Technical advances, financial problems and ethics

If we consider the diversity and relevance of the articles published in this issue, it becomes apparent how very active our specialty is. Can we really say that it is also growing? Because that is primarily what the future depends upon. There will only be a future if growth continues to allow for the creation of new centers of activity and new teams.

Founding these centers of activity can only result from continuous research in the field of innovative techniques. The history of implants started with the first tools of internal fixation (wires, lag screws, intrapedicular screws ...). We are now moving to more and more sophisticated implants which will theoretically lead for some, to a pain-free mobility, owing to a perfect disk implant, and for others to the most perfect correction of a spinal deformity. Here, intervertebral fusion still remains the key procedure, but it is linked to several problems, specially the long-term behaviour of adjacent disks.

The major issue is that costs are growing concomitantly with the degree of sophistication of implants and instruments. However, the National Health Service and health insurance agencies are no longer able to face the ever-rising costs of surgical implants. This leaves patient health dependent upon two contradictory systems of interest:

- On the one hand, those of manufacturers, whose interest consists essentially in selling implants and instrumentation.
- On the other hand, those of the National Health Service, which tends to reduce expenses to the minimum, due to present economical circumstances.

It is true that some abuses and corrupt practises have taken place in the effort to convince the future user of the quite perfect quality of the proposed implant, overstating its advantages and minimizing its disadvantages.

Only the most experienced or most skeptical surgeons are still able to resist such claims. Most of those whose experience is not firm, who have been disappointed by traditional techniques or are too enthusiastic, have usually succumbed. So periodically, as with fashion, a trend emerges, poisoning the surgeon, paralysing his mind and channelling his decisions towards techniques whose follow-up period has not been long enough to unveil their disadvantages as clearly as their advantages.

And this is the main reason why the National Health Service is so rigorous. But isn't this attitude somewhat restricting and demotivating in relation to the technological progress indispensable to the survival and refinement of our specialty? In fact, a place is left for innovative techniques, provided that

a rigorous and considered justification is put forth by the user and accepted by an experienced surgeon.

We now have to draw the adequate conclusions about the education of surgeons who are orientating themselves towards the treatment of spinal disorders:

- Their basic education is essential, including anatomy and functional anatomy of the spine.
- Learning how to analyse the signs displayed by the patient is the second essential point, especially in degenerative situations.

We have to bring home the point that surgery is not the last miraculous resort, that "fusion" is not the miraculous remedy to low back pain. Minor dysfunctions can be associated with major functional symptoms, especially when they occur in pre-disposed "psychiatric" patients. Their association with minor degenerative signs is a contraindication for surgery: the results are usually very poor in such cases.

Several abuses of indications can be avoided if the function of the patient is considered within the framework of his everyday life, age and habits. We have to argue as broad-minded physicians and not exclusively as technicians of the spine.

- It is legitimate to reduce and fuse a lumbar curve in the absence of major imbalance or stenosis, for only episodic pain?
- Is it legitimate to fuse all the disks showing some minor signs of degeneration?
- Is it legitimate to undertake surgical procedures whose iatrogenicity seems obviously superior to other procedures of the same efficacy?

The postoperative results of these types of approaches are usually worse than their preoperative status.

Why operate at all? Discussion is open.

Technical innovations usually allow one to solve severe mechanical problems due to diverse etiologies, but, in counterpart, they include a certain iatrogenic risk. In the interest of the patient and our health insurance systems, though, an objective reflection must precede the surgical decision.

The objectivity of these reflections and decisions is fundamental, not only in the interest of the patient but also for the credibility of our specialty and, consequently, for its survival and growth. Any private interest should be banished from instrumentation development procedure. Clear reasoning should be carried out in terms of patient functionality and comfort, with the greatest respect for the anatomical and functional specificities of the spine.

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