Do We Really Understand Spine Treatments and Science Around the World?

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The treatment of spinal disorders presents itself with multiple challenges throughout a specialist’s career. The magnitude of factors influencing patient selection, diagnostics and treatment, surgical and nonsurgical performance, and ultimately patient outcomes are hardly to be mastered entirely in all cases. While the complexity in treating spinal disorders constitutes only one part of this problem, socioeconomic factors play an equally important role. Global Spine Journal’s mission is to deliver a global perspective on spine care and science. This implies a changing perspective and scope. Academic medicine requires a certain set of resources, skills, and knowledge. AOSpine is determined to spread this knowledge globally and increase the understanding of concepts, principles, and critically balanced thinking in treating patients with spinal disorders. However, throughout the world, the majority of patients are not treated in academic institutions. By far not all patients are treated according to standardized treatment protocols. In many countries, these do not exist or the resources needed to follow are limited, especially when it comes to diagnostics, surgical implants, or a certain surgical skillset. So do all of these patients throughout the world have worse outcomes? Do they have more complications and inferior results? Do patients in the economically richer countries more satisfied with their outcomes? Certainly not. Sometimes scientific publications might imply the thought that each and every patient who is not enrolled in a study protocol has worse odds than those treated as part of a specific study. They are not tracked in their course for years to come following their treatment. Uncontrollable factors might influence their outcome. There certainly is a gap of knowledge about these patients.

Often clinical studies use a “standard-of-care” for comparison against novel treatment modalities. On a global scale, that “standard-of-care” might differ significantly.

As knowledge is spread across the world, we are still a long way from uniformity in decision making about diagnostics and treatment. Open discussions about individual cases during our case discussions, be it online on CaseBase or during AOSpine’s educational activities, can be an eye-opening experience. “Three surgeons—five opinions” often sums up what patients are reporting in their odyssey through the medical systems of this world. But what if there are no three surgeons available to the patient? What if guideline recommendations cannot be followed due to the limited availability of imaging or the lack of state-of-the-art implants? Those patients are treated as well and their outcomes might be just as interesting to the scientific community as they are to the patients themselves. Global Spine Journal strongly encourages everyone treating patients with spinal disorders to assess their outcomes and their decision making and to apply basic scientific concepts. Come forward and publish your experiences and results, expose them to international peer-review, and experience a worldwide scientific resonance, discussion, and appreciation.

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