

**Failure to discuss option of radical surgery for brain tumour  
(02HDC18414, 6 April 2004)**

*Neurosurgeon ~ Radiation oncologist ~ Treatment options ~ Communication  
~ Right 6(1)(b)*

A 62-year-old man, a general practitioner, was admitted to hospital having suffered a loss of consciousness and several other neurological problems. A CT scan revealed a right frontal mass and he was discharged and referred to a neurosurgeon. An MRI scan was performed and, following discussion with the neurosurgeon, a decision was made to biopsy the mass. The surgeon informed the patient that complete resection of the mass was possible if it turned out to be a secondary deposit, but that radical excision for a primary growth would exacerbate his hemiparesis, and it was unlikely that the tumour could be completely removed. Surgery was performed several days later, and histology confirmed a glioblastoma, which was not removed.

The surgeon advised that the only available form of treatment was palliative, and that further surgery would make little difference. He estimated the patient's life expectancy as six months to two years. The surgeon provided a referral to a radiation oncologist, who agreed that the tumour was inoperable, based on its location close to the motor strip and on advice from the surgeon. He did not offer neurosurgical advice, or any treatment, as the patient lived outside his region and required a referral to another public hospital.

Soon after the meeting the patient's family discovered through the media that a Sydney-based surgeon was performing removal of such tumours. This surgeon advised that he was confident that he could remove the patient's tumour. He made it clear to the patient that the surgery was not curative and that further resection would not necessarily increase his lifespan. The patient underwent the surgery with no resulting hemiparesis. However, the tumour recurred several months later and was further resected twice over a three-month period. Two years after his initial biopsy, the patient eventually succumbed to the illness.

Before he died, the patient complained that the New Zealand neurosurgeon and radiation oncologist had failed to inform him of the option of further surgery to treat his cancer. The patient's wife stated that had he not had the surgery he would not have lived so long, or with the quality of life he enjoyed.

It was held that the neurosurgeon should have taken the time to discuss the option of further surgery. Although it would not be reasonable to expect him to offer to perform a procedure that he did not believe was a viable option, he needed to raise the option of further surgery (which was available elsewhere in New Zealand and in Australia) and explain why he thought the risks outweighed any potential benefit. The surgeon was found in breach of Right 6(1)(b).

The radiation oncologist was held not to be in breach of the Code; the referral to him was for the purpose of discussing and arranging palliative radiotherapy.