

<b>Subject:</b>	<b>Live Transmission of Surgery</b>	<b>Ref. No.</b>	<b>FES-PST-008</b>
-----------------	-------------------------------------	-----------------	--------------------

## INTRODUCTION

The Royal Australasian College of Surgeons (RACS) is committed to the highest standards of surgical education and training. RACS is concerned that all modes of teaching and education are protecting and strengthening the culture that enables surgeons to act in the best interests of their patients.

Concerns have been raised with the College over the risks of live transmission of surgery. These concerns relate to the possibility that surgeons' behaviour may be affected by live transmission of surgery, superseding the best interests of patients and to the doubtful educational benefit of teaching using live transmission of surgery.

## KEYWORDS

RACS, live, transmission, surgery

## BACKGROUND

Technological advances have increased the capacity and possibilities for live surgery transmission. Evidence for the educational benefit of live transmission of surgery is lacking but some surgeons believe it has potential value.<sup>i</sup>

However, whether the transmission of live surgery has educational value or not is a secondary consideration. The primary consideration of the College is whether or not patients whose operations are being transmitted live are at any increased risk of sub-optimal outcomes. There are concerns that the best interests of the patient being operated upon may become subordinate to the performance pressure experienced by the surgeon or interventionist (the operator).<sup>ii</sup>

Although the operator must carry the major responsibility for the welfare of the patient, the organisers or convenors of the meeting/seminar/conference etc. (the organisers) also have a responsibility for patient welfare if they choose to include 'live surgery' in their program.

## RECOMMENDATION

RACS recommends that pre-recorded procedures provide a superior alternative to transmitting live surgery and allows interaction with the operator without distraction. Appropriately edited recordings will also save the time of the audience.

For live transmission of surgery to be appropriate, RACS position is that the following considerations be made by the operator and by the organisers of the meeting. Transmission of live surgery should only occur if the answer to all points is in the affirmative for both the operator and the organisers. The College recommends that these questions and the answers are retained until the outcome of the patient is assured:

## KEY CONSIDERATIONS

The responses to all of the below questions must be 'yes' before live transmission of operative procedures is undertaken. It is the responsibility both of the operator and of the organisers of the meeting to ensure that affirmative answers are obtained prior to the procedure being undertaken:

1. Will the patient who is to be operated upon as part of the live demonstration be the primary concern of the operator, not the educational value of the session?
2. Has the operator performed a preoperative clinical assessment of the patient?

Approved By: Fellowship and Standards

Original Issue: February 2010

Document Owner: Manager, Professional Standards

Version: 3

Approval Date: August 2016

Page 1 of 2

Review Date: August 2019

<b>Subject:</b>	<b>Live Transmission of Surgery</b>	<b>Ref. No.</b>	<b>FES-PST-008</b>
-----------------	-------------------------------------	-----------------	--------------------

3. Has the patient been properly informed and consented not only for the procedure but also for the live transmission of the operation?
4. Is the operator appropriately credentialed, registered and insured?
5. Is the operator prepared to cease the live demonstration during the procedure if necessary?
6. Is the operator prepared to change the planned procedure if circumstances require?
7. Is the operator familiar with the procedure room and the staff involved?
8. Does the operator know who the audience will be?
9. Will there be a moderator to control operator/audience interaction?
10. Is it certain that the live transmission of the procedure will not, in itself, in any way prejudice the outcome of the procedure for the patient?
11. Is it assured that the operator will not receive any additional fee or benefit, direct or indirect, for the performance of a live procedure?
12. Does the educational value of live surgery transmission exceed the value of a pre-recorded operation?
13. Will post-operative audience assessment of the educational value of the live surgery be undertaken?

#### ASSOCIATED DOCUMENTS

Nil.

**Approver** Professional Development and Standards Board  
**Authoriser** Council

<sup>i</sup> Dikkers, F.G., Klusmann, J.P., Bernal-Sprekelsen, M. et al. Eur Arch Otorhinolaryngol (2016) 273: 1331. doi:10.1007/s00405-016-3977-6

<sup>ii</sup> Philip-Watson J, Khan SA, Hadjipavlou M, Rane A, Knoll T (2014) Live surgery at conferences—clinical benefits and ethical dilemmas. Arab J Urol 12(3):183–186  
 Williams JB, Mathews R, D’Amico TA (2011) “Reality surgery”—a research ethics perspective on the live broadcast of surgical procedures. J Surg Educ 68(1):58–61

Approved By:	Fellowship and Standards	Original Issue:	February 2010
Document Owner:	Manager, Professional Standards	Version:	3
		Approval Date:	August 2016
Page 2 of 2		Review Date:	August 2019