



Opinion

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The Cost of Health; Forced Landing

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Surgical care is an essential component of healthcare, representing a fundamental universal right that should be accessible to all individuals. However, the current global landscape reveals a significant disparity in access to these services. Minimally Invasive Surgery (MIS) has gained prominence over the past four decades due to its numerous advantages, becoming the standard technique across various surgical specialties.

Despite its widespread adoption in high-income countries, the penetration rate of MIS remains low in low-resource settings. The reasons for this disparity are multifaceted, with economic constraints and limited access to specialized practical training being the primary barriers. These challenges are further compounded by cultural prejudices and a lack of political commitment [1].

High-income nations boast superior indicators of quality and safety in healthcare, yet this is accompanied by escalating healthcare costs. The rate of increase in health expenditures surpasses global economic growth, rendering this trend unsustainable in the medium to long term. This financial burden exerts pressure globally, necessitating the urgent identification of strategies to reduce the cost of surgical procedures.

To mitigate these challenges, stakeholders in the healthcare sector must pursue innovative approaches to facilitate the education and practice of MIS. Currently, the selection of surgical techniques is predominantly guided by therapeutic efficacy. Moving forward, this criterion must be balanced with considerations of cost, reproducibility, potential complications, environmental impact,

and carbon footprint. This holistic approach should also extend to the evaluation of surgical instruments.

The integration of new technologies and communication tools presents a viable solution to bridging the economic divide between the ideal and the feasible. Effective and appropriate utilization of local human and economic resources appears to be the cornerstone of success [2].

Surgical training have to be locally organised with the instrumentation locally used and under the same working conditions. Courses in the HICs with sophisticated instrumentations and expert techniques give rise to surgeons who will be torn between their rightful surgical ambitions and the local deceiving circumstances.

The primordial role of the decision-making doctors in the emerging countries is to adapt- based on facts - this medicine before application in their respective countries, to their own human and economic conditions without sacrificing nor security nor efficacy. This compromise between means and results is not easy but above all necessary. It requests from the medical decision makers an effort in innovation that at the moment is cruelly absent in these countries.

Ultimately, it will be imperative to redefine MIS, tailoring it to diverse human and economic environments. This redefinition will enable the global practice of MIS, albeit through adapted methodologies.

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Conflict of Interest

None.

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