It’s my body and I’ll do what I want to

As I was driving back to Merseyside from the Annual Scientific Meeting in Torquay, I found myself singing along to an old pop tune from the sixties.

The correct title for the song is “It’s my party and I’ll cry if I want to”.1

However, I found myself singing, “It’s my body and I’ll do what I want to”.

With the health and welfare reforms now on the statute books, enshrined therein is the principle of “no decision about me without me”. Meanwhile intermittently the press highlights another case of an incapacitated patient requesting, through the courts, the ultimate right of self determination – to decide the time and place of their own death and assurance that anyone who helps them will not be prosecuted. This is to me a bemusing situation: the Suicide Act 1962 decriminalised taking ones own life unless of course one is unable to do it because of a physical handicap.2,3

Autonomy is here to stay, straddles all elements of medicine and we must adapt from the medical paternalism of old.

I believe that a recurrent theme from many of our speakers in Torquay was the accelerating and growing requirement for patients to be actively recruited into conversations about their health needs and interventions.

Day Surgery is the big provider of interventional healthcare so this means serious work for us!

I was obviously further ensnared by both direct and subliminal messaging. Did Philip DaSilva continue my indoctrination with his expose on variation in clinical practice? He was unquestionably an advocate for doing the right thing for our patients and with their understanding thereof.

Notably in the debate on providing acute laparoscopic cholecystectomy for the “hot gall bladder”, delegate comment from the floor was quizzical about how the patients would react to day surgery for the acutely unwell patient. How can we make it possible to assure an acutely unwell person that their interests are best served by returning home within hours of operation?

Peter “Ali” Collins recounted his experiences and directed us towards this new world of shared decision making.

He also highlighted that to deliver it we would need an abundance of what is a most costly and precious resource – that is time.

My fellow BADS council member, Claire Tickner in her talk on the Ideal Day Surgery Patient also embraced the concept of a patient who is both informed and involved in his or her own care.

One of the great privileges and duties of the Editor of the Journal of One Day Surgery is to construct the supplement of abstracts for the Annual Scientific Meeting. This year, I have been immensely impressed by the interest shown by authors in what patients think of their day services. It transcends the data collected as Patient Reported Outcome Measures and Patient Reported Experience Measures.

There is a real and growing appreciation that client recommendation must be earned and must never be taken for granted.

This theme is exemplified in prize winner Sarah Futcher’s work on “the Mystery Shopper”.

So how good are we at sharing the decision making with our patients. I commend the article herein by Parvizzi et al who take a cold clinical look at acquiring consent. I suspect we can all identify with their findings.

Then of course, the other great current topic for conversation in healthcare is money - tariffs, profits and cost reduction. Meanwhile, a cash strapped healthcare trust has been put into administration.4

In his lecture on Hernia Repair, it was inevitable that my colleague Harmee Khair would mention comparative costs. I would draw your attention to an article in the British Medical Journal. In Africa, inguinal hernioplasty is accomplished using mosquito net mesh.5

Things here are tight but not that tight yet!

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References

1. “It’s my party and I’ll cry if I want to!”. Sung by Lesley Gore. Released by Mercury Records in April 1963.

2. The Suicide Act Chapter 60 9 and 10 Eliz 2.

