POSTER 31

Freezing in Florida – Are we ready for Diversity?

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Background

Extensive data demonstrates the benefits of having diversified working teams in medicine. Furthermore, diversity of backgrounds allows the possibility of different approaches to a particular condition, permitting the patient alternatives that could be more suitable yet not so popular in a geographic area.

Purpose

1) To describe the challenges faced when diversity of backgrounds is put into practice and novel alternative effective treatment options are offered to patients in an unfamiliar surgical context.
2) To perform a root cause analysis of the different barriers encountered.

Patients and Methods

A 17 y.o. male with a humerus high-grade osteosarcoma sought care at our service. Given the tumor characteristics, age and functional expectations, different alternatives were presented along risks and benefits of each. The following options were presented: proximal humeral resection (50% length) with endoprosthetic reconstruction, resection with allograft reconstruction, resection with allograft-prosthetic composite and liquid nitrogen recycled autograft technique – a procedure well-known to the surgical team. After extensive and thorough discussion, literature search and analysis by the family and the patient, a decision was made for the latter option. We describe the difficulties encountered and examine its root causes through an Ishikawa diagram and a PESTEL analysis.

Results

Barriers were divided into 2 subgroups: technical challenges (TC) and cultural resistance (CR). Within CR, the case was not allowed to be scheduled initially, and the scheduling surgeon requested to “ask permission” to a general surgeon (with no sarcoma experience) to proceed. Following, the team was asked to obtain permission from the anesthesia chief to do the case. Throughout the process, the OR administrative staff showed resistance to the procedure, even though there were no specific points of concern to discuss. Fear of complications never linked to the technique were expressed without any scientific basis. Recovery nursing staff invoked concerns as to the postoperative care. Literature was shared demonstrating no immediate serious complications. Administrative staff shared fears as to never seen such a case. For the TC, there was a preoccupation about obtaining the nitrogen, its handling and the lack of appropriate instruments. This was appeased with literature and a live case simulation. Eventually, surgery was authorized, not doing so would have been catastrophic to patient given the limited window of opportunity for surgery.

Conclusion

Even though the benefits of diversity are well known in medicine, in practicality resistance is still encountered. The challenges presented occurred due to lack of knowledge and cultural fear of the unknow, despite the extensive literature supporting the well-known and effective technique. Moreover, barriers can oftentimes be magnified for surgeons belonging to a minority group. In this scenario, it becomes of paramount importance to respect the patient’s wishes, keep an open mind regarding different alternatives and act in the patient’s best interest.