Letter to the Editor

Keggi J¹

Tim McTighe's comments are timely and apt in his article "Safety Issue of Hip Resurfacing". As a profession we struggle now more than ever with the tension between healthcare and practice of medicine. The former involves government policy, regulation, budgetary items and corporatization. The latter is the application of scientific knowledge and personal interaction to the art of healing. In the modern world it is difficult to have one without the other, but we must remain vigilant.

The process of developing and deploying new technology in medicine necessarily involves introducing some failures. It is our intellectual goal and ethical duty to try to minimize those failures. Nonetheless, greater understanding and new improvements evolve from understanding both the successes and problems of a particular technology. We do not yet have the ideal implant for every patient, but the choices surgeons have today are the product of countless cycles of development. The components we implant and the techniques we use today are vastly improved when compared to the tools and technology of the prior decades. Many of the greatest advances in medicine and modern life have come from the work of individuals and industry working together. Whether driven by compassion, competition, scientific curiosity or profit (or any combination thereof), innovators working in the private sector have delivered previously unimaginable improvement in the quality of our lives.

The core of the practice of medicine is the physician-patient relationship. This is also the avenue for the introduction of new technology. This is the setting where an individual patient with his particular medical condition, activities, preferences and concerns can have a full discussion of the options with someone who can interpret his circumstances in the light of medical science and develop a specific plan. It requires a practitioner to be up to date scientifically and also transparent, as Tim suggests, regarding one's experience and commercial relationships. It requires the patient to be informed and participatory in the process. The scientific community, as exhibited

in this issue's Featured Article by Clarke and Lazennac, delves into detailed basic science and clinical questions. Industry has the responsibility of providing proper training with specific new technologies. Our professional societies and CME organizations have been outstanding as a forum for additional training and for presenting results. Registries and data collection agencies can provide aggregate outcomes as well.

However, we are now being pushed from care that is individual and potentially excellent to care that is population-based and "good enough". While registries and government agencies can provide "big data" that can be illuminating, the rules of implementation, the process of implant selection and the delivery of care must remain well within medicine itself and within the doctor-patient relationship. Care that satisfies certain checkboxes or published clinical guidelines is becoming the norm. Such care can bring consistency but also reflects the increasing institutionalization and depersonalization of medicine. It is our challenge and responsibility to continue to provide to our patients on an individual basis the best that medicine has to offer despite changes in employment models, healthcare financing and increasing regulation. It is the hard work of individuals, researchers, the professional societies, industry and those who contribute to Reconstructive Review and other forums that drive this process forward for the benefit of patients worldwide.

John M. Keggi, MD

1 Orthopaedics New England, 1579 Straits Turnpike, Middlebury CT. 06762 US

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