



THE ISSUE OF THE SURGICAL CANCELLATION: THE PERSPECTIVE OF ANESTHESIOLOGISTS

A PROBLEMÁTICA DA SUSPENSÃO CIRÚRGICA: A PERSPECTIVA DOS ANESTESIOLOGISTAS LOS PROBLEMAS DE SUSPENSIÓN QUIRÚRGICA: LA PERSPECTIVA DE ANESTESIOLOGOS

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ABSTRACT

Objective: to assess the issue of surgical cancellation from the perspective of residents and professors of Anesthesiology. **Method:** it is qualitative study conducted in a large university hospital in North region of the state of Paraná/Brazil, with professors and residents of Anesthesiology who worked in the Surgical Center Unit. Data collection was performed through interviews recorded after the project receives an approval opinion of the Ethics Research Committee, with the number 178/10. The methodology proposed by Martins and Bicudo was used for the analysis of the speeches. **Results:** The speeches were grouped into five categories: Reasons for the surgical cancellation; Repercussions; Communication on the surgical cancellation; Feelings of the anesthesiologist; Reducing cancellations. **Conclusion:** it became evident that the repercussions of the surgical cancellation affect both the patient and his family. The Anesthesiology team, in turn, participates in this whole process and, thus, is a direct participant in the decision-making and communicator element. **Descriptors:** Nursing; Surgery; Anesthesiologists.

RESUMO

Objetivo: avaliar a problemática da suspensão cirúrgica na perspectiva de residentes e docentes de Anestesiologia. **Método:** estudo de abordagem qualitativa, realizado-se em um hospital universitário de grande porte no Norte do Paraná/Brasil, com docentes e residentes de Anestesiologia que trabalhavam na Unidade de Centro Cirúrgico. A coleta de dados foi realizada por meio de entrevistas gravadas depois do projeto receber um parecer de aprovação do Comitê de Ética em Pesquisa, com o número 178/10. Foi utilizada a metodologia proposta por Martins e Bicudo para análise dos discursos. **Resultados:** os discursos foram agrupados em cinco categorias: Motivos da suspensão cirúrgica; Repercussões; Comunicação da suspensão cirúrgica; Sentimentos do anestesista; Reduzindo as suspensões. **Conclusão:** evidenciou-se que as repercussões das suspensões cirúrgicas afetam tanto o paciente, quanto a família. A equipe de Anestesiologia, por sua vez, participa de todo este processo e, deste modo, é participante direto na tomada de decisão e elemento comunicador. **Descritores:** Enfermagem; Cirurgia; Anestesiologistas.

RESUMEN

Objetivo: evaluar los problemas de suspensión quirúrgica desde la perspectiva de los residentes en la Facultad de Anestesiología. **Método:** estudio cualitativo, se realizó en un gran hospital de enseñanza en el Norte de Paraná/Brasil, con profesores y residentes de Anestesiología que trabajaron en la sala de operaciones. Los datos fueron recogidos a través de entrevistas grabadas después de que el proyecto recibió un dictamen de aprobación de la Comisión de ética en la investigación, con el número 178/10. Se utilizó la metodología propuesta por Malik y Vishal para el análisis de los discursos. **Resultados:** los discursos fueron agrupados en cinco categorías: razones de la suspensión quirúrgica; Repercusiones; Comunicación de suspensión quirúrgica; Sentimientos de la anestesista; Reducción de la suspensión. **Conclusión:** se evidenció que las repercusiones de las suspensiones quirúrgicas afectan al paciente y la familia. El equipo de Anestesiología, a su vez, participa en todo este proceso y por lo tanto es un participante directo en la toma de decisiones y comunicador. **Descriptores:** Enfermería; Cirugía; Anestesiólogos.

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INTRODUCTION

One surgical intervention is not a routine occurrence in the life of an individual. It requires prior preparation of the patient and its family, because it involves the acceptance of surgery, physical and psychological suitability, interference in lifestyle, with socioeconomic repercussions, beyond the stressful situation that is created ever since the diagnosis. Thus, the surgical procedure constitutes itself in one of the most critical moments in the therapeutic process of a patient, considering that he has fear of anesthesia added to the possible risks in any such procedure.¹

If, on the one hand, the surgical procedure can be perceived by the patient as a situation of anguish by the complexity of the act itself, the existence of the risk and due to the fear of the unknown - really expressing a challenge when it requires from the individual an endless coming and going - may, on the other hand, represents for the patient the possibility to regain control of his life, because all discomfort generated by the disease that affects him is about to end up.² It should be stated, therefore, that the expectations of a patient who will undergo a surgical procedure are focused on the surgery and not for the eventuality of its cancellation.

The cancellation of the surgery may be causing of losses, both for the patient and his family and for the institution.³ Under the institutional perspective, the programming of a surgery requires the mobilization of a significant amount of skilled human resources, besides a significant amount of stuffs and equipment of high complexity. Thus, the cancellation of the surgery brings direct implications to the institution regarding operational and financial costs, at the same time in which negatively reflects on patient care.⁴

A study conducted⁵ in a public hospital in São Paulo/SP/Brazil, in order to raise the incidence of cancellation, besides identifying its reasons, found a rate of 11.4%. Data from another survey⁶, conducted in a university hospital, showed a surgery cancellation rate of 25.4%. At the institution where this current study was held, the cancellation rate, in 2009, was 15.23%.

There are, however, few qualitative studies that address the perception of the patient and of the healthcare professionals regarding the surgical cancellation, even though this is a theme of great importance to the improvement and humanization of the patient care.

The cancellations related to administrative problems indicate that institutions need to improve their planning of material resources and staff, which is possible when there is a systematic monitoring service of the Surgical Center Unity.⁷ As for to the patient, the cancellation triggers feelings such as frustration and sadness and a great difficulty to deal with them, which can get worse when considering the historical and social construction of each individual.

Misinformation is a stigma that permeates the whole scenario of a cancellation, by causing unpleasant feelings that can cause changes of physiological nature that make it impossible to perform the surgical intervention.⁸ This situation makes the hospitalization time increases, causing in the patient numerous changes in his daily life.

It should be realized, however, that, as it gains in technology and in interdisciplinary in the patient care, has regressed in the humanization of the provided care, since each patient started to be seen as an object of our “doing” when receiving a codename related to the number of the occupied hospital bed or called by the procedure that will be submitted, resembling a taxable subject and little integrated to the treatment that receives throughout the hospital stay.

It is not uncommon that the healthcare team professionals disregard the patient who has just received the news of the cancellation of his surgery, because they consider the cancellation as something suitable to the organizational and functional structure of the institution. Nonetheless, as trivial as it may seem to professionals, whatever the reason, for the patient this is his biggest problem and requires an intervention responsible and committed to his needs.

Thus, to reduce the burden of emotional problems of the patient and help it in coping with the health-disease process, the healthcare team can create a beneficial communication between professional and patient.²

Like Nursing, as part of the healthcare team, the anesthesiologist becomes key part in the care of the surgical patient. Since this, besides fearing the surgical procedure, also fears the anesthetic procedure, the anesthesiologist can, through effective communication, demystify the act, by explaining the techniques and the medicinal drugs that will be used, ensuring tranquillity, collaboration and satisfaction for the patient.⁹ With the advent of a surgical cancellation, the responsibility, the involvement and the commitment of the surgical team to the

patient should be equally conducted, as when the surgical procedure is brought to term.

When a patient seeks medical care, almost always is looking for cares that are not simply limited to rid him of a circumstantial malaise. The doctor-patient relationship will never cease to be an intersubjective interaction experienced by two people, and as more asymmetric as it is, will only be effective if it is conducted with welcoming, listening, reply and hope of cure for the sick subject.

The anesthesiologist, at the time of the patient approach, starts to assume a commitment of legal, ethical and social consequences. The first concerns the submission to the legal obligations of the Brazilian Civil Code and the Consumer Defense Code; the second item concerns the guidelines of the Medical Ethical Code, and the third is linked to the social duty to treat the patient with humanism, reintegrating it to its environment with good life quality.

The Anesthesiology is considered a speciality that produces high levels of stress, which, in turn, can produce negative effects on the practitioner.¹⁰⁻¹¹ The most salient features of the life of the Anesthesiology professional are surveillance and constant state of alert, allowing it to react immediately in critical situations. This occupation involves daily contact with the suffering of others, requires constant updating, manual skills and permanent charging of responsibilities, as well as good relationships with patients and with the multidisciplinary team.

Never before medicine has advanced so far in the diagnosis and treatment of various diseases like in the last century, perhaps to the point of creating a huge mismatch between technology and humanization.¹²

The surgical cancellation is an unfavorable advent of multifactorial causes, with deleterious consequences, that has been studied under statistical angles and also from the perspective of the patient. Therefore, we need to extend our gaze to understand the perspectives of all stakeholders involved in this process, in order to alleviate the suffering that the surgical cancellation causes in the patient and his family.

Giving voice to the anesthesiologist, as an integral and essential part in this process, may be helpful in achieving this goal. Thus, the objective of this study was to explore and try to understand the perception of the anesthesiologist on the surgical cancellation.

METHOD

It is a qualitative study, which aims at the building of reality and worries about the Social Sciences at a level of reality that cannot be quantified, working with the universe of beliefs, values and meanings.¹³ It is characterized as a way to look up information in a systematic manner and that is often described as holistic and naturalistic.¹⁴

The study was conducted in a large university hospital in North region of the state of Paraná, Brazil, and its population was composed of professors and residents of Anesthesiology who worked in the Surgical Center Unit of the aforementioned hospital. The data collection period took place between May and June 2011. The sample was comprised of six residents and five professors, who were randomly selected and that, after being informed about the objectives of the study, agreed to participate.

For data collection, we performed recorded interviews with general initial questions for warming up and semi-open guiding questions: *How do you perceive the issue of surgical cancellations? How do you think the surgical cancellation affects the patient, his family and the health institution? How does the communication on a surgical cancellation happen? Have you ever announced a surgical cancellation to a patient? How did you feel? How to reduce the surgical cancellation and its repercussions? Tell me a little more about it.*

For data analysis, we used the sequence proposed by Martins and Bicudo, which is comprised of two moments. At first, the ideographic analysis is performed, which refers to the intelligibility of present meanings that are articulated in their interrelationships and their structural units. Secondly, it goes to the nomothetic analysis, which concerns the construction of the results, understanding and elucidation of the studied phenomenon.¹⁵

The project has received approval opinion from the Ethics Research Committee for researches involving human beings, under the number 178/10.

RESULTS AND DISCUSSION

After the analysis of the interviews, five categories were built, which were titled: Reasons for the surgical cancellation; Repercussions; Communication on the surgical cancellation; Feelings of the anesthesiologist; Reducing cancellations.

The reasons related to surgical cancellations form the first category. We consider that this category has, from the perspective of anesthesiologists, two main strands: governmental /administrative and personal.

Also according to the perception of anesthesiologists, the insufficient or incorrect transfer of State funds for public institutions does not allow to meet all the demand of the population, since its physical and personnel structure ends up becoming deficient over the years.

The government is guilty on it because of corruption, misuse of public money, that does not reach its correct destination [...] and, thus, improvements like expanding the units, building of new hospitals and hiring of more employees does not happen. (A5)

I think there are two major problems; one is governmental, that generates few public funds, little innovations, lack of employees, doctors and nurses. (A11)

Resources for public health in Brazil, besides insufficient, are underutilized, which implies negative impacts on the population care, especially for most deprived people. The costs of maintenance and operation of public hospitals are about six to ten times higher than those of private hospitals and, even so, they still work less efficiently.⁷

Another reason for surgical cancellations, from the perception of anaesthesiologists, is related to the administration of the hospital and, in particular, Surgical Center Unit, a situation that occurs due to lack of human and material resources.

The main problem [...] from my view point, it is related to the hospital administration, because everyone knows that this is happening and every day that goes through, with a greater frequency, but they pretend it is not happening [...] that everything is alright. (A3)

It is also from the board of the hospital and Surgical Center, because they do not organize properly the sector and do not charge the standards that already exist [...] leaving residents and professors do as they please. (A9)

The reflection that imposes itself here as necessary is that these factors could be avoided. About 90% of cancellations are caused by the disorganization of the institution, and the other 10% are related to the patient's clinical condition.⁸ Other authors also argue that the problem of surgical cancellation is directly linked to administrative and bureaucratic questions of institutions, which end up causing the cancellation and, consequently, generate

discomfort for the patients.^{7,16,4} Moreover, we must recognize that the guarantee of quality in public service is becoming a great challenge every day, mainly, due to the scrapping of the health sector, financial difficulties, lack of human resources, often painful and inhumane working day for professionals, and all this factors directly influence the patient care..

Another reason that is related to the surgical cancellation is the reversal of team values, which is perceived in the interviewees' speeches.

Problems are also administrative and managerial [...] because, from my of viewpoint [...] many people here are more concerned with professors than with the patients themselves [...] and in reality, professors and residents are paid to be here, while the patient pays [...] and even internal problems of the clinics themselves, which put the will of operating above the patients. (A2)

The clinics too, because they schedule more surgeries than they are able to do, simply because they wish to operate, failing to think, for example [...] about the period in which the patient is fasting. (A5)

I think mainly due to the issue of organization [...] whether by equipment, supplies and list of surgeries itself [...] lack of organization of the list, because, when the time for lunch comes, we can already see as our list of surgeries is scribbled [...] some clinics send notices of procedures with names of patients they know they will not get in, just to hold the vacancy [...] or even send multiple notices, but they know will not do even half of them [...] but the patients are there [...] waiting to do the surgery [...] that ultimately will not even be performed. (A8)

The care is a professional act and is expressed in the interaction with the person in need of assistance and support for its survival and well-being. Accordingly, it is necessary that professors and residents have the well-being of the patient as central value and put this individual as a being who requires full attention, comprehension and support at this moment perioperative, since the act of being present requires, therefore, a behavior to show up completely, that is to say, is directly related to the demonstration of affection, respect and values.¹⁷

Although medical schools have been seeking to redirect the training of their students, highlighting the humanistic aspects of the doctor-patient relationship, with emphasis on the development of empathy and communication skills, it is realized that there are still many subjective elements, such as

humanization, which are forgotten for consideration.¹⁸

Other speeches have indicated that the surgical team as a whole should take responsibility for surgical cancellations.

I think it is a problem for all of us [...] it is no good talking that only the government is guilty, or the administration of the hospital or clinical residents are blamed too. (A5)

And it still blame us [...] employees [...] it is clear that we cannot generalize [...] but we know that there are many people who really like when a surgery is cancelled, because, at least, they have not to work. (A9)

So, there are flaws in the sector of anesthesia because the pre-anesthetic visitation is not well conducted; there are also flaws of the surgical team, which did not conduct all the necessary tests or, even, have not assessed the patient rightly and only later they realize that he has no indication for surgery, for example. (A6)

Avoiding cancellation of surgeries through an assistance of the surgical team planned and coordinated with other teams and the development of an efficient administrative plan should be one of the goals of assistance of this team and of the managerial team of the hospital institution.

Apparently, the cancellation of scheduled surgeries do not causes great concern to the multidisciplinary team, and the aspects regarding the importance of this event for the patient are ignored. The team sees this event as a common consequence of organizational and functional structure of the institution.

The second category deals with the repercussions of the surgical cancellation for the health institution, the patient and his family. It is known that the cancellation generates a significant impact on operational and financial costs of the institution, reducing the efficiency of the service to be offered, negatively reflecting on its image.

Good [...] it affects the institution because this really loses money, since, often, the surgery is cancelled, when the room is already mounted, the materials are ready and the staff too and, hence, we cannot perform another surgery in that same place [...] because every surgical process has a preparation on the part of the patient [...] emotional and physical, right [...] the fasting and everything else. (A9)

And in relation to the institution, it is also bad and ugly because it denotes a lack of structure of the institution. (A7)

Once the surgical movement has been appointed as the intervening factor in productivity indicators and hospital quality, the maximum utilization of the surgical

capacity is one of the main measures for the effectiveness in using public funds.¹⁹ In a study conducted in a university hospital, it became evident that surgical patients represent 24% of the total number of hospitalizations and contribute with 43% of the collected revenue.²⁰ Thus, high rates of surgical cancellation invariably lead to the avoidance of part of the financial amount of the health institutions.

In order to obtain excellence, the hospital institution must be continually committed to the problem-solving and quality of medical procedures. It becomes necessary, then, eliminating waste and increasing the ability to improve the hospital process - which involves, among others, items such as diagnosis, hospitalization and managerial structure - extending automation and information, while pursuing to decrease the patient's stay in hospital.²¹

When work processes become inadequate, the cost of products or services increases. Consequently, the institutions suffer financial losses arising from the rework, which absorbs the time that would be used in another activity. The financial loss is caused by a deficiency of the process and can be evidenced by the loss of opportunity of including another patient, by the underutilization of rooms of the surgical center, by the increased stay rate, with consequent rising price of bed / day and decrease in the availability of beds. Furthermore, there are other sources of loss, such as wastage of disinfected stuff, reprocessing of stuffs and rework of the staff involved in the preparation of the operating room.⁴

The repercussion for the patient and his family can be devastating, resulting in physical, emotional and socioeconomic damages. The surgical procedure causes changes in the life routine of a person, with consequent removal of activities developed at work, at home, by requiring mobilization of financial resources, therefore, its cancellation generates frustration and economic loss for the individual and for society.²²

From a socioeconomic viewpoint [...] because he was removed from the job [...] often was dismissed and cannot support his family while staying in hospital. (A5)

Emotional factors of the patient and his family were also listed as relevant during the interviews. If the prospect of an operation is a moment of crisis and factor of anxiety and stress for the individual, the frustration generated by the cancellation is a new crisis,

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The issue of the surgical cancellation...

followed by or overlapping the first one, deserving a special attention.

The patient and his family [...] are the ones who suffer most because they make the whole emotional preparation, they are afraid of the surgery, get away from family, move away from the service and some even lose their jobs [...] and, often, these factors worsen further his clinical conditions [...] becoming a vicious cycle. (A2)

It affects the patient because he has been preparing for that the surgery happens and does not hope it will be cancelled. So, when that happens, he finds himself lost, which often worsen further the clinical condition of the patient. (A3)

For some patients, the cancellation of a previously scheduled procedure can cause disastrous effects, even if they are informed of the reasons or try to rationalize and to understand the situation.²

Anesthesiologists perceive, through the emotional repercussions, a triggering factor of undesirable effects in this patient.

And it is regarding the physical side [...] because we know that all stress and anxiety he faces are, in fact, physiologically expressed [...] his pressure increases, it loses weight [...] and the health situation will worsen further. (A5)

Well [...] if the cancellation is not related to the patient and he needs an operation [...] to him, everything is frightening, because the preparation of surgery is extremely terrible for the patient [...] he is preparing himself [...] makes fasting [...] sometimes prepares everything and the surgery time comes, but the procedure is cancelled. (A7)

Many are hospitalized many days [...] and we know that this is not a hotel [...] and it generates a great dissatisfaction. [...] Moreover, the risk of the patient developing an infection pre-operative or post-operative is great, if we think these hospitalizations are too long. (A4)

In the case of a surgical cancellation, these feelings assume larger proportions, by enhancing the emergence of unpleasant feelings, causing increased tension, as well as increasing the level of stress, which results in changes in the organism which end up make it impossible to perform the surgical intervention.² To be sensitive and attentive to the correlation of these symptoms with the cancellation is, thus, paramount.

The third category is the communication of the surgical cancellation by anesthesiologists. It is perceived by the speeches the difficulty they feel in having to communicate the cancellation to the patients.

No [...] I never had to communicate [...] thank God! (A10)

Oh [...] I have given this kind of news many times [...] (A2)

The human communication can be verbal, when expressed in speech and writing, or non-verbal, when it involves manifestations of behavior not expressed in words, such as: gestures, silence, facial expressions and body posture. Aspects of the non-verbal communication strongly influence the human relationships and should be observed in the daily life by professionals who directly deal with people, such as healthcare professionals.

The communication of the surgical cancellation has not been a concern on the part of the healthcare team and the hospital administration, and there is no specific actors nominated for this purpose. Sometimes it is up to the surgeon, sometimes to the anesthesiologist and sometimes the nursing team is which one that performs this function. We found that, indeed, there is not a key element within the multidisciplinary team that takes over the communication of the surgical cancellation for the patient.

When they were asked about the communication of the surgical cancellation for the patient, in the reports of professors and residents, the uncertainty about the response that would be given was noticeable.

I like to talk directly with the patient, even to make clear to him, because, often, the way in which he is approached by the surgeon does not explain much to him and, often, leaves us in an awkward situation. (A6)

The consensus among anesthetists is that when the cancellation is related to anesthesia, that is to say, affects the surgical risk, the non-completion of fasting and lack of clinical conditions of the patient, we prefer to give the news to the patient when he is here [...] so that the real reason is not modified [...] like cordless phone (rumors), you know [...] (A4)

Most of the times, the nursing staff's people is who communicate the matters, and then they explain to him everything that is happening and why he will not have a surgery. (A7)

Disinformation is also a factor generator of unpleasant feelings that can cause physiological changes in the patient. Thus, the professional-patient communication, whether doctor-patient or nurse-patient, can be both beneficial and evil, and it is a reflection of the professional position before the patient, since a simple information represents a careful act.²³

When it comes to the news of the surgical cancellation, it is necessary to remember that it should be conducted with zeal and as clear as possible by professionals, so that patients do not feel uninformed, which can generate fears and mistrust, a situation found in many surveys.³

When asked how they made the communication of the surgical cancellation for the patient, most discourses have revealed that this is a difficult situation to be addressed. The explanation of the cancellation for the patient, when performed, is often incomplete and disorganized.⁴

[...] And then they come and say to him: "Unfortunately the operating room is busy" [...] or "The surgeon is in an emergency" [...] or "You are without medical conditions" [...] just imagine how he feels. This should not happen [...] because the medical team, often, knows whether will possible or not to perform the surgery. (A1)

But, we also know that many are afraid to talk to the patient, afraid of his reaction [...] or, I don't know [...] should be ashamed [...] therefore, they come up and quickly say that it will not have the surgery anymore and they do not explain the reason or what else [...] Others, often, do not say anything. (A5)

When we suspend, we have to give the news [...] and, furthermore [...] we must always try to go with the solution [...] we cannot leave him helpless. You have to say: "Look, sir, we are taking the next step" [...] Often, we cannot take care of his problem, but we have to bring, at least, a hope that his problem will be solved. (A1)

The fourth category that has emerged from the analysis of speech deals with the feelings of anesthesiologists when communicating the surgical cancellation for the patient. Many showed concern with the patient and his family, feeling sad, ashamed and frustrated.

It is a disappointment, because after working so many years here [...] I know how things happen. I know that this patient stayed a long time in the queue and after hospitalization stayed a long time until that the surgery was scheduled [...] so, we know that, throughout this way, he suffered [...] and unfortunately will continue to suffer. (A1)

I can tell you with so much certainty that it is very sad, actually, with a feeling of powerlessness. I'd rather be working in a surgery for six hours than giving the news to the patient that his surgery was cancelled, which generally takes no more than a minute. (A2)

[...] And the desire I had was to cry together with the patient [...] he was a little old man! After I heard that other two

surgeries had been suspended for him [...] I got very blue. (A11)

[...] It is shameful, because, often, the resident of the clinic knows that not all surgeries that he has scheduled will be performed. Often, they schedule four, but two will be conducted. [...] When it happened, I got blue, ok [...] One of them had already had two cancelled surgeries and when I turned my back, he began to cry softly, you know [...] these times, we also do not know what to do [...] we are lost, but at least we try to listen and to support the patient, that's already something [...] greatly improves. (A5)

When the same professional who communicated the need of conducting a surgical procedure comes and announces that it is no longer possible to accomplish such measure, it is perceived that every patient preparation, as well as its anxiety for surgery, turn into feelings of anger, frustration, helplessness, fear, conformism and distrust in the healthcare professional and its decision-making and judgment power.⁸

Moreover, others reported staying quiet before the communication of surgical cancellation or, even, do not feel anything.

What I feel depends very much on the situation [...] if the patient was unable, I am very quiet; because if I did the surgery, it could be fatal for him. (A7)

It is important to remember that surgery is a unique experience for each patient, depending on the physiological and psychosocial factors present in each experience. Thus, two people cannot react equally in similar surgeries. For the patient, every surgery, as simple as it might seem, has an important significance, to the point of causing a behavior with the same proportion of any other traumatic situation.⁴

The fifth category deals with alternatives to reduce surgical cancellations.

Oh [...] it is management [...] I'm tired of talking about it, but we still could not reach a common denominator. So, there are several factors, right [...] mainly political, that we cannot reach an agreement on changes and even increase the public fund that the hospital receives so that changes could be made [...] (A1)

Look at [...] you would have to examine each one of the factors [...] if it is due to the lack of hospital beds, operating room, employees [...] The institution would have to plan its own enlargement, both for its physical structure and the part of human resources. (A7)

I think mainly the organization of the surgical team [...] considering that the program is a mess [...] send notice of surgery of patients who have no indication

for surgery, only for not losing the vacancy [...] (A8)

Some causes of this problem are preventable, depending only on planning and mainstreaming between Surgical Center and Care Unit, as well as the establishment of systematic rules that meet the surgical programming, without unnecessary delays.

A more appropriate management of institutions could contribute to make that most cancellations were avoided. The concern of the managers of these institutions - particularly with regard to the surgical services - in optimizing activities, reduce costs, avoid waste and develop the work with the highest quality meets the needs of the patient, who wants to be operated with maximum security and comfort.

Thus, it should be realized that the good performance of a surgical center is directly related to the quality of its processes and the processes of services that support it, as a positive result of a combination of physical facilities, technology and suitable equipment operated by a qualified, trained and competent workforce.

The term "to sensitize" comes from the reflection that is to become sensible, moving, strongly impress, in deep. To be caregiver, it is necessary to develop empathy, that is to say, the ability to feel what the other would feel in a given situation.²⁴

In interpersonal relationships motivated by the professional exercise in a health institution, the quality of the meeting between the healthcare team and the patient determines their effectiveness. Empathy, here understood as the exchange of sensitivity between doctor and patient, is crucial throughout the meeting, in order to have a greater trust between the patient and the healthcare professional, which is essential to the effectiveness of diagnostic and therapeutic processes and a good communication between them.²⁵

As I said earlier, right [...] this problem is much bigger than we can imagine and involves many people and many factors. I believe that, from the moment in which everyone puts the patient first, many things would change and improve. (A1)

There should also have a greater participation of professors in the daily life; since, in some clinics, they do not know what is happening and, thus, the residents think they can do everything, they require something and, immediately, take out the requirement [...] without thinking of the consequences that it can bring about, either to the institution or to the patient. (A8)

FINAL REMARKS

From the analyzed speeches, we perceived that the reasons related to the surgical cancellations, in the viewpoint of anesthesiologists, have two main strands: governmental /administrative and personal. When discussing the repercussions of a surgical cancellation, we concluded that it negatively influences the health institution due to the increase of its operational and financial costs, reducing the efficiency of the service to be offered. Similarly, influences the patient and his family in a devastating manner, resulting in physical, emotional and socioeconomic damages.

We still realized, through the speeches, the difficulty that anesthesiologists feel before the situation of communication of the surgical cancellation for the patient. The feelings evidenced in the communicative act were: concern, for the patient and his family; sadness; shame and frustration, because they cannot achieve the surgical procedure. Nevertheless, others reported staying quiet at the time of the communication on the surgical cancellation, particularly when they considered the cancellation as necessary for the patient's safety itself. The anesthesiologists pointed out emphatically issues that must be addressed for the attempt to reduce the cancellation and its consequences, such as the need for a better management of the institution and the Surgical Center Unit, more humanization of professionals and participation of professors in the activities of their residents.

Throughout the diagnostic and therapeutic process, familiarity, trust and cooperation are highly involved in the recovery process of the patient. The reflection on the humanization of Medicine, in particular the relationship between doctor and patient, should lead to the recognition of the need for a greater sensitivity before the suffering of the patient.¹¹ It becomes urgent, increasingly, the introduction of spaces in curricula of medical and nursing schools where it must be fostered the training of skills that make the practices and the experience of empathy effective, so that students develop their intellectual potential and are also able, mainly, to develop a more humanized care.

The surgical cancellation is a reality in health institutions. Its repercussions are relevant, both for the patient and his family and for the institution. The anesthesiologist is often a direct participant in decision-making and one of the communicator elements of this process. The inclusion of the discussion of this

theme in the academic training of the surgical staff can be helpful in approach the issue of the surgical cancellation, besides expanding effective reflections and actions for a humanized care by the entire healthcare team.

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