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Letters to the Editor

Technology, Technolatriy, Technophobia: An Inappropriate Argument[☆]

Tecnología, tecnolatría, tecnofobia: una discusión fuera de lugar

Dear Editor,

“The future has many names: For the weak, it means the unattainable. For the fearful, it means the unknown. For the courageous, it means opportunity.”

Victor Hugo

I have read in detail the article written by Sitges-Serra,¹ as well as the responses by Targarona et al.² and Escrig-Sos et al.³ referring to the article published in our journal by Sitges under the title “Technology or technolatriy...?”. I can only express my astonishment (and that of many of my colleagues) at the dynamic that the debate has taken. Terms such as “the dark side” of surgical innovation, “*prima donna*-like behavior”, and “surgical presbyopia”, that appear in these communications denote not only the lack of comprehension of the topic referred to by the authors (whether to audit the use of new technologies and personalism in surgery), but also a lack of respect toward the surgical and academic careers of some of them. As I see it (and many others agree), they are all partially right. Sitges refers to the personal deviations due to the pharmaceutical industry, a certain amount of personal “cultish behavior” by some colleagues following in the shadows of technological innovations, the lack of control and audits in the training of our residents, expenditures, etc. Targarona makes reference to the fantastic job done by the AEC, and specifically the Endoscopic Surgery Section (of which I had the honor to participate as a board member), in the management, clinical-surgical audits, health-care protocol

registries and training of residents and new surgeons. Escrig clearly describes what is, unfortunately, commonplace in our daily routine: “there’s a new innovation, I’ll order the material (which is usually expensive), then I’ll try it and see what happens”.

Clearly, what should be given priority are audited and controlled technological evaluations as well as the implementation and scientific diffusion of the surgical-technological processes that are able to be standardized, certified and socialized for all (or at least the majority of) surgeons. We should be reminded that surgery is not an exact science, and due respect for the experience and professional mastery of those of us who practice this medical specialty should prevail.

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