



Editorial

Patient is the Focus, not Just the Intervention

Shyamkumar N. Keshava¹ Sanjeeva P. Kalva²

¹ Division of Clinical Radiology, Department of Interventional Radiology, Christian Medical College, Vellore, Tamil Nadu, India

² Division of Interventional Radiology, Department of Radiology, Massachusetts General Hospital, Boston, Massachusetts, United States

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With increasing specialization in the field of medicine, we, as physicians, are focused on delivering subspecialty-specific personalized care to our patients. Interventional radiologists are often called by other specialty colleagues for expert opinion, especially, when no other treatment options exist. Many of our recommendations are evidence based, but some of our logical and appropriate recommendations lack rigorous evidence. Treatment suggestions are provided often, but not entirely, based on the feasibility of an intervention and not on the overall cost-effectiveness or improved health-related quality of life outcomes. It is important to take into consideration the overall clinical picture of the patient, and not just the feasibility of an intervention while recommending a treatment plan.

A few examples exist in our practice. Sometimes, we are called upon to offer pelvic arterial embolization to a patient with multiple pelvic fractures, hypotension, and bleeding, only to realize that the patient had little hopes of survival given other neurological injuries. Sometimes, a patient is referred for treatment of hepatocellular carcinoma after failure of systemic therapies, only to realize that the patient is bedridden with poor performance status. Such examples show the need for proper evaluation of the patient, with special emphasis on history, physical examination, and laboratory/imaging test results. When outcomes are questionable or lack reasonable evidence, it is important to discuss treatment expectations of the patient and family. Often patients choose conservative therapy over an intervention if outcomes are not substantially different.

Patient experience is an integral part of care delivery. Patients, especially those who are sick, or young, or old, or pregnant, or uneducated, or of poor socioeconomic status are vulnerable and lack the aptitude and capacity to understand complexities of the

treatment, risks, and overall impact on survival and quality of life. Patients should be counseled in their native language, through a medical interpreter if required. It is important that patients are addressed properly during every interaction with utmost respect to individual choices. Additional care should be taken to understand the family needs and economic impact of the treatment plans. Care plan should also address after-treatment follow-up needs and expected future visits to the hospital. In addition to survival and quality of life outcomes, patient reported outcomes are relevant in interventional radiology as we start to focus on longitudinal care of patients.

Beyond the treatment plan, the focus on the patient should be continued while delivering the treatment. An intervention may be appropriate, and the physician may be performing the procedure with utmost care and precision. Intraprocedural difficulties and complications should be addressed with a focus on overall patient outcomes. The treatment outcomes and risk-benefits of proposed treatment may change intraprocedurally due to the complex nature of the intervention or unexpected procedural or nonprocedural adverse events. Treatment plan should be revised accordingly. An experienced interventionalist knows when to ask for help and when to stop a procedure. When procedural difficulties or complications result in harm or injury, patients should be informed as soon as possible with a plan for alternative treatment options.

The advances in medicine allow us to provide personalized care more effectively. Specialty care is desirable and is advocated while patient centric care delivery with individual respect and informed choices is continued. In addition to traditional clinical outcomes, patient reported outcomes should be gathered to redefine personalized care.

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 Shyamkumar N. Keshava, DMRD, 10.1055/s-0042-1758761.
 DNB, FRCR, FRANZCR, Division of ISSN 2457-0214.
 Clinical Radiology, Department of
 Interventional Radiology,
 Christian Medical College, Ida
 Scudder Road, Vellore 632004,
 Tamil Nadu, India
 (e-mail: shyamkumar.n.
 keshava@gmail.com).

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