

Gastroenterology progress in Pakistan: are we on the right track?

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ABSTRACT

An outline is provided on developments in the field of gastroenterology in Pakistan, with emphasis on the ability and skill of physicians to tackle complex diseases. The importance of having the relevant technologically advanced instruments as well as physician training and skills is emphasized. Areas of further improvement, including indigenous research, are outlined and recommended.

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INTRODUCTION

In late 90's and early part of 21st century, there was a trend of doing screening endoscopies for large number of gastroenterology referrals with no emphasis on therapeutics, and the treatment was mainly conservative. Slowly and gradually with advancement of technology, there has been excellent progress in diagnostics and equipment according to the needs of patients and thereby optimising treatment to an enormous extent. Now we have latest video endoscopes, endoscopic ultrasounds and even fibro scan which is a reasonable alternative to liver biopsy and very effective as well, being non-invasive for determining the degree of fibrosis.¹

This is a common concept for every new vehicle; one needs a skilled driver who knows tips and tricks of getting through difficult situations. The same principle applies in gastroenterology where difficult cases need experienced hands and vigilant eyes not only to get through the procedure but also prevent complications. The trend of having trained staff, endoscopists, specialised nurses and recovery rooms do form the cornerstone of any state-of-the-art endoscopy suite. In big tertiary care hospitals of Pakistan this is not a novel entity. They have everything required for emergency cases of upper gastrointestinal bleed, corrosive oesophageal injuries, and even common bile duct stones with the troublesome symptoms like pruritis, jaundice, dark coloured urine and pale stools can be eased in no time.²

The real dilemma is whether every centre is well equipped in terms of facilities? This was difficult to answer about a decade ago when the district hospitals were devoid of advanced gastro-

enterology equipment and facilities. Now there are many fellows performing ERCP in district areas of Khyber Pakhtunkhwa and Punjab, and the patient load on major hospitals has decreased greatly. Even the bleeding rotas are made there and dealt with immaculately. Therapeutic endoscopies like endoscopic variceal band ligations, percutaneous enteral gastrostomy, and achalasia dilatation are now a routine.

Research and publications are inevitable prerequisites for any successful professional.³ Unfortunately we are still relying on gifted publications from others without conducting them ourselves. Looking for a gap in the literature based on problem in the mind is a skill and publishing in quality journals is an art that is developed after years of experience.⁴ It is the quality of research and not the quantity that counts in the long run, and for that a strong will and dedication to a cause are needed. Someone has rightly said, "The capacity to learn is a gift. The ability to learn is a skill. The willingness to learn is a choice".

Having made so much progress we still need more work to do. Hepatitis E infection during pregnancy is a mysterious challenge.⁵ Our knowledge of hepatology is still deficient. Even the expert hepatologists struggle with complex cases of liver transplant.⁶ At the same time it must be appreciated that there are many well established liver transplant centers throughout the country catering for cases of end stage liver diseases, hepatocellular carcinoma, and non-alcoholic steatohepatitis.⁷ Hepatitis elimination is a dream for which we are working hard over many years and though the cases have declined they still do exist. It needs unanimous efforts of stakeholders including physicians, gastroenterologists, public health specialists, and most importantly, the government. Let us start and make strenuous efforts as when there is a will there is a way.

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