of the services provided by the Education Committee of the ACS.
   10. Create palliative care visiting professorships, sponsored by the ACS, matching qualified individuals with surgical training programs.

C. Develop research agenda in surgical palliative care
   1. Establish funding sources and opportunities for surgical palliative care research.
   2. Establish research fellowship/scholars program for surgeons in training and junior faculty in surgical palliative care.
   3. Write a consensus statement on research agenda in surgical palliative care, identifying critical areas for research development such as quality-of-life outcomes, decision making, pain and symptom management, communication, etc.

D. Liaisons between national and international organizations in surgery and palliative care
   1. Representation of Taskforce members to the ACS Commission on Cancer and Committee on Trauma (COT)
   2. Liaison with other disciplines: nursing organizations, hospice

3. Liaison with international surgical organizations: Royal College of Surgeons, etc
4. Liaison with palliative care societies

BIBLIOGRAPHY

1. Goals and principles

American College of Surgeons. Principles of care at end of life. Bull Am Coll Surg 1998;83:46.

Baggs JG, Ryan SA, Phelps CE, et al. The association between interdisciplinary collaboration and patient outcomes in a medical intensive care unit. Heart Lung 1992;21:18–24.

Ball ABS, Baum M, Breach NM, et al. Surgical palliation. In: Doyle D, Hanks GWC, MacDonald N, eds. Oxford textbook of palliative medicine. Oxford: Oxford University Press; 1998: 282–299.

Benner P. Facing death: End-of-life care and decision making. In: Benner P, Hooper-Kyriakidis P, Stannard P, eds. Clinical wisdom and interventions in critical care. Philadelphia: WB Saunders; 1999.

Cassel C, Foley K. Principles for care of patients at the end of life: an emerging consensus among the specialties of medicine. Report sponsored by The Milbank Memorial Fund. December, 1999. http://www.milbank.org/.

Cassel EJ. The nature of suffering and the goals of medicine. N Engl J Med 1982;306:639–645.

Cassell E. Dying in a technological society. Hastings Cent Rep 1974; 2:31–36.

Doyle D, Hanks G, MacDonald N. Oxford textbook of palliative medicine. Oxford: Oxford University Press; 1998.

Dunn GP, Cady B, eds. Surgical oncology clinics of North America (Vol. 2147483647). Philadelphia: WB Saunders Company; 2001.

Dunn GP. Patient assessment in palliative care: how to see the "big picture" and what to do when "there is no more we can do." J Am Coll Surg 2001;193:565–573.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

Dunn GP. Preface. In: Dunn GP, ed. The surgeon and palliative care. Surg Oncol Clin North Am 2001;10:1.

Easson AM, Asch M, Swallow CJ. Palliative general surgical procedures. Surg Oncol Clin North Am 2001;10:161–184.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Field MJ, Cassel CK, eds. Approaching death: Improving care at the end of life. Washington, DC: Institute of Medicine, National Academy Press; 1997.

Foley KM, Gelbrand H. Improving palliative care for cancer. Washington, DC: National Academy Press; 2001.

Little M. Invited commentary: is there a distinctively surgical ethics? Surgery 2001;129:668–671.

McCahill LE, Krouse RS, Chu DZ, et al. Decision making in palliative surgery. J Am Coll Surg 2002;195:411–422.

McCahill LE, Krouse RS, Chu DZJ, et al. Indications and utilization of palliative surgery-results of Society of Surgical Oncology Survey. Ann Surg Oncol 2002;9:104–112.

Milch RA, Dunn GP. The surgeon and palliative care. Bull Am Coll Surg 1997;82:15–18.

Miner TJ, Jaques DP, Shriver C. Decision making on surgical palliation based on patient outcome data. A J Surg 1999;177:150–154.

Puchalski C, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. J Palliat Med 2000;3:129–137.

Rhymes JA. Barriers to palliative care. Cancer Control 1996;3:230–223.

Smith JL. The process of dying and managing the death event. In: Schonwetter RS, Hawke W, Knight CF, eds. Hospice and palliative medicine. Core curriculum and review syllabus. American Academy of Hospice and Palliative Medicine. Dubuque, IA: Kendall/Hunt Publishing Co; 1999.

Spencer F. The vital role in medicine of commitment to the patient. Bull Am Coll Surg 1990;75:6–19.

Standards and Accreditation Committee, Medical Guidelines Task Force, National Hospice Organization, Stuart B, Alexander C, Arenella C. et al. Medical guidelines for determining prognosis in selected non-cancer diseases, 2nd ed. Hospice Journal 1996;11:47–63.

The George H Gallup International Institute. Spiritual beliefs and the dying process, a report of a national survey conducted for the Nathan Cummings Foundation and Fetzer Institute. Princeton, NJ: The George H Gallup International Institute; October 1997:1.

The SUPPORT Investigators, a controlled trial to improve care for seriusly ill hospitalized patients. JAMA 1995;224:1591–1598.

Waller A, Caroline NL. Handbook of palliative care in cancer. Boston: Butterworth Heinemann; 2000.

World Health Organization. Cancer pain relief and palliative care. Technical Report Series 804, Geneva: World Health Organization; 1990.

2. Communication

Baggs JG, Ryan SA, Phelps CE, et al. The association between interdisciplinary collaboration and patient outcomes in a medical intensive care unit. Heart Lung 1992;21:18–24.

Balaban RB. A physician's guide to talking about end-of-life care. J Gen Intern Med 2000;15:195–200.

Buckman R. How to break bad news: A guide for health care professionals. Baltimore, MD: Johns Hopkins University Press; 1992.

Covinsky KE, Fuller JD, Yaffe K, et al. Communication and decision-making in seriously ill patients: findings of the SUPPORT project. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments. J Am Geriatr Soc 2000;48: S187–S193.

Curtis JR, Patrick DL, Shannon SE, et al. The family conference as a focus to improve communication about end-of-life care in the intensive care unit: opportunities for improvement. Crit Care Med 2001; 29[2 Suppl]:N26–N33.

Dunn GP, Cady B, eds. Surgical oncology clinics of North America (Vol. 2147483647). Philadelphia: WB Saunders Company; 2001.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Haidet P, Hamel MB, Davis RB, et al. Outcomes, preferences for resuscitation, and physician-patient communication among patients with metastatic colorectal cancer. Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments. Am J Med 1998;105:222–229.

Larson DG, Tobin DR. End-of-life conversations: Evolving practice and theory. JAMA 2000;284:1573–1578.

Menkin E, Wolfson R, Weissman D. Fast fact and concept #22: writing a condolence letter. http://www.eperc.mcw.edu.

Milch RA, Dunn GP. Communication: part of the surgical armamentarium. J Am Coll Surg 2001;193:449–451.

Oken D. What to tell cancer patients: A study of medical attitudes. JAMA 1961;175:1120–1128.

Portenoy R, Bruera E, eds. Topics in palliative care (Vol. 2147483647). New York: Oxford University Press; 1997.

Terry PB, Vettese M, Song J, et al. End-of-life decision making: when patients and surrogates disagree. J Clin Ethics 1999;10:286–293.

The SUPPORT Investigators, a controlled trial to improve care for seriusly ill hospitalized patients. JAMA 1995;224:1591–1598.

Tobin DR, Larson DG. Advanced illness coordinated care communication training manual. Albany, NY: Life Institute; 2000.

Weissman D, Heidenreich C. Fast facts and concepts #4: death pronouncement. http://www.eperc.mcw.edu.

3. Pain management

Desbiens NA, Wu AW, Broste SK, et al. Pain and satisfaction with pain control in seriously ill hospitalized adults: findings from the SUPPORT research investigations. Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment. Crit Care Med 1996;24:1953–1961.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Foley K. Pain and symptom control in the dying ICU patient. In: Curtis J, Rubenfeld G, eds. Managing death in the intensive care unit. New York: Oxford University Press; 2001:103–125.

Helme RD, Gibson SJ. The epidemiology of pain in elderly people. Clin Geriatr Med 2001;17:417–431.

Puntillo KA. Pain experiences of intensive care unit patients. Heart Lung 1990;19:526–533.

Sloan PA, Donnelly MB, Schwartz RW, Sloan PA. Cancer pain assessment and management by housestaff. Pain 1996;67:475–481.

Waller A, Caroline NL. Handbook of palliative care in cancer. Boston: Butterworth Heinemann; 2000.

Whipple J, Lewis KS, Quebbeman EJ, et al. Analysis of pain management in critically ill patients. Pharamacotherapy 1995;15:592–599.

Wilson W, Smedira N, Fink C, et al. Ordering and administration of sedatives and analgesics during the withholding and withdrawal of life support from critically ill patients. JAMA 1992;267:949–953.

4. Nonpain symptoms and special situations

Angelino AF, Treisman GJ. Major depression and demoralization in cancer patients: diagnostic and treatment considerations. Support Care Cancer 2001;9:344–349.

Bergbom-Engberg I, Haljamae H. Assessment of patients' experience of discomforts during respiratory therapy. Crit Care Med 1989;17:1068–1072.

Bruera A. Current pharmacological management of anorexia in cancer patients. Oncology 1992;6:125–130.

Dasta J, Fuhrman T, McCandles C. Patterns of prescribing and administering drugs for agitation and pain in patients in a surgical intensive care unit. Crit Care Med 1994;22:974–980.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Foley K. Pain and symptom control in the dying ICU patient. In: Curtis J, Rubenfeld G, eds. Managing death in the intensive care unit. New York: Oxford University Press; 2001:103–125.

Homsi J, Walsh D, Nelson KA. Psychostimulants in supportive care. Support Care Cancer 2000;8:385–397.

Huffman JL, Dunn GP. The paradox of hydration in advanced illness. Am Coll Surg 2002;194:834–839.

Kress J, Pohlman AS, O'Connor MF, Hall JB. Daily interruption of sedative infusions in critically ill patients undergoing mechanical ventilation. N Engl J Med 2000;342:1471–1477.

Krouse RS, McCahill LE, Easson AM, Dunn GP. When the sun can set on an unoperated bowel obstruction: management of malignant bowel obstruction. J Am Coll Surg 2002;195:117–128.

Lichter I, Hunt E. The last 48 hours of life. J Palliat Care 1990;6:7–15.

Nelson J, Meier D, Oei E, et al. Self-reported symptom experience of critically ill cancer patients receiving intensive care. Crit Care Med 2001;29:277–282.

Payne DK, Massie MJ. Anxiety in palliative care. In: Chochinov HM, Breitbart W, eds. Handbook of psychiatry in palliative medicine. Oxford: Oxford University Press; 2000.

Smith JL. The process of dying and managing the death event. In: Schonwetter RS, Hawke W, Knight CF, eds. Hospice and palliative medicine. Core curriculum and review syllabus. American Academy of Hospice and Palliative Medicine. Dubuque, IA: Kendall/Hunt Publishing Co; 1999.

Stiefel F, Trill MD, Berney A, et al. Depression in palliative care: a pragmatic report from the Expert Working Group of the European Association for Palliative Care. Support Care Cancer 2001;9:477–488.

Twycross R, Lichter I. The terminal phase. In: Doyle D, Hanks GWC, MacDonald N, eds. Oxford textbook of palliative medicine. Oxford: Oxford University Press; 1998:977.

Valentine AD, Meyers CA. Cognitive and mood disturbance as causes and symptoms of fatigue in cancer patients. Cancer 2001;92:1694–1698.

Waller A, Caroline NL. Handbook of palliative care in cancer. Boston: Butterworth Heinemann; 2000.

Wilson KG, Chochinov HM, de Faye BJ, Breitbart W. Diagnosis and management of depression in palliative care. In: Chochinov HM, Breitbart W, eds. Handbook of psychiatry in palliative medicine. Oxford: Oxford University Press; 2000.

Wilson W, Smedira N, Fink C, et al. Ordering and administration of sedatives and analgesics during the withholding and withdrawal of life support from critically ill patients. JAMA 1992;267:949–953.

5. Futility/withholding/withdrawing

Brody H, Campbell ML, Faber-Langendoen K, Ogle KS. Withdrawing intensive life-sustaining treatment—recommendation for compassionate clinical management. N Engl J Med 1997;336:652–657.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Keenan SP, Busche KD, Chen LM, et al. A retrospective review of a large cohort of patients undergoing the process of withholding or withdrawal of life support. Crit Care Med 1997;25:1324–1331.

Knaus WA, Harrell FE Jr, Lynn J, et al. The SUPPORT prognostic model: objective estimates of survival for seriously ill hospitalized adults. Ann Int Med 1995;122:191–203.

Prendergast T, Luce J. Increasing incidence of withholding and withdrawal of life support from the critically ill. Am J Respir Crit Care Med 1997;155:15–20.

Smedira NG, Evans BH, Grais LS, et al. Withholding and withdrawal of life support from the critically ill. N Engl J Med 1990; 322:309–315.

Trunkey DM, Cahn RM, Lenfesty B, Mullins R. Management of the geriatric trauma patient at risk of death: therapy withdrawal decision making. Arch Surg 2000;135:34–38.

6. Research and education

Bruera E, Kuehn N, Miller MJ, et al. The Edmonton Symptom Assessment System (ESAS): a simple method for the assessment of palliative care patients. J Palliat Care 1991;7:6–9.

Byock IR, Merriman MP. Measuring quality of life for patients with terminal illness: the Missoula-VITAS quality of life index. Palliat Med 1998;12:231–244.

Casarett DJ, Karlawish JH. Are special ethical guidelines needed for palliative care research? J Pain Symptom Manage 2000;20:130–139.

Christakis NA, Lamont EB. Extent and determinants of error in doctors' prognoses in terminally ill patients: Prospective cohort study. BMJ 2000;320:469–472.

Clark D, Ingleton C, Seymour J. Support and supervision in palliative care research. Palliat Med 2000;14:441–446.

Cohen SR, Mount BM, Strobel MG, Bui F. The McGill Quality of Life Questionnaire: a measure of quality of life appropriate for people with advanced disease. A preliminary study of validity and acceptability. Palliat Med 1995;9:207–219.

Cox S, Pories W. Surgical resident curriculum. 3rd ed. Arlington, VA: The Association of Program Directors in Surgery; 1999.

Danis M, Federman D, Fins JJ, et al. Incorporating palliative care into critical care education: principles, challenges and opportunities. Crit Care Med 1999;27:2005–2013.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

Easson AM, Crosby J, Librach L. Discussion of death and dying in surgical textbooks. Am J Surg 2001;182:34–39.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Feuer DJ, Broadley KE, Shepherd JH, Barton DP. Surgery for the resolution of symptoms in malignant bowel obstruction in advanced gynaecological and gastrointestinal cancer. Cochrane Database Syst Rev 2000;4:CD002764.

Fox E, Landrum-McNiff K, Zhong Z, et al. Evaluation of prognostic criteria for determining hospice eligibility in patients with advanced lung, heart, or liver disease. JAMA 1999;282:1638–1645.

Janssens R, Gordijn B. Clinical trials in palliative care: an ethical evaluation. Patient Educat Counsel 2000;41:55–62.

Kirk RM, Mansfield AO, Cochrane JPS, eds. Clinical surgery in general. 3rd ed. Royal College of Surgeons Course Manual. Edinburgh: Churchill Livingstone; 1999.

Knaus WA, Harrell FE Jr, Lynn J, et al. The SUPPORT prognostic model: objective estimates of survival for seriously ill hospitalized adults. Ann Int Med 1995;122:191–203.

Langenhoff BS, Krabbe PFM, Wobbes T, Ruers TJM. Quality of life as an outcome measure in surgical oncology. Br J Surg 2001;88:643–652.

Leach D. The ACGME competencies: substance or form? Accreditation Council for Graduate Medical Education. J Am Coll Surg 2001;192:396–398.

Lillemoe KD, Cameron JL, Kaufman HS, et al. Chemical splanchnicectomy in patients with unresectable pancreatic cancer. A prospective randomized trial. Ann Surg 1993;217:447–455.

McCahill LE, Krouse RS, Chu DZJ, et al. Indications and utilization of palliative surgery—results of Society of Surgical Oncology Survey. Ann Surg Oncol 2002;9:104–112.

McLeod RS. Quality-of-life measurement in the assessment of surgical outcome. Adv Surg 1999;33:293–309.

Michael M, Tannock IF. Measuring health-related quality of life in clinical trials that evaluate the role of chemotherapy in cancer treatment. CMAJ 1998;158:1727–1734.

Miner TJ, Jaques DP, Tavaf-Motamen H, Shriver CD. Decision making on surgical palliation based on patient outcome data. Am J Surg 1999;177:150–154.

Murphy DJ, Burrows D, Santilli S, et al. The influence of the probability of survival on patients' preferences regarding cardiopulmonary resuscitation. N Engl J Med 1994;330:545–549.

Pirovona M, Maltoni M, Nanni O, et al. A new palliative prognostic score: a first step in the staging of terminally ill cancer patients. J Pain Symp Manage 1999;17:231–239.

Portenoy RK, Thaler HT, Kornblith AB, et al. The Memorial Symptom Assessment Scale: an instrument for the evaluation of symptom prevalence, characteristics and distress. Eur J Cancer 1994;30A: 1326–1336.

Porter GA, Skibber JM. Outcomes research in surgical oncology. Ann Surg Onc 2000;7:367–375.

Rappaport W, Prevel C, Witzke D, et al. Education about death and dying during surgical residency. Am J Surg 1991;161:690–692.

Rubenfeld GD, Curtis JR. End-of-life care in the intensive care unit: a research agenda. Crit Care Med 2001;29:2001–2006.

Rubenfeld GD, Randall CJ. End-of-life care in the intensive care unit: a research agenda. Crit Care Med 2001;29:2001–2006.

Sloan JA, Loprinzi CL, Kuross SA, et al. Randomized comparison of four tools measuring overall quality of life in patients with advanced cancer. J Clin Oncol 1998;16:3662–3673.

Sloan PA, Donnelly MB, Schwartz RW, Sloan DA. Residents' management of the symptoms associated with terminal cancer. Hospice J 1997;12:5–15.

Standards and Accreditation Committee, Medical Guidelines Task Force, National Hospice Organization, Stuart B, Alexander C, Arenella C, et al. Medical guidelines for determining prognosis in selected non-cancer diseases, 2nd ed. Hospice Journal 1996;11:47–63.

Stephens RJ, Hopwood P, Girling DJ. Defining and analysing symptom palliation in cancer clinical trials: a deceptively difficult exercise. Br J Cancer 1999;79:538–544.

Stiefel F, Trill MD, Berney A, et al. Depression in palliative care: a pragmatic report from the Expert Working Group of the European Association for Palliative Care. Support Care Cancer 2001;9:477–488.

Velanovich V. The quality of quality of life studies in general surgical journals. J Am Coll Surg 2001;193:288–296.

Vigano A, Dorgan M, Buckingham J, et al. Survival prediction in terminal cancer patients: a systematic review of the medical literature. Palliat Med 2000;14:363–374.

7. Critical care and sudden illness

Brody H, Campbell ML, Faber-Langendoen K, Ogle KS. Withdrawing intensive life-sustaining treatment—recommendation for compassionate clinical management. N Engl J Med 1997;336:652–657.

Buchman T, Cassell J, Wax M, Ray S. Who should manage the dying patient? Rescue, shame, and the surgical ICU dilemma. J Am Coll Surg 2002;194:665–673.

Bucknall T, Thomas S. Nurses' reflections on problems associated with decision-making in critical care settings. J Adv Nurs 1997;25:229–237.

Chelluri L, Pinsky MR, Donahoe MP, Grenvik A. Longterm outcome of critically ill elderly patients requiring intensive care. JAMA 1993;269:3119–3123.

Curtis JR, Patrick DL, Shannon SE, et al. The family conference as a focus to improve communication about end-of-life care in the intensive care unit: opportunities for improvement. Crit Care Med 2001;29[2 Suppl]:N26–N33.

Dasta J, Fuhrman T, McCandles C. Patterns of prescribing and administering drugs for agitation and pain in patients in a surgical intensive care unit. Crit Care Med 1994;22:974–980.

Dunn GP, Milch RA, Mosenthal AC, et al. Palliative care by the surgeon: how to do it. J Am Coll Surg 2002;194:509–537.

EPEC Project, American Medical Association. Trainer's Guide. Chicago: American Medical Association; 1999.

Faber-Langendoen K. A multi-institutional study of care given to patients dying in hospitals: ethical and practice implications. Arch Intern Med 1996;156:2130–2136.

Fakhry SM, Kercher KW, Rutledge R. Survival, quality of life, and charges in critically ill surgical patients requiring prolonged ICU stays. J Trauma 1996;41:999–1007.

Foley K. Pain and symptom control in the dying ICU patient. In: Curtis J, Rubenfeld G, eds. Managing death in the intensive care unit. New York: Oxford University Press; 2001: 103–125.

Hakim RB, Teno JM, Harrell FE, et al. SUPPORT investigator: factors associated with do-not-resuscitate orders: Patients' preferences, prognoses and physicians' judgements. Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment. Ann Intern Med 1996;125:284–293.

Jezewski MA. Do-not-resuscitate status: conflict and culture brokering in critical care units. Heart Lung 1994;23:458–465.

Jurkevich J. Giving bad news. J Trauma 2000;48:865–870.

Knaus WA, Wagner DP, Draper EA, et al. The APACHE III prognostic system: risk prediction of hospital mortality for critically ill hospitalized adults. Chest 1991;100:1619–1636.

Kress J, Pohlman AS, O'Connor MF, Hall JB. Daily interruption of sedative infusions in critically ill patients undergoing mechanical ventilation. N Engl J Med 2000;342:1471–1477.

Marshall JC, Cook DJ, Christou NV, et al. Multiple Organ Dysfunction Score: a reliable descriptor of a complex clinical outcome. Crit Care Med 1995;23:1638–1652.

Nelson J, Meier D, Oei E, et al. Self-reported symptom experience of critically ill cancer patients receiving intensive care. Crit Care Med 2001;29:277–282.

Prendergast T, Luce J. Increasing incidence of withholding and withdrawal of life support from the critically ill. Am J Respir Crit Care Med 1997;155:15–20.

Prendergast T, Claessens M, Luce J. A national survey of end-of-life care for critically ill patients. Am J Respir Crit Care Med 1998;158:1163–1167.

Puntillo KA. Pain experiences of intensive care unit patients. Heart Lung 1990;19:526–533.

Rockwood K, Noseworthy TW, Gibruy RT, et al. One year outcome of elderly and young patients admitted to intensive care units. Crit Care Med 1993;21:687–691.

Rubenfeld GD, Curtis JR. End-of-life care in the intensive care unit: a research agenda. Crit Care Med 2001;29:2001–2006.

Smedira NG, Evans BH, Grais LS, et al. Witholding and withdrawal of life support from the critically ill. N Engl J Med 1990;322:309–315.

The SUPPORT Investigators, a controlled trial to improve care for seriusly ill hospitalized patients. JAMA 1995;224:1591–1598.

Trunkey DM, Cahn RM, Lenfesty B, Mullins R. Management of the geriatric trauma patient at risk of death: therapy withdrawal decision making. Arch Surg 2000;135:34–38.

Walter SD, Cook DJ, Guyatt GH, et al. Confidence in life-support decisions in the intensive care unit: a survey of healthcare workers. Crit Care Med 1998;26:44–49.

Appendix

Surgeons Palliative Care Workgroup

Peter Angelos, MD, PhD, FACS
Northwestern University
Chicago, IL

Patrice G Blair, MPH
American College of Surgeons
Chicago, IL
Associate Director, Division of Education

Karen Jean Brasel, MD, FACS
Medical College of Wisconsin
Milwaukee, WI

Timothy G Buchman, PhD, MD
Washington University School of Medicine
Department of Surgery
St Louis, MO

Susan JO Bumagin, MEd
Gloucester, MA
Ad Hoc Member—National Planning Office

Ira Byock, MD
University of Montana
Missouli, MT

John L Cameron, MD, FACS
Professor and Chairman
Department of Surgery
Johns Hopkins University School of Medicine
Baltimore, MD

Joseph M. Civetta, MD, FACS
University of Connecticut School of Medicine
Department of Surgery
Farmington, CT

Geoffrey Parker Dunn, MD, FACS
Erie, PA
Workgroup Co-Chair

Alexandra M Easson, MD, FRCS(C)
Princess Margaret Hospital
Department of Surgical Oncology
Toronto, ON Canada

Susan Grunwald
American College of Surgeons
Chicago, IL
Project Coordinator, Office of Evidence-Based Surgery

Daniel Benjamin Hinshaw, MD, FACS
VA Medical Center
Ann Arbor, MI

Joan Lynn Huffman, MD, FACS
Crozer-Chester Medical Center
Upland, PA

Wendy Cowles Husser, MA, MPA
Journal of the American College of Surgeons
American College of Surgeons
Chicago, IL

Dennis L Johnson, MD
The Milton S. Hershey Medical Center
Center for Palliative Care
Hershey, PA

Olga Jonasson, MD, FACS
Chicago, IL

Thomas J Krizek, MD, FACS
Wesley Chapel, FL

Robert Scott Krouse, MD
Southern Arizona VA Health Care System
Tucson, AZ

K Francis Lee, MD, FACS
Baystate Medical Center
Department of Surgery
Springfield, MA

Laurence Edward McCahill, MD
University of Vermont—Fletcher Allen Health Care
Surgical Oncology
Burlington, VT

Robert Alan Milch, MD, FACS
The Center for Hospice and Palliative Care
Buffalo, NY
Workgroup Co-Chair

Anne Charlotte Mosenthal, MD, FACS
New Jersey Medical School
Department of Surgery
Newark, NJ

Gretchen Purcell, MD, PhD
Duke University Medical Center
Department of Surgery
Durham, NC

Karen Richards
American College of Surgeons
Chicago, IL
Research Manager, Office of Evidence-Based Surgery

Ajit Sachdeva, MD, FACS
American College of Surgeons
Chicago, IL
Director, Division of Education

Albert Reed Thompson, MD, FACS
University of Arkansas for Medical Sciences
Little Rock, AR

David Weissman, MD, FACP
Froedtert Hospital
Division of Hematology/Oncology
Milwaukee, WI

H Brownell Wheeler, MD, FACS
University of Massachusetts Medical School
Department of Surgery
Worcester, MA

REFERENCES

1. World Health Organization. Cancer pain relief and palliative care. Technical Report Series 804. Geneva: World Health Organization; 1990.
2. American College of Surgeons. Principles guiding care at the end of life. Bull Am Coll Surg 1998;83:46.