

The Standard of Neurosurgery in Australia and New Zealand

The Neurosurgical Society of Australasia is the representative body of neurosurgeons in Australia and New Zealand and includes in its membership approximately 98% of practising neurosurgeons who are Fellows of the Royal Australasian College of Surgeons in Neurosurgery.

The Society is concerned that a recent media presentation may have caused the incorrect perception that the standard of neurosurgery available in Australia and New Zealand is not of the highest standard and therefore some patients may have concern that they have not received treatment consistent with this. On behalf of the members of the Society I would like to reassure our communities that this is not the case.

The Sixty Minutes program on Channel 9 (27/5/07) screened an interview with Dr Charles Teo, a neurosurgeon who uses a keyhole approach for the removal of brain tumours. The suggestion during the interview that there is reluctance to use or that this type of surgery is not widely available in Australia and New Zealand is erroneous and disparages the professional skill and knowledge available. Minimally invasive and endoscopic procedures, commonly referred to as keyhole surgery, are widely available to patients in the public and private sectors of medicine in both countries. While the majority of neurosurgeons do not publicly self promote their surgical achievements, their expertise in the indications and use of these techniques benefit patients every day.

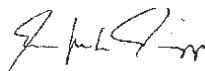
There are many different types of brain tumours and many minimally invasive procedures for their removal which include incisions in areas such as the nose, small holes in the skull or through the eyebrow. These techniques have the potential to provide comparable or superior results to traditional open surgery techniques for some tumours. However, it must be recognised that the techniques are not suitable or optimal for all brain tumours.

The goal of a neurosurgeon is to maximise their patients' length and quality of life by providing his or her professional opinion on the most appropriate treatment having considered the potential benefits and risks and applying sound scientific evidence and clinical experience. Dr Teo stated in the interview on the 27/5/07 that "no brain tumour is inoperable" and while this may be true the term inoperable is not used to describe whether a tumour can actually be removed. Whether a tumour is operable or not is a matter of opinion regarding the potential risks of brain injury, stroke or death weighted against the potential benefits of the surgery. Classifying a brain tumour as inoperable is not a sign of fear, incapability or lack of competence.

For some tumours there are non-invasive treatments available such as radiation therapy and chemotherapy which are more suited and which have the potential to provide a greater quality of life and longer life expectancy. Optimal treatment strategies for malignant brain tumours involve doctors working together in multi-disciplinary teams. These teams include neurosurgeons, radiation oncologists, medical oncologists, neurologists and neuroradiologists. It is entirely appropriate for surgeons, having given due consideration to the advice or treatment offered by colleagues, to express a different opinion or advise the patient to seek an alternative opinion. All patients are encouraged to obtain information on all possible treatments for their condition including the risks and benefits to make an informed decision about which option is suitable for them personally.

In Australia and New Zealand we are fortunate to have an excellent standard of neurosurgery which is internationally recognised. Patients who have had, are undergoing or may require treatment for a brain tumour should be reassured that the treatment recommended is consistent with best practice standards internationally. If a neurosurgeon considers that he or she is using or has developed a treatment which provides superior results, they have an obligation to the community to disseminate the information to all practitioners. The usual method to do this is to present the technique and results at a scientific gathering of their colleagues so that the methods and results can be peer reviewed and confirmed.

The Society, in keeping with its inclusive charter and mission statement to promote the science and art of neurosurgery is always receptive to approaches which offer new and evidence based ways of improving neurosurgical care to the communities we serve.



Eric Guazzo, President
Neurosurgical Society of Australasia