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EDITOR'S CORNER

Information, safety and serious professionals: how patients can navigate uncertain territory and find what they need

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A few days ago, the prestigious *New York Times* published an article, "How a lucrative surgery took off online and disfigured patients", written by Sarah Kliff and Katie Thomas, two leading healthcare journalists.

This excellently written and well-constructed article reports clinical cases of serious complications allegedly due to incorrect execution of (and perhaps also incorrect surgical indications for) component separation, without however specifying the type of procedure in question. The two authors, examining how the surgeons involved learned the procedure, reveal the paucity of the training they received, given that it was based, in the cases they reported, on demonstrations watched on social media, and also on in vivo and experimental demonstrations organised by companies in the prosthetics and robotics industries.

Essentially, in the article, the two journalists expose the fact that complex procedures such as component separations, which are now being widely offered, are sometimes "learned" very hastily by surgeons, who then apply them in a superficial manner without having first received proper, progressive training under expert professional oversight. The article also points out that, under the reimbursement system in the USA, insurance systems will pay more for component separations than for simpler procedures, which has led to an increase in the indications for these complex surgeries and generated a "race" to perform them.

For years now, we have forcefully affirmed, and periodically reiterated, the need for and absolute value of super-specialist training in this type of surgery; the fact that we, in collaboration with world and national scientific societies, have helped to create national and international schools in our specialty is a source of great pride for us, and shows the importance we attach to patient protection. And this protection should also take the form of training that is delivered "slowly", progressively and patiently, and supported (not replaced) by the various learning options available to us. Social media, well-known and internationally recognized scientific courses and conferences, (high-level) webinars, and YouTube videos may all serve to support and, if possible, clarify particular aspects (details or tips and tricks), but they alone cannot be used for training from scratch, and must not even remotely be considered suitable for this purpose. In other words, a patient should never be offered a procedure that the surgeon has not acquired through attendance of specialty and super-specialty courses run by proper schools of specialisation. No one would ever dream of taking the wheel of a Formula 1 racing car without first having learned to drive a small car, followed by an SUV, an off-road vehicle, and finally a custom-built one-off car. In the same way, it is wrong (indeed, criminal) to offer patients procedures they don't need and that are not the most suitable ones for them. We hope that this was not the case in the article.

Once again, then, it is clear that the idea of tailored surgery, but also of tailored surgeons, is not just glaringly important but also highly timely.

And so, finally, how does the unsuspecting patient go about finding what they need? Is it enough just to google "hernia" to be pointed in the right direction? Of course not. But while that might be the first step, the next ones must be to research the background of any surgeon the patient has identified—their academic and hospital qualifications, actual scientific output (articles published in peer-reviewed journals), and experience (documented cases of patients in the same situation who they have treated using the same procedure). It is only by—patiently once again—making a choice based on progressively acquired and increasingly detailed knowledge of the chosen surgeon that the patient can realistically expect seriousness and competence. And reduce the risk of failure and complications.

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Declarations

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