

Who was involved in the NoLap decision-making process?

Table 5.2 below shows a breakdown of various specialties involved in the NoLap decision-making process

Table 5.2: Specialties involved in decision not-to-operate

Specialty	Number of Cases, n	Percentage, %
General surgery	895	94.9
Patient	597	63.3
Next of kin or LPA	523	55.5
Anaesthetics	262	27.8
Critical care	231	24.5
Emergency medicine	124	13.1
Other	93	9.9
Palliative medicine	77	8.2
Perioperative team (Comprehensive Geriatric Assessment)	62	6.6
Patient via a pre-defined advance care plan	26	2.8

Where the general surgery team was not involved, patients and their next of kin/lasting power of attorney (LPA) were engaged in decision-making in 60.4% and 54.2% of cases, respectively. Table 5.3 shows the breakdown of different stakeholders' involvement in the decision-making process when general surgery was not involved.

Table 5.3: Specialties involved in decision not-to-operate when general surgery was not involved

Specialty	Number of Cases, n	Percentage, %
Patient's decision	29	60.4
Next of kin or LPA	26	54.2
Anaesthetics	<10	N/A
Critical care	<10	N/A
Emergency medicine	<10	N/A
Other	10	20.8
Palliative medicine	<10	N/A
Perioperative team (Comprehensive Geriatric Assessment)	<10	N/A
Patient via a pre-defined advance care plan	<10	N/A

In 443 cases (47.0%), decision-making involved only a single specialty. In a small proportion of cases, 26 (2.7%), the decision not to operate was made by the patient, their next-of-kin, or in accordance with a pre-existing advance care plan.

Table 5.4: Specialty involved in decision not-to-operate in cases where one specialty was involved in decision-making process

Specialty	Number of cases, n	Percentage, %
General surgery	427	96.4
Palliative medicine	<10	N/A
Critical care	<10	N/A
Emergency medicine	<10	N/A
Perioperative team (Comprehensive Geriatric Assessment)	<10	N/A
Anaesthetics	<10	N/A