

Editorial

Cancel Culture: Quantifying Operative Neurosurgical Cancellations in Canada

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The first step in solving a problem is objectively recognising that there is one. Most Canadian neurosurgeons “on the ground” carrying out elective neurosurgical operations in this country have had the all-too-frequent experience of being forced to reschedule patients for surgery due to operative cancellations. Anecdotally, the sense is that this accepted challenge of delivering neurosurgical care in our publicly funded healthcare system has acutely worsened in recent years. To date, however, data to back up this near-universal perception have been lacking.

MacLean et al.¹, in a resident-led study completed as part of the ongoing multi-centred work by the Canadian Neurosurgery Research Collaborative, set out to assess the rate and aetiology of pre-COVID-19 neurosurgical operative cancellations in a 5-year period across five neurosurgical sites in Canada. They report a staggering overall cancellation rate of 18% (!) with elective, outpatient and spine surgery cancellations occurring most often. In more than 80% of cancelled cases, the cause of cancellation was related to staffing (e.g. lack of anaesthesia or nursing staff), operational (e.g. previous case running late) or resource limitations (e.g. no postoperative bed). In contrast, only 17.2% of cancelled cases were attributed to patient-related factors.

This important work not only highlights the extent and widespread nature of Canadian operative neurosurgical cancellations but also importantly illustrates significant limitations in how administrative data are collected at present; indeed, the authors note that there was a lack of total annual operation room (OR) case booking data for three of the five included centres.

No doubt, this is commendable work and yet another demonstration of the value of resident-led, multi-centre, neurosurgical research collaborations. Moving forward, it would be ideal to repeat the study in the post-COVID-19 era with a view to

capturing whether OR closures due to staffing problems are the new normal or a temporary trend. The ramifications of an overall decrease in OR availability are perhaps understated by this report but include obvious patient access issues (especially for elective cases, which may not be captured by OR cancellation data as in times of scarcity, these are less commonly booked in the first place) but also less obvious resident-training issues (i.e. with a decrease in OR access, staff may feel increased pressure to use available OR time as efficiently as possible). Additionally, it would be ideal in the future to include all Canadian neurosurgical centres, in order to capture data across the spectrum of centres ranging in size and setting.

Ultimately, the findings reported by MacLean et al. provide neurosurgeons and neurosurgical administrators with the – stark and alarming – data necessary to convince public and government funders that timely access to operative neurosurgical care is obviously compromised in the current Canadian healthcare system. Studies such as this, in defining the scope of the problem, are critically important in bolstering ongoing efforts to advocate for the resources and personnel needed to get things back on track.

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Reference

1. MacLean MA, Persad AR, Coote NR et al. Neurosurgical operative cancellations in Canada: a multicentre retrospective cohort study. *CJNS*. 2024;1–7.

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