American Society of Plastic Surgeons

▶ **POSITION STATEMENT**

Issued September 19, 2024

Position Statement on Itinerant Surgery

Summary: The practice of itinerant surgery—when surgeons perform an operation at a distance from their primary location, often without involvement in aspects of the patient's preoperative or postoperative care—has long been the subject of scrutiny due to patient safety and ethical concerns. This ***position statement*** discusses the views of the American Society of Plastic Surgeons (ASPS) on itinerant surgery and the responsibilities of the operating surgeon and recommends public policy interventions to achieve appropriate care.

▶ ASPS POSITION

It is the position of ASPS that it is unethical for physicians to intentionally perform surgery under circumstances where they do not establish a relationship with the patient and/or do not maintain responsibility for the continuity of the patient's care. It is in the best interest of quality patient care and patient safety for surgeons to be appropriately involved in all phases of care, in alignment with the ASPS Code of Ethics, including the following:

- Preoperative diagnosis and treatment planning
- Informed consent for the surgical procedure(s)
- Performance of the surgical procedure(s)
- Postoperative care, including treatment of surgical complications

ASPS recognizes that specific circumstances may warrant the delegation of certain aspects of care to a similarly qualified provider who is equally capable of preparing the patient for surgery or managing any complications that may arise. These narrow circumstances may include the following:

- The surgery is performed in a remote area where subspecialty surgical care is unavailable
- The operating surgeon suffers a malady affecting the surgeon's ability to deliver medical care and cannot manage any patients
- The surgeon is an invited speaker in an accredited educational symposium or conference featuring live surgery to demonstrate a particular surgical technique
- The surgery is performed as part of disaster relief or humanitarian medical assistance

In cases where aspects of a patient's care will be delegated to another provider, the patient should be informed of the transfer of care. If possible, appropriate preoperative or postoperative care for plastic surgery patients should be arranged with a board-certified plastic surgeon. When it is not possible to arrange a transfer of care to a board-certified plastic surgeon, all efforts should be made to identify a qualified surgeon from a different specialty, defined as a surgeon trained in the anatomical areas involved in the surgery provided by the operating surgeon. Postoperative care of a patient should only be transferred to a physician from a non-surgical specialty or a qualified non-physician advanced practice provider if no surgeon or, in the case of transfer to a non-physician advanced practice provider, no physician is available to assume a transfer of care. When transferring care to a non-surgeon, it is recommended that the operating surgeon develop a plan to appropriately reengage with the patient should additional surgical care be required.

This statement does not prohibit the appropriate co-management of hospitalized patients with complex multisystem problems and comorbidities. Similarly, it does not forbid delegation of duties to appropriately qualified medical providers under supervision by the operating surgeon. However, the operating surgeon must not abdicate responsibility to the patient and should remain involved with managing and coordinating the care of the surgical patient on a continuing basis. The operating surgeon retains the responsibility of supervising any medical

students, residents, fellows, physician assistants, nurses, and other staff to whom duties or responsibilities typically performed by surgeons are delegated.

ASPS member surgeons who perform itinerant surgery without maintaining responsibility for continuity of their patients' preoperative and postoperative care, or who delegate such care to a provider who is not qualified to undertake it, may not be permitted as candidates for membership or achieve active membership status in ASPS. Active members of ASPS found to be in violation of this policy will be subject to evaluation by the Ethics Committee and the Judicial Council and may face disciplinary action, including expulsion.

▶ RECOMMENDATIONS FOR POLICYMAKERS

Itinerant surgery is the practice of medicine, and as such it is an area that requires guidance, scrutiny, and – when necessary – enforcement by state medical boards. ASPS recommends that such professional regulatory entities, when addressing itinerant surgery:

- Promulgate guidance, community standards, and/or rules that require a physician to establish a relationship with a patient prior to surgery and either maintain responsibility for or ensure the continuity of the patient's postoperative care
- Require the informed consent of the patient in cases where a transfer of care is planned
- Establish reporting and investigation mechanisms to identify physicians who violate such a standard
- Implement appropriate enforcement actions for such violations
- Develop guidance on specific circumstances that may warrant the delegation of certain aspects of care to a similarly qualified provider who is equally capable of preparing the patient for surgery or managing any complications that may arise

▶ BACKGROUND & RATIONALE

Itinerant surgery typically refers to a procedure performed by a surgeon at a distance from the surgeon's primary practice where the surgeon is not available for part or all the patient's preoperative or postoperative care. For example, itinerant surgeons may not be involved in one or more of the following aspects of care:

- Determination of the diagnosis and the adequacy of preoperative preparation
- Personal communication with the patient to obtain informed consent
- Postoperative care, including competent and timely management of any complications

The practice of itinerant surgery could be problematic because the surgeon's lack of involvement in the full spectrum of the patient's perioperative care may potentially compromise patient safety or quality of treatment. Similar issues with continuity of care can arise when patients travel long distances to receive a procedure, as they may not be available for in-person follow-up.[1] This position statement focuses on cases in which the surgeon is traveling outside of their usual service area to provide care and bears the responsibility for remaining accessible to the patient before, during, and after the procedure.

In some cases, rural hospitals use itinerant surgeons because a surgical specialty not available at the rural facility is needed for a procedure.[2] Given physician shortages and changing practice patterns, some may view itinerant surgery as a remedy to certain access issues.[3] However, business models are deeply problematic when they – as a means of lowering the cost of surgery to increase profits through higher case volume – rely heavily on contracted surgeons to perform itinerant surgery. This mode of practice can lead to disjointed care, patient dissatisfaction, communication problems, and serious complications because it lacks sufficient preoperative evaluation and postoperative management.

The ethical questions raised by itinerant surgery are not new, but evolving practice models warrant continuous review of the issue and a clear understanding of expectations for surgeons involved in care outside their practices' geographic home(s).[4] Several organizations either address itinerant surgery explicitly in their policies or have established principles relating to the delegation of surgical patients' preoperative and postoperative care.

The American College of Surgeons (ACS) Statements on Principles provide expectations for preoperative care and postoperative care.[5] The ACS states that "the surgeon bears the ultimate responsibility for determining the need for and the type of operation" and "is responsible for the patient's safety throughout the preoperative, operative, and postoperative period." Regarding postoperative care, specifically, the ACS indicates that relinquishing responsibility for the postoperative care to another physician who is unqualified to provide similar surgical care is unethical, except for in unusual circumstances.

The ACS Statements on Principles also address surgeons' responsibilities when performing care at a distance from their practice's usual geographic area(s):

> An ethical surgeon should not perform elective surgery at a distance from the usual location where he or she operates without personal determination of the diagnosis and of the adequacy of preoperative preparation. Postoperative care should be rendered by the operating surgeon unless it is delegated to another physician who is equivalently qualified to continue this essential aspect of total surgical care.

The American Academy of Facial Plastic and Reconstructive Surgery Principles of Patient Care echo this sentiment, deeming it unethical for surgeons to turn over postoperative care completely to a physician or a person who is not similarly qualified to manage any surgical complications.[6]

The ASPS Code of Ethics also addresses delegation of care to unqualified individuals.[7] It states that ASPS members may be subject to disciplinary action, including expulsion, if they perform a surgical operation "under circumstances in which the responsibility for diagnosis or care of the patient is delegated to another who is not qualified to undertake it."

This document was approved for publication by the ASPS Patient Safety Committee on September 19, 2024; and the ASPS Board of Directors on December 5, 2024.

REFERENCES

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