**PO16   Perioperative medical futility - the perception of Anesthesiologists in a tertiary university hospital.**

André Ricardo Correia(1); Lídia Faria(1); Nuno Morgado(2); Joana Mourão(1)

(1) Centro Hospitalar de S. João, EPE (2) Universidade do Algarve

**Introduction**: Medical futility (MF) could be defined as a clinical intervention that will not offer a benefit/gain on patient outcomes. This is also a concern in the perioperative setting, where Anesthesiologists play a major role in clinical decisions. Ethical dilemmas such as “should we operate?” or “is that surgery too aggressive regarding their situation?” are complex decisions for which the team should be prepared to face in daily practice. In order to approach this problem, our study aims to identify and explore the Anesthesiologist´s perception regarding the provision of medical care considered futile in the perioperative setting.

**Methodology**: We performed a cross-sectional study. An electronic survey regarding MF was developed based on available evidence. The survey was by email to 128 anesthesiologists and anesthetic trainees of an tertiary hospital center (128). Statistical analysis was performed using descriptive statistics.

**Results and discussion:** The response rate was 48.4%. Fifty-seven percent were female and the median age was 32 years old. Anesthesiologists represent 56,5% of the respondents and 50% had more than 6 years of experience. The majority (75,8%) recognized that they were already involved in potentially futile perioperative care. Of them, 48,4% referred that it occurs on a monthly basis and mainly in elective surgery (51.6%). Additionally, 80,6% mentioned that they already felt compelled to participate in procedures despite considering it futile. Due to MF concerns, 67.7% reported that they already decided not to anesthetize a patient, mainly in a joint decision between Anesthesiologist and Surgeon (61,3%). The majority (91.9%) stated that in these situations the Anesthesiologist should be included as a consultant, participating in the subsequent clínical strategy.

**Conclusion**: MF in perioperative settings seems to be perceived by Anesthesiologists as a frequent phenomena in this institution. It raises concern about shared decisions regarding patient's suitability to certain surgical-anesthetic procedures and the end of life care issues. Further studies must explore this phenomena in larger samples and include the perceptions of other elements involved in the clinical decision process. Additionally, qualitative methods must shed light to the reasoning behind such perceptions and the interaction between the surgical team members.