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OUTCOMES MATTER BUT PROCESSES MAY MATTER MORE IN VALVE PROCUREMENT

To the Editor:

We read with great interest the debate between Drs Millikan and Trachiotis that was recently published in the *Journal*.¹ Although the debate took place at The American Association for Thoracic Surgery Annual Meeting in Baltimore in 2016, the arguments made for and against a surgeon's ethical duty to comply with decisions in the valve procurement process are more relevant now than ever. The moderator, Dr Sade, presents a clinical vignette that is common across North America. Should a doctor comply with administration's requirement to use a certain contracted valve? The heart of this debate focuses on principles of biomedical ethics: patient and physician autonomy, beneficence, nonmaleficence, and justice. While the question of the debate was "Should Dr Streep comply with the hospital administration's request?" we posit another important question: "Under what conditions can stakeholders, including Dr Streep, accept the outcomes of the decisions made at the hospital level?"

Fair allocation of resources may be rationalized on substantive principles of distributive justice (for example: utilitarianism, the maximization of health for the largest number of individuals) or on claims of procedural justice.² Norman Daniels,³ an American philosopher and bioethicist, suggests that in the absence of consensus on principles of distributive justice, one should instead rely on procedural justice to establish legitimacy in contentious resource allocation decisions. In the valve procurement process, we advocate that hospitals and administration should consider a transparent

and consistent process in valve procurement that meaningfully engages all stakeholders. There are several frameworks that may aid in structuring an appropriate process for procurement. This includes Norman Daniel's accountability for reasonableness approach, which includes 4 pillars: (1) relevance, decisions are made on the basis of reason; (2) publicity, the process is transparent and publicly available; (3) revision, there will be opportunities to revisit and revise decisions, especially in light of additional evidence; and (4) enforcement, to ensure compliance with the final decision and that the first 3 processes are met.^{3,4} This theoretic approach proposed by Daniels may be operationalized in the form of a multicriteria decision analysis, a tool designed to help decision makers incorporate multiple criteria and relevant decision factors (for example: cost, effectiveness, value, equity) to enhance the transparency and public defensibility of decisions.⁵

As Dr Sade summarizes at the end of the article, the debaters do agree on one point: the importance of collaboration between hospital administration and surgical staff in preventing this dilemma. This may be the key and the start to ensuring that decisions made are defensible, transparent, and acceptable to all stakeholders, which include surgeons, patients, administrators, and taxpayers. Although all surgeons will agree that outcomes matter in valve surgery, in this scenario of reasonable disagreement that exists regarding valve selection, the process that governs decision making at the hospital level may matter more. Frameworks like accountability for reasonableness and tools like multicriteria decision analysis may help facilitate fair decision making in valve procurement.

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The Editor welcomes submissions for possible publication in the Letters to the Editor section that consist of commentary on an article published in the *Journal* or other relevant issues. Authors should: • Include no more than 500 words of text, three authors, and five references. • Type with double-spacing. • See <http://jtcvs.ctsnetjournals.org/misc/fora.shtml> for detailed submission instructions. • Submit the letter electronically via jtcvs.editorialmanager.com. Letters commenting on an article published in the JTCVS will be considered if they are received within 6 weeks of the time the article was published. Authors of the article being commented on will be given an opportunity to offer a timely response (2 weeks) to the letter. Authors of letters will be notified that the letter has been received. Unpublished letters cannot be returned.

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**PROCESS IS
HELPFUL, BUT THE
PROCUREMENT
PROBLEM PERSISTS**
Reply to the Editor:

We are grateful to Tam and colleagues¹ for identifying process as important in resolving disagreements between surgeons and administrators. We suggest that such collaborative efforts would be most productive if guided by prospectively defined, well-formatted, ethically sound, generally accepted processes, through which disputes between hospital administration and physicians can be justly adjudicated.

Daniels' framework,² executed through multicentric decision analysis,³ may offer a suitable pathway to prevent or resolve serious and often emotional disagreements. We thank Tam and colleagues¹ for noting these approaches.

We have a caveat, however, related to our vignette describing a surgeon's dilemma.⁴ Such a sophisticated collaborative process may be followed and may include input from our hypothetical surgeon, but if a conclusion is reached that is contrary to the surgeon's input, and she cannot with integrity implant an alternative heart valve that she believes, in her heart of hearts, to be inferior to her own choice, what should she do then? We find ourselves right back where we started.

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