

# Statement

19 02 2018

## Academy statement on rationing decisions based on patient lifestyles

In the light of media stories of decisions being made to delay or ban surgical procedures for obese patients or smokers the Academy of Medical Colleges Council, which represents the Presidents of all Medical Royal Colleges and Faculties, has adopted the following statement which emphasises that refusing or delaying an operation should be an individual clinical decision between doctor and patient rather than a rationing or commissioning decision.

- 1 A number of clinical commissioning groups [CCGs] have imposed minimum waits or bans on some surgical procedures for obese patients and patients who are smokers. Often these waits are of 6-12 months in length. Such decisions are being disproportionately applied to orthopaedic surgery despite clear evidence of the clinical benefits of hip and knee replacements.<sup>1</sup>
- 2 While we appreciate the resource constraints the NHS has to work within, the Academy of Medical Royal Colleges firmly opposes the implementation of such policies.
- 3 Refusing or delaying an operation should be a clinical decision between doctor and patient, assessing the risks of surgery and the potential to optimise treatment outcomes for the individual patient by changing modifiable behaviours.
- 4 We are concerned that some of the CCG policies preclude referral before surgical assessment, and that therefore, patients may not even be considered for necessary surgery.
- 5 To benefit their overall health, patients should have access to smoking cessation support and an evidence-based plan to reach and maintain a healthy weight. This should be encouraged irrespective of whether someone requires an operation. There is evidence that encouraging smoking cessation prior to surgery reduces post-operative complications and helps to promote longer term smoking cessation.<sup>2</sup> There is no similar evidence for weight loss. It may be difficult for patients to lose weight if, for example, their condition already limits physical activity.

- 6 The Academy is also concerned that public health budgets have come under pressure in recent years.<sup>3</sup> and the impact this could have in restricting patients' access to smoking cessation and weight loss services. Valuable, clinically-effective smoking cessation expertise is being lost at a time when CCGs are expecting to withhold clinical care from individuals who cannot stop smoking without support.
- 7 Withholding a procedure should not be a commissioning and rationing decision which would discriminate against the very people in need of surgical procedures and which would widen inequalities in access to health care. This would be counter to the Secretary of State for Health's Health Inequalities duty.

#### Footnotes/ references

- 1 *A recent Daily Mail investigation found 77 CCGs require obese patients to lose weight before surgery with another 31 requiring patients to quit smoking before a procedure. [1] <http://www.dailymail.co.uk/news/article-5318189/NHS-trusts-imposing-cruel-new-pain-tests-hip-op.html> [this piece was a well researched via a FOI request*
- 2 Nolan M, Warner DO. *Perioperative tobacco use treatments: putting them into practice.* <http://www.bmj.com/content/358/bmj.j3340?sso=>
- 3 *Department of Health Equality duty in 2013.* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/276682/2014\\_services.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276682/2014_services.pdf)
- 4 <http://www.aomrc.org.uk/statements/letter-to-treasury-public-health-funding-cuts/>

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