

Editorial

Minimal access surgery is now reaching even in the remote areas of developing countries and it is no more a luxury. For the millions of people worldwide who truly suffer from some type of surgically treatable diseases, minimal access surgery is now a necessity. There is no need to speak about its advantages as even decades back William Shakespeare observed, when we encounter: 'A wretched soul, bruised with adversity' do 'We bid be quiet when we hear it cry'? This is especially true for the enduring nature of pain which patients were suffering from in the past when maximum number of surgeries were by open technique.



We have explored in previous issues of World Journal of Laparoscopic Surgery (WJOLS) that, due to lack of fundamentals of minimal access surgery and lack of proper surgical skill, complication rates are increasing. Increasing number of lawyers want to see the technique introduced as evidence in court, to help patients to prove that they are not treated properly. Start-up insurance companies are charging ahead to scan hospital documentation to analyze settlement of claim and compensation.

This development makes many surgeons and gynecologists nervous. By human reliability analysis in healthcare, many of the methods have not yet been tested on enough patients to prove that these iatrogenic injuries are accurate and possible to prevent. In response, lawyers argue—fairly enough—that even if the complications are not statistically indisputable, there is no harm in providing one more piece of evidence to back up their clients' claims.

Legal systems and society as a whole persist with the idea that always the healthcare providers are responsible for all the complication. Laws and attitudes of society have simply not evolved with the scientific understanding of the laparoscopic surgery and its inherent risk. Prevention of these complications, patient education and informed consent are more important than ever as the incidence of medicolegal issues continues to increase. In WJOLS, we are now adding new articles and case reports to make surgeons and gynecologists aware of this new emerging problem of minimal access surgery, and I hope the readers will like it.

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