THE AGE

Public hospitals get green light on robotic surgery – but there's a catch

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Thousands more Victorians will get access to robotic surgery at public hospitals after the state government overturned long-running restrictions on the technology – but health services will have to foot the hefty costs themselves.

In a major shift, the Department of Health says it now supports public health services that want to invest in robotic surgery. The technology has been available in private hospitals for decades and is also in a handful of the state's public hospitals.

Professor Declan Murphy with a surgical robot.

It is commonly used to remove the prostate and during treatment for kidney, colorectal and uterine cancer.

But the government stopped short of providing centralised funding for robotic surgery, citing concerns about a lack of clinical and economic evidence.
“The evidence base is not yet sufficient to support centralised investment,” it said in a policy document recently uploaded online.

The new policy means public hospitals that want to start offering robotic surgery will need to pay for the technology out of their existing budgets or from donations.

Robotic surgery platforms cost between $1 million and $4.5 million, with annual servicing fees of up to $250,000, and additional expenses of $5000 per patient.

The technology is favoured by many surgeons because it allows them to perform complex procedures with more control and precision than traditional open surgery.

Surgeons make tiny incisions in their patients’ bodies, then insert miniature instruments and a three-dimensional camera. The robot translates the surgeon’s hand movements, helping them perform operations with these instruments from a nearby console.

While the popularity of the technology is growing around the world, research on its efficiency is mixed.

There is no difference in overall outcomes for cancer patients who undergo robotic surgery versus more traditional surgery, but research has found that robotic surgery leads to less blood loss, shorter hospital stays and fewer complications. In relation to prostate cancer, it’s linked to reduced rates of incontinence and erectile dysfunction.

While the Royal Australian College of Surgeons labelled the new policy short-sighted and disappointing, a leading robotic surgeon at the Peter MacCallum Cancer Centre described it as a positive step that would close the divide between public and private patients.

“There is a big gap between public and private patients in terms of access, and this removes some of the brakes that have been in place,” said Professor Declan Murphy, director of robotic surgery at Peter Mac.

“It is a dramatic, positive step for robotic surgery in the public system.”

Professor Declan Murphy welcomed the new policy.

The Department of Health's previous policy, published in 2019, was that it "does not support any further adoption of robot-assisted surgery in Victorian public hospitals".

Murphy said three major metropolitan public hospital systems – Monash Health, Austin Health and Alfred Health – had bought their first robotic surgical systems since the new policy was announced in September.
They join the Royal Melbourne, Peter Mac, Geelong, Ballarat, St Vincent's and the Western hospitals, which already offer robotic surgery.

Murphy said it was not unreasonable to ask hospitals to find money from within their own budgets during this tough economic climate.

But analysis by *The Age* of dozens of state hospital annual reports last month showed a growing number are cash-strapped and going backwards financially.

The state government has also been forced to find an extra $1.5 billion for hospitals – pledged after the budget – following a dispute over funding woes.

Adam Clark, chief executive of the International Medical Robotics Academy, which delivers robotic surgery training, called on the government to provide more funding to hospitals for the technology.

"The Victorian government's policy position does not offer additional or centralised funding … meaning that equality of access to robotic surgery will continue to suffer, as [it] will remain concentrated in private hospitals," Clark said.

"How do we put a value on a patient not having to wear adult diapers for the rest of their life? How do we value the significant increased risk in lifelong impotence in open radical prostate

surgery versus robotic?"

Professor Helen O'Connell, president of the Urological Society of Australia and New Zealand, hit out at Clark's comments and said patients undergoing open surgery for prostate cancer still obtained excellent outcomes.

She said decisions should be based on expertise of the surgeon not the platform utilised. "Studies show that open and robotic surgery have similar cancer outcomes and side effect profiles," she said.

"Claims that traditional, open surgeries lead to more severe incontinence and erectile dysfunction are false and unnecessary scaremongering."

Professor Henry Woo, the Royal Australian College of Surgeons spokesman for robotic surgery, said the new policy failed to close the gap between what was offered in the private and public hospital systems.

"Surgeons and patients will likely find this policy to be disappointing and shortsighted," he said. "Those reliant upon the public hospital system will miss out on the benefits of robotic-assisted surgery."

Woo said that as well as improving the patient experience, robotic surgery platforms in regional hospitals played an important role in attracting and retaining surgeons.

This benefit of securing staff was outlined in a recent tender document from Alfred Health.

Professor Henry Woo, Royal Australian College of Surgeons spokesman for robotic surgery. SUPPLIED

"[Robotic surgery] is key to retain and recruit staff so Alfred Health can continue to teach high standards of trainees," the document said.

“The Alfred Hospital has a reputation of surgical excellence and innovation. In order to maintain this reputation and continue to lead research, the purchase of a surgical robotic system is a must.”

A spokesman for the Department of Health said it would assess and review the clinical benefits and cost-effectiveness of robotic-assisted surgery as developments arose.
“The Department of Health supports individual public health services that wish to invest in robotic-assisted surgery if those investments are viable and appropriate based on local health services requirements,” he said.

The department has provided guidance to health services to help them determine whether it is appropriate to invest in robot-assisted surgery. This covers whether a need for such surgery exists, patients’ equity of access, and financial sustainability.

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