

Bioethicist explores ethics of 'eyeball test' and algorithms in surgery decision-making

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A Hackensack Meridian Health doctor and bioethicist explores the difficulties of decision-making for surgeons in a new article in the *New England Journal of Medicine*.

Making [clinical decisions](#) based on how a patient appears to a surgeon

may be subject to "ableist" biases. A doctor's subjective "eyeball test" might make assumptions about a patient's quality of life and influence whether or not a patient is offered a [surgical procedure](#), writes Charles Binkley, M.D., FACS, HEC-C, the director of Bioethics for the health network's Central Region, and also an associate professor of Surgery at the Hackensack Meridian School of Medicine, one of the paper's authors.

"From the Eyeball Test to the Algorithm—Quality of Life, Disability Status, and Clinical Decision Making in Surgery" contends that more data and an empirical framework involving algorithms would aid doctors, who must seek out more input than just their sole observation of the patient in deciding whether a [surgical intervention](#) is "worth it."

"The paper proposes that AI may actually de-bias some of the quality of life assumptions that affect physicians in their [clinical decision](#) making," said Binkley recently.

The paper poses several hypotheticals—including a case of a patient who would need extensive craniofacial surgery to remove a tumor, a procedure which would result in total blindness. Such a massive operation would be questioned, historically. But Binkley and his colleagues contend that automatically assuming that complete blindness would lead to a dramatically decreased quality of life is "ableist"—and should be reconsidered with data from other patients' experience.

"There is a big difference between looking at a tumor and judging, 'I can get that out' and looking at a patient living with a disability and judging, 'It won't be worth it to you,'" write Binkley, and his co-authors, Joel Michael Reynolds, Ph.D., of Georgetown University, and Andrew Shuman, M.D., of the University of Michigan.

"Distinguishing between a decision not to operate based on a surgeon's

risk calculation, which is part of good surgical judgment, and a decision not to operate based on the surgeon's ableist assumptions about a patient's QoL requires a razor sharper than most surgeons' scalpels," the authors add.

"This is an insightful and important look into the fundamentals of [surgery](#)," said Howard M. Ross, M.D., the M. Martin Ross Distinguished Chair of Surgery and Surgeon-in-Chief of Hackensack University Medical Center, and also professor and chair of the Department of Surgery at the Hackensack Meridian School of Medicine. "Dr. Binkley is asking tough questions and suggesting some answers to better treat the patient as a whole."

The paper was published in the *New England Journal of Medicine* on Oct. 6.

More information: Charles E. Binkley et al, From the Eyeball Test to the Algorithm—Quality of Life, Disability Status, and Clinical Decision Making in Surgery, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMms2207408](https://doi.org/10.1056/NEJMms2207408)

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