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Why we need robots in our operating rooms

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Published Saturday, Aug. 19, 2017 12:18PM EDT

Last updated Saturday, Aug. 19, 2017 12:21PM EDT

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The Ontario Health Technology Advisory Committee has decided that the benefits of robotic prostate-cancer surgery do not warrant public-purse funding in comparison with the standard open procedure in light of an extra \$3,224 per case. As a surgeon who has performed almost 3,000 prostate-cancer surgeries, I'm deeply disappointed.

My melancholy about this decision stems from a variety of additional concerns: Yes, this means I cannot practice my art and science in a state-of-the-art setting. But even more so, as an educator, researcher and proud Canadian, this move evokes deep anxiety.

This decision severely curtails Ontario's ability to compete in the globally competitive market for medical talent and significantly handicaps our future surgeons' skill set.

Let me be more specific: Ontario and University of Toronto affiliated hospitals have historically been recognized as leaders in medical education and research. This has been particularly true in the field of prostate cancer, where many of the standards of practice throughout the globe have been established. Robotic prostate-cancer surgery is the gold-standard method throughout the European Union and the United States. Even the National Health Service in Britain – hardly a publicly funded system known for its ability to keep up with technological change – fund the robotic approach.

If we have no access to this technology, how can we ensure that the finest medical trainees, many

generation of surgeons will be trained without the skills required to perform the tasks. As a robotic surgeon myself (from time to time), I can say that skill acquisition is a steep learning curve and research suggests that hundreds of cases are required to perfect this technique.

Where does the solution lie to this conundrum? In my view, as a proud Canadian we must recognize that for our patients to have the best chance at long-term health outcomes, our young surgeons must be trained with the latest technology. Centres of excellence and teaching hospitals must have access to the operating rooms of the future. This cannot only be sustained by philanthropy, as it has to date in a handful of institutions throughout the province.

Health-care decision-makers must step up and make this a priority in order to allow us to maintain a global standing in research and academia and, more importantly, invest in the future health of our citizens.

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