



Ethics in new techniques applied to surgery

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In a changing medical world, characterized by new technology, increasing confrontation with administrative rules, budget restrictions, litigations and distorted human relationships, physicians are confronted too often with difficult and sometimes painful decisions.

In this environment we often face ethical problems and it is our duty to ask ourselves: where are we? And where are we going?

Humans act in an ethical manner by nature, three are the necessary conditions: the ability to anticipate the consequences of one's own action; the ability to make a good judgement and the ability to choose alternative comportment.

The rapid development and general adoption into common practice of new and expensive techniques creates several practical and ethical dilemmas.

How to learn? How to teach? Which procedure? Which equipment? Informed Consent, How to interpret the images? Need for randomized studies? Cost and efficacy assessment.

Any new study must be compared with existing procedures or with untreated patients. Potential benefits and risks of the new technique must be carefully evaluated: failure to do this is unethical!

The distinction between clinical practice and clinical research may be unclear.

Sometimes this lack of clarity may be used to avoid the ethical review process, which always should precede the introduction of new technologies.

The patient should be protected from unnecessary procedure and from a surgeon without adequate experience or competence and from “who believe that other have taken the wrong way simply because they don't follow there way (Louis de Grenade: 1504–1588)”.

New studies that evaluate the cost-effectiveness of surgical endoscopic treatment and define subgroups that

benefit the most are currently being conducted.

These studies will have an important impact in future evaluation and treatment of these patients.

Introduction of poorly assessed and poorly evaluated technology may be harmful both to the individual and to the society.

The new concepts are the following: from minimal access surgery to less invasive surgery, to function preserving surgery (individual tailored surgery), to scar less surgery (pure and/or hybrid NOTES).

The image and role of tomorrow's G.I. medical and surgical specialists who will operate in the 21st century have changed and it is essential that we continue our research for well-being of future generations.

Clinical reasoning and a critical analysis of knowledge represent the basis for medical or surgical indication including the use of new technologies.

The medical profession should not accept any form of undue interference. Medicine is an art but not all doctors are artists (C. Liguory and G. Vitale).

We are going from the modern to post-modern era that requires taking into consideration all new technologies, and medical associations should establish ethical committees to assess them professionally and objectively.

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