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**"Liberal" Paternalism: Applying surgical ethics to manage the international dilemma in Bariatrics using an integrated approach.**

Category: Integrated Health

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Purpose: Information regarding the causes and cures of obesity abound and grow on a daily basis. Yet, research from the Imperial College London concludes that by 2025, 25% of the population of the world will be obese, who will outnumber the underweight 2:1.

The dilemmas governments, policy makers and health care providers face are why is obesity increasing despite our vast increase in knowledge about it and should one increase the input of already-dwindling resources when no positive impact from such input has been demonstrated. More than any other field of health care, the results and consequences of surgery are there for all to see. Thus, the purpose of this presentation is to look to surgical ethics to see if it provides any paths to solving this dilemma.

Method: We present a simple observational study from a busy public sector upper GI-cum-bariatric practice of a single surgeon in the UK. In this study, patients' chaperones were identified based on their presence during the initial consultation with the surgeon. 426 individual chaperones were identified and 1 year after their patients had been treated a questionnaire was sent to them.

Results: 62% of the questionnaires were returned. After 1 year, the chaperones had maintained a weight loss of between 12 and 26% EBW. They said that the information provided and the manner in which it was delivered to their patients was the direct stimulus for their own weight loss.

Conclusion: Surgeons routinely use "Liberal" paternalism, whereby patients are treated with respect and supported to make autonomous, educated choices. The effect of such paternalism is seen even in non-intended chaperones. This surgical ethical approach should be used to integrate health care between all providers and stakeholders in the obesity crisis.