



CORPUS PUBLISHERS

Current Research in Gynecology and Obstetrics (CRGO)

Volume 1 Issue1, 2020

Article Information

Received date: June 02, 2020

Published date: June 12, 2020

*Corresponding author

William Robinson, Department of
Obstetrics and Gynecology, University of
Mississippi, USA

Distributed under Creative Commons
CC-BY 4.0

Keywords

Breathing; Robot-assisted surgery;
Radical hysterectomies

Opinion Article

A Silver Lining to the Coronavirus Pandemic

William Robinson*

Department of Obstetrics and Gynecology, University of Mississippi, USA

Opinion

Perhaps the silver lining of the current Coronavirus pandemic is that Americans are starting to wake up to some of the nonsense which has surrounded healthcare for far too long in this country. Hopefully, they will also develop the political will to put a stop to it.

First example

Coding. The current system was and is primarily intended to facilitate billing and collections, rather than to improve care. In the current situation this is simply irrational. When patients come to the doctor or hospital because they are having a fever of 102 and difficulty breathing, who cares if their doctor includes 11 of 13 Review of Systems in their note? It is silly and counterproductive.

Second example

Electronic Medical Records(EMRs). Since EMRs were mandated by the federal government several years ago, doctors have been forced into the role of data entry techs. For many years, I have worked in large, inner-city clinics in teaching hospitals, and the biggest difference between today and 30 years ago is that young doctors in training now spend 80-90% of their time on the computer, and only 10-20% actually interacting with patients. We must start serving as full-time doctors again when sick people need help in large numbers. The best description of EMRs that I've ever heard is this- "Cash registers with a little medical jargon attached."

Third example

(this will likely ruffle some feathers) Robot-assisted surgery. We (surgeons) jumped/were pushed into using the robot for a variety of operative procedures, based on little or no objective proof of their effectiveness or their safety, when compared to traditional open surgical techniques. The manufacturer of the robot did a masterful job of marketing to surgeons, hospitals and the public. They started by recruiting (and paying) a number of prominent surgeons from various specialties to promote the use of robot for multiple procedures. The manufacturer also carried out a slick marketing campaign to the public, while their bought-and-paid-for physicians produced a handful of company-sponsored publications describing the use of the robot. Then in a brilliant move, the manufacturer convinced numerous hospitals, particularly medium-sized community-based facilities serving suburban (i.e., insured) populations that buying a robot (at \$1-2 million each) would entice patients (who didn't know any better) to flock in, generating lots of revenue at the same time. In addition, to some degree it worked. The manufacturer made large amounts of money, the surgeons received substantial "stipends", sometimes doubling their income, and many of the hospitals started doing 2-3 times as many procedures as they had done prior to buying a robot.

In addition, it has come back to bite us: Two different large, independent, prospective trials comparing minimally invasive (mostly Robot-assisted) radical hysterectomies to standard open techniques for the treatment of cervical cancer have been published recently. The results were similar in both: Robot-assisted procedures were associated with a higher risk of recurrence of the cancer, and lower overall survival, when compared to traditional, open techniques. One might think that such data would prompt the immediate discontinuation of the use of the robot for cervical cancer. However, that has not been the case. Many hospitals continue to allow, if not encourage, the use of the robot because they have millions of dollars invested in them. Further, the manufacturer has massive amounts of cash at their disposal, which has been used to propagandize those critical studies, suggesting they were somehow misinterpreted or poorly designed.

In summary, these and many other quirks of the American healthcare system are no longer feasible, reasonable or ethical to continue. This message needs to hit home with American citizens and their elected representatives. Medicine can and should no longer be subverted for profiting insurance companies, drug companies, device manufacturers, etc. Modern healthcare is not and cannot function as a commodity for sale in the free market. In a free market, you simply cannot purchase a commodity that you cannot afford. By design, therefore, the poor will not be able to purchase healthcare. In addition, a for-profit healthcare system is particularly vulnerable to exploitation by private business interests. The only answer is to remove the profit motive via a single-payer system. Call it Medicare for all, for lack of a better name. It does not matter which Presidential candidate supports it, but it has to be done to salvage our massively dysfunctional system, which is now being strained to the breaking point. Please feel free to share this message- perhaps together we can make a difference.