Abstract Form

Abstract Title:

Ethical Dilemma: Is Anti-Incontinence Surgery an Elective Procedure?

Abstract Text:

Hypothesis / Aims of study

There is strong and extensive literature documenting the negative effects of stress urinary incontinence (SUI) on quality of life (QoL)for those affected. Yet, in western societies, because SUI is not a life-threatening disorder, definitive surgical treatment is considered "elective" and may not be offered to appropriate candidates because of financial considerations or, in cases of "socialized medicine", because of backlogs of other cases that are considered more urgent or more necessary. The aim of the present study was to evaluate systematic preferences for 2 similar "elective" procedures, transurethral resections of the prostate (TURPs) in men and procedures to treat SUI in women in a single Veterans Administration Medical Centre in the US with the ultimate goal of determining the relative value placed on these 2 procedures and the ethical implications of the findings.

Study design, materials and methods

At the Portland VA Medical Center, prioritization decisions regarding the scheduling of TURPs in men and sling procedures in women were assessed over a 2-year period. The short assessment period was necessitated by a change in the system used by the institution to schedule cases in the OR. The following parameters were examined: the time between submission of the operative request and the scheduled procedure time; the number of cases cancelled or postponed for nonpatient-related reasons;the number of cases sent out of the system because of the inability to schedule within a 30-day window; and the number of patients who did not get their procedures because of administrative barriers. Multivariable analyses were used to assess statistical significance where possible.

Results

During the 2-year time period examined, 43 males were indicated for TURP procedures, and 37 women were indicated for sling procedures. Men with urinary retention were excluded. The mean time from submission of the surgical request to completion of the definitive procedure was 25 days for the male patients and 77 days for the female patients ($p<0.01$). No female cases were cancelled or postponed and only one TURP was postponed because of a lack of OR staff. None of the TURP patients were sent out, but over 1/3^{r} or 15 of the female patients were sent out of the system for their procedures. ($p<0.05$). Finally, only one male patient and none of the female patients became lost in the system and did not receive their procedures.

Interpretation of results

Male TURP patents were scheduled more expeditiously and were not sent out of the system for their procedures as frequently as the female sling patients. Further, females had a statistically significantly longer wait time to have their procedure done. Cancellations were rare and systematic issues affected both populations equally. These data would suggest that there appears to be a bias toward treatment of male voiding dysfunctions over female voiding dysfunctions in the VA health care system and that a male TURP is considered of greater priority than a female sling procedure even though the indications for both involve significant distress and effects on QoL.

Concluding message

In the socialized medicine model exemplified by the VA system in the US, there appears to be a greater relative valuation assigned to male cases over female cases for procedures which should be of equal weight in consideration and prioritization for surgical slots in the OR schedule. This bias toward male patients could be considered justified by the greater role of men in fighting wars, but since all veterans have served their country, one could argue that the benefits should be distributed in an equivalent fashion between the genders.