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Editor's Choice

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The incoming tide of minimally invasive surgery

It is no time at all since minimally invasive surgery was a peculiar and unfamiliar phrase, but now such surgery is replacing the traditional butchery that keyhole surgeons are so quick to criticise. Today we begin a series describing what can be achieved with minimally invasive surgery, starting with biliary surgery (p 1266). There have been mutterings—particularly from older surgeons—about the safety of laparascopic cholecystectomy, but R C G Russell describes a series from the United States of 77 600 cases where bile duct injury arose in only 0·6%. Interestingly, these arose mostly in the first 100 cases—illustrating the problems of training. What is fascinating is why minimally invasive surgery, which is rarely if ever evaluated in controlled trials, has caught on so rapidly, whereas treatments proved to be of benefit in controlled trials—like anticoagulation for patients undergoing hip replacement—are taken up so slowly. We need an anthropologist to answer a question like that.

We have inadequate data on the risks of minimally invasive surgery, but we are beginning now to have data on the risks of another fashionable treatment—assisted conception. We know that the numbers of multiple births are increasing because of infertility treatment, and we know that they place great strain on parents—as well usually as bringing great joy. What has been less clear is the long term consequences, but a group from Perth, Australia, show that triplet pregnancies produced a child with cerebral palsy almost 50 times more often than singleton pregnancies and twin pregnancies eight times more often (p 1239). These findings provide a backcloth to a debate over Danish proposals to regulate infertility treatment (p 1281).

Asthma must be one of the most researched diseases, and yet management continues to be inadequate. In what might be called a fighting piece, Duncan Keeley gives pungent comment on why doctors are doing so badly: they are failing to recognise the condition, overusing bronchodilators and underusing inhaled steroids, not checking whether patients are using inhalers properly, and generally making the treatment worse than the condition (p 1261). The same Dr Keeley contributes in the letters pages to strong criticism of a paper that suggested that metered dose inhalers are unsafe (p 1280).

Finally, we hear dramatic reports on how two countries—the Netherlands and Australia—are responding to rapidly increasing expenditure on health care. The Dutch prime minister, Ruud Lubbers (who is likely to be the next president of the European Commission), is arguing that elderly and sick people should pay more for health care than other citizens (p 1230), while the Australian health minister is saying that wealthy citizens—including the prime minister—should take out health insurance and stop bludging off the state (to be reported next week). Meanwhile, Britain's former Treasurer, Norman Lamont, is reported as saying that it's time to reject the idea of a comprehensive health service free at the point of delivery.