Attitudes of Clinicians Towards Cardiac Surgery and Trisomy 18

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Trisomy 18 is an autosomal trisomy characterized by minor to major birth defects, severe disabilities, and high rates of pre- and neonatal mortality. Due to the nature of this condition, interventions for these infants have traditionally been withheld with focus instead on palliative support. The issues and attitudes surrounding surgical treatment of congenital heart defects, which occur in approximately 90% of infants with trisomy 18, is of our study’s interest as recent literature has indicated that cardiac surgery is being performed and may lead to improved survival compared to palliative care. In this study, the attitudes towards cardiac surgery for infants with trisomy 18 was evaluated among clinicians of multiple specialties along with approaches used by cardiac surgeons in determining the most appropriate candidates for surgery. Of the 378 participants, 48% felt it was appropriate to discuss the option of cardiac surgery. Ethical considerations and insufficient outcome data were the most agreed upon reasons for not offering cardiac surgery in the majority of clinicians. Overall, prenatal physicians were more likely to disagree with offering cardiac surgery than postnatal physicians or genetic counselors. The fact that trisomy 18 is not uniformly lethal was the most agreed upon justification among clinicians in support of offering surgery, followed by respect for expressed parental wishes. Lastly, cardiac surgeons were more likely to perform surgery on less complex heart defects in the absence of additional anomalies or presence of less severe anomalies. Results from this study do not seek to suggest uniform care for these infants, but aim to promote discussion and collaboration among clinicians to improve patient care.

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