

## PROFESSION

### Hospital websites don't tell whole story on robot-assisted surgery

Fewer than 5% of hospitals include information on the costs and complications of robot-assisted gynecologic procedures. Many sites feature emotion-laden marketing language.

By KEVIN B. O'REILLY, amednews staff. Posted Aug. 6, 2012.

The vast majority of hospitals provide an incomplete picture of the costs, risks and benefits of robot-assisted gynecologic surgery on their websites, said a study in July's *American Journal of Obstetrics and Gynecology*.

Researchers examined the websites of 432 hospitals with 200 or more beds in six states and found that 44% had content relating to robotic gynecologic surgery. Nearly two-thirds used stock images from the robotic device's manufacturer, Intuitive Surgical Inc., and 24% used text from the company.

In robot-assisted surgery, the surgeon sits at a console in the operating room and uses finger graspers and foot pedals to control three or four robotic arms that touch the patient. The system includes a console viewer and a camera that allows for a three-dimensional, illuminated image of the surgical site.

In the study, less than 5% of hospitals included information about the robotic surgery's costs, complications or operative time. Nearly half of the hospitals that discussed robotic surgery advantages such as "less pain" did not specify whether that was in comparison with open surgery or traditional laparoscopic surgery, which also is minimally invasive. The robotic procedure costs 13% more than an open surgery. By 2009, more than 200,000 robotic surgeries were performed, and nearly 2,000 systems had been installed worldwide, the study said.

One in seven of the examined websites touted the robots on a home page, and an additional 18% had information one click away from the home page. Fewer than 15% cited evidence to support claims, and nearly half used marketing terms such as "cutting edge" to describe the devices. Eleven percent described the robot-assisted procedure as "the ideal treatment" for certain surgical conditions. Many used emotion-laden language such as "you owe it to yourself" and "you or your loved one."

Given how unreliable health-related Web content can be, patients should expect better from the materials posted on health care organizations' websites, said Jason D. Wright, MD, senior author of the study.

"When you talk to most patients, when they think about their health care, it's different from purchasing a car or a house or groceries," said Dr. Wright, assistant professor of obstetrics and gynecology in the Division of Gynecologic Oncology at the Columbia University College of Physicians and Surgeons in New York City. "When they get information from a hospital or a

physician, they assume the information is unbiased. That may be an incorrect assumption that patients make."

The study buttresses the findings of a broader study of all robot-assisted procedures in the November 2011 *Journal for Healthcare Quality*. That examination of a different group of 400 randomly selected U.S. hospitals found that 37% touted robot-assisted surgery on their home pages and none mentioned risks of the procedure.

"Materials provided by hospitals regarding the surgical robot overestimate benefits, largely ignore risks and are strongly influenced by the manufacturer," the study's authors concluded.

Many hospitals' approach to marketing robotic surgery may skirt established guidelines on health care advertising. For example, a marketing checklist published in 2010 by the Society for Healthcare Strategy & Market Development of the American Hospital Assn. says, "If data are being used (success rates, outcomes and other statistical evidence), are they presented with great care and accuracy, and is all pertinent information, including the source of the data, disclosed?"

The AHA also advises that "marketing materials should disclose risks associated with procedures that may affect the person's decision to participate."

A November 2011 American College of Obstetrics and Gynecology Committee on Ethics opinion advises ob-gyns that "advertisements must be truthful and not deceptive or misleading. ... This means that all information must be accurate and must not create false or unjustified expectations. The omission of information should not render the advertisement misleading."

The American Medical Association has policy on advertising and publicity that says, "Aggressive, high-pressure advertising and publicity should be avoided if they create unjustified medical expectations or are accompanied by deceptive claims." AMA policy also says physicians should have a role in developing hospital marketing and advertising "to prevent medical misinformation."



What a surgeon would see through a stereo viewer when using controls at the console of the da Vinci Surgical System.

[Photo ©2012 Intuitive Surgical, Inc]

## Robots' pros and cons

An ACOG technology assessment published in 2009 said robot-assisted surgery offers improved depth-perception, dexterity and instrument articulation compared with traditional laparoscopic surgery. Disadvantages, however, include high cost, longer operating time, lack of tactile feedback and limited maneuvering in the operating room related to the bulkiness of the device.

The college called for randomized trials to compare robot-assisted surgery with traditional laparoscopic, vaginal and abdominal surgery to assess long-term clinical outcomes and cost-effectiveness. The devices cost more than \$1 million for the initial installation, according to ACOG.

Intuitive Surgical, the only manufacturer of the da Vinci system used in robot-assisted surgery, did not provide a comment by this article's deadline.

Dr. Wright, who has performed more than 70 robot-assisted surgeries, said the proliferation of marketing for the device heightens the need for patients to consult with their physicians about which procedure best fits their needs.

"Most of what hospitals are saying are not outright lies; it's not deceptive. It's just that maybe you don't get the full picture," he said. "That's why patients need to have discussions with their physicians about the pros and cons of all of these modalities. That's the purpose of the informed consent talk."

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### ADDITIONAL INFORMATION:

#### WEBLINK

"The commercialization of robotic surgery: unsubstantiated marketing of gynecologic surgery by hospitals," *American Journal of Obstetrics and Gynecology*, July 2 ([www.ajog.org/article/S0002-9378\(12\)00664-3/abstract](http://www.ajog.org/article/S0002-9378(12)00664-3/abstract))

"Robotic surgery claims on United States hospital websites," *Journal for Healthcare Quality*, November 2011 ([www.ncbi.nlm.nih.gov/pubmed/22059902/](http://www.ncbi.nlm.nih.gov/pubmed/22059902/))

"SHSMD Advisory: Principles and Practices for Marketing Communications in Hospitals and Health Systems," Society for Healthcare Strategy & Market Development of the American Hospital Assn., 2010 ([www.shsmd.org/shsmd/resources/marketingcommunicationsadvisory.pdf](http://www.shsmd.org/shsmd/resources/marketingcommunicationsadvisory.pdf))

"Ethical Ways for Physicians to Market a Practice," American College of Obstetricians and Gynecologists, November 2011 ([www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Ethics/Ethical\\_Ways\\_for\\_Physicians\\_to\\_Market\\_a\\_Practice](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Ethics/Ethical_Ways_for_Physicians_to_Market_a_Practice))

"Opinion 5.02 — Advertising and Publicity," American Medical Association Code of Medical Ethics, June 1996 ([www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion502.page?](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion502.page?))

"Choosing the Route of Hysterectomy for Benign Disease," American College of Obstetricians and Gynecologists, November 2009 ([www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Gynecologic\\_Practice/Choosing\\_the\\_Route\\_of\\_Hysterectomy\\_for\\_Benign\\_Disease](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Choosing_the_Route_of_Hysterectomy_for_Benign_Disease))

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