

Form Approved
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National Survey on Ethical Dilemmas in Surgery

This survey asks for your views and experiences regarding ethical dilemmas in surgery. The answers you provide will help assess both the effectiveness and barriers to the use of ethics consultation services. The questionnaire is designed to take about 15 minutes to complete. Your answers will be kept private to the extent allowable by law. The information from this study shall not be presented or published in any way that would permit identification of any individual. Your answers will be combined with other answers for statistical analysis. Your participation in this survey is entirely voluntary.

Completion and return of this survey confirms your consent to participate.



If you have any questions about this survey, please call Dragana Bolcic-Jankovic at (800) 492-5845. When you are finished, please return this survey to the Center for Survey Research at the University of Massachusetts Boston in the postage-paid envelope provided.

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Public reporting burden for this collection of information is estimated to average 15 minutes per survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

A. PROFESSIONAL BACKGROUND

**A1. How many years have you been a practicing surgeon?
(Include time spent in internship, residency and fellowship training.)**

_____ NUMBER OF YEARS

NONE

DO NOT CONTINUE. Please return the questionnaire materials in the envelope provided and we will remove your name from our list. This will ensure that you are not re-contacted to participate in the survey. Thank you!

A2. Have you had sub specialty fellowship training?

Yes, (field or fields) _____

No

A3. Are you board certified?

Yes, (field or fields) _____

No

A4. How would you best characterize your current surgical practice?

MARK ALL THAT APPLY

₁ Solo or two person practice

₂ Single specialty group

₃ Multispecialty group

₄ Staff/group model HMO

₆ Hospital based practice

₇ Medical school practice

₈ Other (*Please Specify*) _____

A5. Where do you perform the majority of your operations?

₁ Community hospital

₂ Government hospital

₃ Academic medical center

₄ Ambulatory surgical center

₅ Other (*Please Specify*) _____

A6. Are you?

Male

Female

B. ETHICAL DILEMMAS

B1. In the past year how many times have you been in a situation in which...:

	0	1-2	3-4	5 or more
a. you were unable to proceed with your preferred course of treatment because a patient was uninsured or unable to pay for the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. a patient requested a costly intervention which you believed would provide very little added benefit over a less costly intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. you were asked to misrepresent a patient's condition in order to help the patient obtain medical interventions not otherwise covered by the patient's health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. a pharmaceutical company or device manufacturer offered you a generous gift (or other incentive) that presented a potential conflict of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. you had a concern that the quality of patient care might suffer because a clinician was impaired due to alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. you had a concern that the quality of patient care might suffer because a clinician was impaired from fatigue, illness, personal crisis, or other problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. you were concerned that informed consent obtained from a surgical patient may not have been valid because of lack of relevant information, voluntariness, comprehension, or capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. a patient's cultural or religious views conflicted with your recommended course of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. the obligation to maintain confidentiality of patient information conflicted with another obligation, such as mandatory reporting, protection of another party, or public welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. you were involved in the decision to limit or withdraw life-sustaining treatment of a terminally ill patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. you thought that an adult patient lacked the capacity to make decision about his or her own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. there was significant disagreement among family members on the proper course of treatment for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. your preferred course of treatment conflicted with institutional policies, federal regulations, or other laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. when asked by a patient how many times you have performed a specific operation, you felt pressure to exaggerate your experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. you were concerned that a colleague or trainee was not appropriately trained or qualified for a procedure he or she was planning to perform or did perform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. you were asked by a patient or a patient's family to exclude trainees (fellows/residents/medical students) from participating in the intraoperative care of a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. you were concerned that a colleague's innovative technique was unsafe or too risky for him or her to perform on a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. ETHICS CONSULTATION

C1. Is there a process for obtaining an ethics consultation at your primary practice site?

- Yes
 No . **IF NO GO TO C8**
 Don't Know

C2. Have you ever requested an ethics consultation at your current primary practice site?

- Yes
 No . **IF NO GO TO C5**

C3. Think about the most recent ethics consultation. On a scale from 0 to 10, where 0 is not useful at all and 10 is extremely useful, how would you rate the usefulness of the most recent ethics consultation you requested?

- 0 1 2 3 4 5 6 7 8 9 10

C4. Did you have an ethics consultation in the past year?

- Yes . **IF YES GO TO C7**
 No

C5. Did you confront any situation in the past year that might have been appropriate for an ethics consultation?

- Yes
 No . **IF NO GO TO C7**

C6. Here are some reasons why clinicians might not request an ethics consultation. For each one indicate whether it was a reason why you didn't request it.

	Yes	No
a. I don't know how to request an ethics consultation	<input type="checkbox"/>	<input type="checkbox"/>
b. I was unsure if it would have been appropriate to request an ethics consultation	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe an ethics consult would have created more problems than it would have solved	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt an ethics consultation was unnecessary	<input type="checkbox"/>	<input type="checkbox"/>
e. Patient needed urgent care and there was too little time for an ethics consultation	<input type="checkbox"/>	<input type="checkbox"/>
f. Ethics consultants lacked sufficient clinical experience to make appropriate recommendations	<input type="checkbox"/>	<input type="checkbox"/>
g. Other members of my surgical teams or other entities besides an ethics committee serve this function	<input type="checkbox"/>	<input type="checkbox"/>
h. The ethical dilemma was too complex to be easily resolved	<input type="checkbox"/>	<input type="checkbox"/>
i. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

C7. For each of the following please indicate whether it would increase likelihood that you would request an/another ethics consultation in the future.

Yes No

a.	If the ethics consultation process was more efficient.	<input type="checkbox"/>	<input type="checkbox"/>
b.	If ethics consultants could offer more specific/useful recommendations	<input type="checkbox"/>	<input type="checkbox"/>
c.	If the ethics consultation team was more experienced with the ethical issues that arise in surgery	<input type="checkbox"/>	<input type="checkbox"/>
d.	If the ethics consultation team had more clinical experience and knowledge regarding surgical patients	<input type="checkbox"/>	<input type="checkbox"/>
e.	If the ethics service did a better job of promoting its services	<input type="checkbox"/>	<input type="checkbox"/>
f.	Nothing would increase my likelihood of requesting an ethics consultation	<input type="checkbox"/>	<input type="checkbox"/>
i.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

C8. Have you ever been a member of an institution’s ethics committee or ethics consultation service?

- Yes
- No

C9. If you have experienced an ethical dilemma in your surgical practice in the past year, please briefly describe what happened, how you solved it, and the outcome.

Thank you for taking the time to complete this important survey.

RETURN INSTRUCTIONS

Please return your completed questionnaire in the postage-paid envelope provided. If you’ve misplaced the envelope, please send your questionnaire to:

Center for Survey Research
 100 Morrissey Boulevard
 Boston, MA 02125

