

IDEAL or not quite there yet?

The IDEAL International Conference, which took place in Bristol this September, is quite possibly the best insight into surgery a second-year medical student could ever get. It raised a wealth of questions, sparked my enthusiasm and fuelled my drive for medicine. Seeing so many professionals collaborating, exchanging ideas and debating heatedly on, for example, the necessity of Randomised Controlled Trials (RCTs) was simply grand.

But, as the surgeons and medics like to say, it would be considered negligent not to mention the fact that the conference also made me feel slightly frustrated, leaving a bittersweet taste on my lips when it reached its end. The questions this conference raised relate to the governance and politics of the surgical field – or, as I like to call it, ‘the backstage.’ This blog aims to ignite interest in this ‘backstage,’ hoping ultimately to better the world of surgery; albeit for some in a rather caustic manner.

Professor Chris Whitty, Chief Scientific Adviser for the UK Government’s Department of Health and Social Care, made an interesting remark in his presentation: “anything that has not previously been tested is an innovation.” He continued to describe how there exists a huge back catalogue of practices that have simply been passed down over generations despite having never been tested – and which, if tested, would probably be proved ineffective. This first brought the term “regulation” to my mind. And this was just the beginning.

I was soon after left speechless to discover how a team had created a dossier for a fake new medical device in just two hours, which was then approved from the regulatory authorities for use on patients. It got a CE mark. What *is* a CE mark after all? Well, do not worry. Most of us at the conference did not know. The two presentations that highlighted how this topic reached the headlines proved a very vital point. The governance behind surgery and surgical innovation is very much an unfamiliar field, with very few people exploring it and even fewer understanding it.

What most interested me, however, was that the term ‘Brexit’ was only mentioned once. One could argue that what surgical innovation – or the country at large, for that matter – would look like post-Brexit is still highly uncertain. Yet, with surgery being so heavily dependent on its European and international collaborators and funding, I did expect to hear more on the topic and the complex politics that surround it.

As a young medical student soon to be entering the ‘real’ world of medicine, I feel very strongly about the importance of collectively shaping the environment we will be working in. Politics and governance should be at the very forefront, providing a platform for progress, innovation and successful healthcare provisions.

Surgeons have brilliant ideas for a bright future. They know better than anyone what they need. Yet, their modest presence and underrepresentation in political conversation makes it difficult to shape a sustainable surgical cosmos that meets the needs of everyone and provides a safe, sound and sustainable service to the public.

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