Opponent’s comments

Claudio Ronco\textsuperscript{1,2}, Lilia Rizo-Topete\textsuperscript{1,3}, Mara Serrano-Soto\textsuperscript{1,4} and Kianoush Kashani\textsuperscript{5,6,7}

\textsuperscript{1}International Renal Research Institute (IRRIV), San Bortolo Hospital, Vicenza, Italy, \textsuperscript{2}Department of Nephrology, Dialysis & Transplantation, San Bortolo Hospital, Vicenza, Italy, \textsuperscript{3}Department of Nephrology, University Hospital “José Eleuterio González”, UANL, Monterrey, N.L., Mexico, \textsuperscript{4}Department of Nephrology, University Hospital “Marqués de Valdecilla”, Santander, Cantabria, Spain, \textsuperscript{5}Division of Pulmonary and Critical Care Medicine, Department of Medicine, Mayo Clinic, Rochester, MN, USA, \textsuperscript{6}Division of Nephrology and Hypertension, Department of Medicine, Mayo Clinic, Rochester, MN, USA and \textsuperscript{7}Multidisciplinary Epidemiological and Translational Research in Intensive Care (METRIC) Team, Mayo Clinic, Rochester, MN, USA

\textbf{IF YOU KEEP DOING THINGS THE SAME WAY OVER AND OVER YOU WILL ONLY GET THE SAME RESULTS}

The Titanic tragedy occurred because of a mixture of inadequate technology and human stupidity. Many ships had sunk before just relying on seaman skills. Subsequently, the adoption of the radar proved that technology could save many lives.

The story of Odysseus teaches us that if we face the problem well prepared we can resist false promises and proceed in our journey. The reason why the MS Herald of Free Enterprise is lying on her side in shallow waters was the negligence of the assistant boatswain, asleep in his cabin when he should have been closing the bow-door.

The comment of Van Biesen to our proposed plan to improve quality of diagnosis and care of acute kidney injury (AKI) seems to in part agree with our point of view. By suggesting that we should invest more time, research and money ensuring that all basic interventions with established positive outcome to prevent and manage AKI are put into practice, the commentary reinforces our vision of high demand for advancements in AKI care. Having taken this for granted, we respectfully disagree with the author of the commentary, who suggests we should invest only in such established actions rather than in new technology. The evidence for additional benefit provided by new technologies is emerging, although it may require time to reach a full consensus among investigators and clinicians. How many times have we seen strong resistance by laggards in the technology adoption life-cycle? We saw strong opposition to the application of bicarbonate versus acetate dialysis or of high flux biocompatible membranes versus Cuprophan. Does anybody today, even in the absence of randomized controlled trials, prefer to treat patients with acetate dialysis and Cuprophan membranes? The truth is that progress is made by people who see beyond the obstacles and try to improve patient lives by all possible means. We should not be influenced by priorities of industrial companies, while a transparent and fruitful collaboration with industry should be welcome. We must be aware that using new technologies, although sailing in uncharted waters, may lead to new discoveries and improved clinical practice. So moving ahead with attention to patient safety, health care budgets and scientific integrity is a must for discovery and validation of new therapies and diagnostic tools. The importance of nephrology as a discipline and the perception of its role within the hospital community may also be affected by these choices. AKI is an area of fast and important development. There is no space for delays. While we should maximize the utilization of all available skills and techniques, we should also try to rapidly test and possibly implement new technologies and new approaches. If we keep doing things the same way we will get the same results over and over. And current results are not satisfactory.

Received: 5.11.2016; Editorial decision: 5.11.2016