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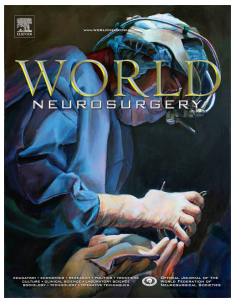

The Decline and Fall of Concurrent Surgery

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PERSPECTIVE

The Decline and Fall of Concurrent Surgery

In June, 2015 the Annals of Surgery published an opinion editorial endorsing the traditional practice of concurrent surgeries by academic surgeons, as an effective and proven means of OR efficiency and resident training. The article stated, "Attending surgeons performing concurrent operations in 2 separate rooms with qualified surgical trainees assigned to the individual rooms constitutes a longstanding common practice in academic medical centers…its common practice suggests an assumption of safety. The purported benefits include time- and cost-effectiveness as well as provision of incremental responsibility for surgical trainees…We posit that the practice of concurrent surgery, within the confines of strict adherence to certain guiding principles and a continued critical assessment of surgical outcomes, is a means of delivering safe, ethically sound, high quality, cost effective care."[1]

Less than 6 months later, the Boston Globe torpedoed that presumption in an exposé article by investigative journalists centered on a patient rendered quadriplegic by cervical spine surgery performed in 2012 for stenosis due to an ossified posterior longitudinal ligament (OPLL). The orthopedic surgeon at the Massachusetts General Hospital (MGH) routinely scheduled concurrent surgeries, as he did that day, and there was no evidence that the surgeon's unavailability for critical portions of the operation contributed to the neurological complication. Nevertheless, when the patient was later told that his surgeon was doing a second case simultaneously, he was incensed enough to file a lawsuit. The argument over concurrent surgeries in the orthopedic division at MGH had been a long-standing conflict, with one senior orthopedic surgeon in the department being the most vocal and vehement critic.[2]

The story captured national attention. The Senate Finance Committee became aware of the story in December 2015. In its staff report in December 2016, the Committee wrote: "The Boston Globe article provided an in-depth review of concurrent surgeries being practiced at certain hospitals operating in the Boston area, alleging that the practice may have resulted in several instances of measurable patient harm, including death. Specifically, the article described operations in which surgeons divided their attention between two operating rooms over several hours, failed to return to the operation when residents or fellows needed assistance, or failed to arrive on-time for surgeries, leaving residents or fellows to perform surgeries unsupervised or resulting in patients under anesthesia for prolonged periods. The article also noted that patients were not informed their surgeries would run concurrently with another, calling into question hospitals' consent policies. A number of patient advocates also raised concerns to the Committee that the primary motivation for a surgeon to conduct concurrent surgeries was financial, enriching surgeons at the expense of patient care."[3]

In response to the controversy, and to take the lead in reframing surgical policy, the American College of Surgeons posted a policy revision dated 4/12/16 to its ACS Statement of Principles, pertaining to concurrent surgery. The policy clarified that, "Concurrent or simultaneous operations occur when the critical or key components of the procedures for which the primary attending surgeon is responsible are occurring all or in part at the same time. The critical or key components of an operation are determined by the primary attending surgeon. A primary attending surgeon's involvement in concurrent or simultaneous surgeries on two different patients in two different rooms is inappropriate." [4]