Unfortunately, although it continues to function in an “ad hoc” fashion, our clinic never really got off the ground. The reasons are important to consider here. Although there were some logistical challenges, the main obstacle by far was our failure to get hospital leadership and fellow practitioners to “buy into” our vision. The lack of easily quantifiable benefits made it difficult to make an effective case to hospital leadership in a cost- and resource-conscious environment. And despite our best efforts to include all relevant stakeholders as active partners, we failed at defining the clinic as an additional specialized resource rather than a “competitor” that might encroach upon the professional autonomy of referring physicians or the “authority” of the tumor board. In light of such possible challenges, Madariaga and colleagues’ efforts1 are all the more commendable and all the more important.

We remain more convinced than ever that a dedicated multispecialty clinic is an essential resource within the context of an increasingly complex oncologic reality. It will enable the individualization of care, active participation of patients in decision-making, and optimization of resources. We wholeheartedly encourage other programs to take up this “radical” concept. By keeping this conversation going, we may ultimately succeed in implementing multispecialty collaboration as a new paradigm in thoracic oncology.

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