Editorial

The changing medical world raises many new professional, legal and ethical issues in gastroenterology and digestive endoscopy. A number of topics were presented and discussed during the second symposium on ethics in gastroenterology and digestive endoscopy. The meeting was organized by the European Society of Gastrointestinal Endoscopy and the World Organization of Gastrointestinal Endoscopy in association with the United European Gastroenterology Federation. A selection of these presentations are published in this issue of *Digestive Diseases*.

The introduction of new potent drugs to treat gastrointestinal diseases such as the biologics, the invention and development of new diagnostic and therapeutic endoscopic techniques that include magnification, confocal endoscopy, capsule endoscopy, mucosectomy, and the concept and research on the natural orifice transluminal endoscopic surgery, have dramatically changed the possibilities of diagnosing and treating gastrointestinal diseases. In the era of the 21st century these developments have changed the orientation of gastroenterology from a purely medical specialty to one that is now half-medical and half-interventional (surgical).

Formal testing of new endoscopic equipment or techniques in well-designed clinical trials is important and requires ethical approval before their widespread clinical use. Gastroenterologists are challenged to adapt their knowledge and to exercise all their skill when using these new diagnostic and therapeutic techniques. Invasive high-risk endoscopy such as endoscopic retrograde cholangiopancreatography and sphincterotomy demands that a detailed explanation be given to the patient about the benefits and also the risks involved. This informed

consent process improves the doctor-patient relationship and aids avoiding civil negligence claims in case of complications from the endoscopic procedure. Informed consent, however, is not merely an ethical and legal obligation; it is the cornerstone of good medical practice, which today includes truth telling in the event of lethal disease. This requires the development of intellectual skills as well as compassion for the patients.

Implementing quality control for endoscopic maintenance and repair services is crucial for the safety of the patients undergoing endoscopy and the staff working in endoscopy units. It is also cost-effective since it prevents major damage to the endoscopes and ancillary equipment.

The ageing of the population requires that the younger generation of gastroenterologists be familiar with geriatric gastroenterology, including the epidemiology of gastrointestinal diseases in the elderly and drug interactions due to polypharmacy. Valid informed consent must be sought from old-aged patients or their legal guardian. Most clinical trials on adverse drug interactions have usually excluded elderly patients over 75 years. We therefore lack solid data in this age group.

The prevalence of excessive weight and obesity is increasing at an alarming rate. It is a new epidemic disease particularly in the developed countries of Europe and America. Environmental and behavioral changes related to economic development and the modernization of lifestyle have been linked to this rise. The psychiatric profile of obese individuals is complex. It is important to provide psychiatric support when treating obesity with diet, drugs, intragastric balloons or bariatric surgery to avoid failure of treatment.

As a result of the explosive increase in knowledge of diagnostics and treatment for gastrointestinal diseases and the availability of medical websites for patients, it is not uncommon for either the physician or the patient to advise or to seek a second medical opinion about the initial diagnosis or the next appropriate step for treatment. It is important to emphasize that a doctor providing a second medical opinion may be constrained by ethical and legal issues that are not present when providing an opinion for the first time.

Pericles (495–429 BC), a prominent statesman, orator and generator of Athens in the city's 'golden age', said: 'KAIPOI OY MENETOI', i.e., 'Times don't wait'. The world is changing, gastroenterology is changing too, we have to adapt.

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