

World leading doctor Antonio de Lacy: "My vision of the medicine of the future is optimistic, with universal care"

DOCTOR Antonio de Lacy was last year selected among the 100 best doctors in Spain in the field of care, research and teaching in the sixth edition of the list published by *Forbes* magazine.

As a world-renowned surgeon in General and Digestive Surgery, a pioneer in colon and rectal cancer surgery, bariatric surgery for morbid obesity and oesophageal cancer surgery using minimally invasive techniques and robotic surgery, he is strengthening the activity of his surgical institute at Clínica Rotger Quirónsalud in Palma and leads the most powerful training platform in the world of surgery.

After decades at the Hospital Clínic in Barcelona, for some time now he has been consulting and working at the Clínica Rotger Quirónsalud in Palma, where he feels very much at home.

You maintain your relationship with the Clínica Rotger through the Instituto Quirónsalud Lacy, IQL. How did this relationship come about?

When the new Clínica Quirón opened in Barcelona 14 or 15 years ago, they called me to create the surgery service. After a while, it was established that the contract that Quirón had with me would be articulated through IQL.

We are a group of surgeons and other specialists and healthcare professionals that has grown over the years. We started with four surgeons and now we are more than 20. We also work with a new hospital in Badalona. A few years ago, I started working with Clínica Rotger as Antonio de Lacy, but now the professional relationship has been established through IQL, an institute that I don't know whether because of age or grey hair - I lead. As our activity at Clínica Quirón has increased, we have trained staff and promoted the incorporation of technology.

How many hospitals is IQL working in?

At the moment we are working at the Riber Internacional in Madrid, at the Hospital Quirónsalud in Barcelona, at the Hospital Quirónsalud in Badalona and here at Clínica Rotger Quirónsalud.

And is there still a way to go? Can IQL expand further or is there a moment when it is better to stop and consolidate?

There are some more ideas, but I think it is time to consolidate. Personally, as a Mallorcan - I left the island very young - I am particularly interested in consolidating our activity here. I have to say that, although everything can be improved, the facilities that Clínica Rotger has at the moment in emergency, intensive care, nursing, anaesthesiology, rooms, diagnostic imaging and other specialities are very good.

If you centralise all of this in an area as important as an operating theatre, I can say that here we have absolutely everything and the most advanced and cutting-edge technology. Many of the procedures that sometimes used to require the patient to be transferred are no longer necessary. Our demands as IQL are perfectly in line with those of Clínica Rotger. Personally, I am pathologically demanding and the truth is that I am very comfortable working here, as is my whole team, who are very happy. A good atmosphere which is reflected in the results.

In the acquisition of the Da Vinci Xi robot for Clínica Rotger, what was the procedure?

The incorporation of the Da Vinci is a very striking fact, but it is really the finishing touch that closes and completes the activity of the operating theatre. At a certain moment, I spoke with Rosa Regi and Fernando Rotger, as the people in charge of the clinic, and with Víctor Ribot, as the manager, and I told them about the convenience of incorporating the Da Vinci, and it was achieved quite easily because they were clear about it from the beginning. When the Rotger family believes in an idea, they carry it out, and this is a model imitated by others.

This is what has happened in private healthcare in the Balearics with the acquisition of the Da Vinci.

The Rotger family leads by example, sets the benchmark, and that is why I am very satisfied with the alliances between IQL and the clinic, with the aim of further strengthening the ties between the two. But it is not a question of focusing on the Da Vinci, as it is just another element in a high quality, high performance service.

What is important is that Clínica Rotger embraces IQL's vision of innovation and acts accordingly. The equipment and staff in the operating theatre at Clínica Rotger have nothing to envy the Karolinska Hospital in Sweden, considered one of the three best in Europe, nor any operating theatre that I know of, and I

know a few, in the United States, Singapore or South Korea.

It is always said that doctors, all or almost all of them, have a vocation from childhood. Was that your case?

Many children say they want to be doctors, but very few say they want to be surgeons, and I was already saying that when I was seven or eight years old. My son is a surgeon at the IQL but, of course, as a child he was surrounded by his mother, a gynaecologist, and his father, a surgeon. In my case, only one of my uncles was involved in healthcare, but the truth is that I saw very little of him. It was clear to me when I was a child and I have been practising for more than 40 years.

And with such a long career, does there come a time when you think about retirement?

For a while now, I've been spending a lot of time on health education through the

AIS platform. Everything I have learnt has cost a lot of hours and, at times, a certain amount of neglect of my family. I believe that it is necessary to look for methods so that learning does not require so many

hours or so many trips. That is why I created AIS, which is currently the most powerful education platform in the world of surgery, with a presence in 183 countries including China. We have more than one and a half million subscribers. In AIS, every time a subject is discussed, at least 30,000 people know about it free of charge; a young surgeon can be sitting virtually with a Nobel Prize winner. To answer your question more concretely, I will continue to work if I can do something useful, avoiding making mistakes. I think I am physically and mentally in perfect condition to teach and support young people, and one advantage of age is that you have lots of contacts who can help.

Is less incisional surgery always better?

The body always reacts in some way to a punch, an incision made by a surgeon, an infection or a tumour. The reaction is always inflammation. In digestive surgery, 60-70 % of the mechanisms triggered by the surgeon's actions in an operation are to heal the abdominal scars. The minimally invasive surgery avoids inflammation in the abdominal wall and, at the same time, you get an amplified vision by laparoscopy, with an image multiplied by four, or with robotics, multiplied by five or six. I was part of a group that showed that laparoscopy had better results than open surgery in colon cancer. It was an important milestone, because patients had better survival. Also, with minimally invasive surgery we have gone from patients being admitted for seven days to being discharged in six hours.

Robotic surgery was considered the future, but it is already here. What will the future of robotics in surgery really be like?

The trend is to reach a fully autonomous level of the robot, but I don't think it will be reached in the next 50 years. What I see is the application of Artificial Intelligence to create a virtual patient with a virtual disease that you will be able to operate on, study and check for possible problems. At the same time, when you operate the robot, it will detect whether you are a great expert, an average expert or a beginner, and depending on that it will be more or less involved in the intervention. I would like to experience all that, because it will be really exciting.

But to what extent will the robot be autonomous?

The robot does not eat, nor does it have physiological needs, nor does it need to rest. The robot, like the Da Vinci Xi, is a manipulator. In other words, we make a movement and it reproduces it, but it does not make any decisions.

And will we ever have a virtual twin as a patient?

Yes, virtual twins are already being made for certain treatments, to learn about possible complications that may occur and to carry out tests, but I think we will also have avatars to keep us company. The world is full of very lonely people. Another issue is personalised medicine, in the sense of non-standard treatments and taking into account the different reactions in each patient.

