Discussing the problem
Panel participants discussed the shortfalls in the delivery of complex cancer surgeries in Canada and the causes of these shortfalls. In particular they focused on six challenges, which gave them the opportunity to begin to articulate the values underlying their positions on this topic: 1) making decisions in the midst of a cancer diagnosis is difficult; 2) informal and family caregivers lack support; 3) inequities exist in access to optimal surgical care; 4) inequities exist in access to palliative care; 5) current financial arrangements limit our capacity to improve the delivery of complex cancer surgeries; and 6) regulations for surgeons and hospitals are lacking.
Discussing the options

Participants reflected on three options (among many) for improving the delivery of complex cancer surgeries in Canada: encourage the local adoption of quality-improvement initiatives to improve the delivery of complex cancer surgeries where they are now being provided (option 1); implement province-wide quality-improvement initiatives to improve the delivery of complex cancer surgeries where they are now being provided (option 2); and regionalize complex cancer surgeries into designated surgical centres of excellence (option 3).

Participants generally agreed that option 3 was more likely to significantly improve the delivery of complex cancer surgeries by changing the structure of the system, rather than simply changing care processes. Several values-related themes emerged during the discussion about option 3, which include: continuously improving; excellent health outcomes; expertise; safety; cost-effectiveness; policies based on data and evidence; collaboration among providers; fairness; and excellent patient- and family-experience.

Discussing the implementation considerations

When turning to potential barriers and facilitators to moving forward, the discussion initially focused on existing, yet passive, efforts in the province to regionalize certain surgical procedures. Participants mostly emphasized the resistance to the three options that might be encountered from local providers and managers (e.g., to the imposition of province-wide quality-improvement initiatives), but also public resistance (if regionalization leads to a loss of local expertise or the regionalization model is based on only the two ‘poles’ of Calgary and Edmonton). Lastly, the long time required to assess the full impact of these three options could also be perceived as a barrier, and fuel resistance towards such quality-improvement efforts.

Panel deliverables

To learn more about this topic, consult the citizen brief that was presented to participants before the panel and the summary of the panel. For an electronic copy of the citizen brief or panel summary, visit our website www.mcmasterhealthforum.com and click on ‘Products’ along the sidebar.