

Can a Television Series teach Robotic Surgeons to Maintain Autonomy over Robotic Integration in the Operating Room while Remaining Technologically Flexible?

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The new television series on the FX channel “APB” borrows an old theme of revenge to drive its futuristic plot: high tech billionaire is given control over a Chicago Police district, hoping to close the murder file of a close friend. The story is loosely based on the New York Times Magazine article “Who Runs the Streets of New Orleans?” The singular correlation for robotic surgeons is simple: we can integrate advanced technology into our practice to improve results without giving up autonomy. In the show 89 million dollars is funnelled into the police department of the poorest precinct. The tech billionaire then uses his own technology to personally oversee upgrades in every facet of police work from vehicles to weapons to communications. The central piece to the technology upgrade is his state of the art drone which can do anything imaginable except put on a pair of handcuffs. Of course, the show would be lost if it was as simple as applying technology to solve a human malady such as crime.

Instead a beat cop provides the necessary nuance of human adaptability to the police work. Together, technology and human police work, intermesh with slow but steady results. The current robotic platforms (Intuitive Surgical, Titan, MedRobotics, etc.) provide surgeons with improved optics and instrumentation with little to no automation. The surgeon remains in a sense the first and last decision maker in the operation. Much like the billionaire and his very specialized drone. What makes “APB” unique and applicable to robotic surgery is its balanced perspective with a technologically integrative vision. This is the exact intersection that surgeons, engineers, and administrators could collaborate, bypassing the simulation lab and build an operating

room that could stay relevant for 10 years rather than construct something for the moment of each operative tech tsunami which may be as few as 2 years.

To accomplish this, the robotic platforms and the operative infrastructures need to remain fluid. The high cost point for the initial investment combined with expectation for a new series of robots from start-up companies like Verb surgical make purchasing a new robot every 3-5 years financially unsustainable except for the richest programs (Unless leasing becomes more common with a financial incentive/ability to upgrade without getting locked into a current technology). Instead, let's build flexibility into the robotic platform that allows technological enhancement and evolution through third party companies- much like smart phone platforms depend on third parties to build and enhance their phones for users through hardware and apps. The same exact forward planning should be applied to the operating room so that it is a fluid and dynamic space able to adjust to technology with minimal structural change over the next 10-12 years while remaining pertinent instead of the becoming the tired old spinster room after just a few years. Considering how much money is laid out for each robotic system and each advanced minimally invasive operating room, I think a combined effort- parallel to the cardiovascular hybrid operating rooms, would enhance robotic surgery while remaining fiscally responsible. This kind of idea can be achievable through a long-term plan of action, vision and dedication [1].

Reference

1. David A (2015) “Who Runs the Streets of New Orleans?” New York Times Magazine. Retrieved.

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