

## COLOPROCTOLOGY IN THE WORLD TODAY

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This is a turbulent time in health care in the world. This is a turbulent time in the world! Not turbulence, in terms of war, but turbulence in ideology and geopolitical upheaval.

The Chinese say, "May you be born in interesting times". History will write that our life time is indeed one of the most interesting times there ever was.

The good old days in health care are gone, at least in the USA. The cost of health care in the USA is escalating alarmingly and is pegged at 700 billion dollars this year. It consumes 12% of US GNP and is estimated to grow up to 1.3 trillion dollars by the end of the century. There will almost certainly be a national initiative with a greater or lesser involvement of the government following the next general election.

What is happening to the subspecialties around the world? In general, in the USA there is a concerted effort to reduce the number of subspecialists and increase the number of generalists to a goal of 50%. The surgical specialties have been well controlled, by and large. From time to time, over the last two decades, a manpower plan in the specialties in the USA prescribes the ideal number of subspecialists in the subcontinent and controls it by the number of residents trained in that particular specialty.

What about Colon and Rectal Surgery? Ours is a Cinderella specialty, a specialty not yet recognized by most as a legitimate subspecialty. A general surgeon would claim that he or she can perform all of the procedures that a coloproctologist can. A gastroenterologist would claim that lower and certainly upper endoscopy is his domain, and any encroachment by their surgical colleagues is unwarranted. Then there is the surgical gastroenterologist - a term which is fortunately, and I say fortunately advisedly, not recognized in the USA, but gaining more momentum in other parts of the world, who would claim as his turf the whole alimentary tract.

We owe much of the foresight of some great men who paved the way for us and saw the merit of the specialty of Colon and Rectal surgery. Frederick Salmon, the founder of St. Mark's Hospital in London, England, is credited

with founding the first institution devoted to the diseases of fistula and anorectal disease in 1870. His gospel spread and Joseph Mathew's in 1911 brought back the virtues of the subspecialty across the Atlantic to the USA and founded the American Proctologic Society. Few will disagree that North America has since been on the forefront of establishing the respectability of this specialty which is now acclaimed world wide as legitimate and necessary.

What is the status of coloproctology in the world today? I took an inventory of the organized duly incorporated colorectal societies across the world. Since we are in Europe, let us start with that: The European Council of Coloproctology had its first meeting in Bologna, Italy, in October 1984 and is going to have its 4<sup>th</sup> meeting in May of 1992 in Marseille, France. Its constituents are viable organization its wide spread components including the Italian Society of Coloproctology, which was the major player in the network with the organization of the first meeting in Bologna. A long existing coloproctology section of Royal Society of Medicine in Great Britain also has a parallel organization now called Association of Coloproctology of Great Britain. Almost every European country has an identifiable Colorectal specialty in the universities, and less so in the community.

In South America, the Latin American Society (ACLAP) is the mother organization of large viable societies with membership surpassing many other subspecialties. The Brazilian Society of Colon and Rectal Surgeons has an impressively large membership with a respected Journal. They will have their 41<sup>st</sup> annual meeting in September of 1992. In other continents across the world, in Asia, the Japanese Society of Colon and Rectal Surgeons and the Korean Society and the Indian Society produce leaders impacting greatly on others. The Australian colleagues and their section of their Royal College have given to the world eminent names who will go down in history as trail blazers. The World Council of Coloproctology, was recently chartered as an amalgamation of most of the above groups, consolidating their efforts and providing useful information about available meetings and opportunities.

I would like to acknowledge at this stage, the useful information provided by Dr. Graham Newstead.

I cannot complete the history without citing Dr. Bacon and his colleagues who formed the International Society of University Colon and Rectal Surgeons, which truly is the only international organization encompassing global membership. I welcome you to join that society and attend its next meeting in Crete, Greece, in October of 1992. To quote Dr. Bacon from his Presidential Address to American Proctologic Society: "In a world torn with uncertainties, conflicting ideologies, and confusion, the medical profession will serve as a stabilizing influence by offering its own work, ethical principles, and traditions as examples of tolerance, professional unselfishness, and personal dedication to the highest ideals of humanity."

There is an abundance of other world organizations, each claiming a role of a truly representative international gastrointestinal society. CICD, SIC, IGSC, and WCCP - a part of WCGE. One could literally be attending one meeting after another in different parts of the world, without missing a week! The meetings get larger (WCGE draws over 8000 attendees), and the rewards get smaller. In Europe, First Congre's European of Chirurgie was held in October 1991 in Paris, France and is going to become an annual event. Some form of consolidation would therefore seem not only desirable, but necessary.

A word about the scientific aspect of coloproctology: I have deliberately not projected any slides - not a pretty sight for some members of the distinguished audience - but

historically speaking, the 100 years between 1870 and 1970 were the years of relative nonprogress. Four major breakthroughs have occurred since: Colonoscope, Circular Stapler, Pouch Surgery, and Laparoscopy. The introduction of physiology laboratories has added much to the understanding of the functions of the hindgut.

From where we were to where we are, where should we be going? Colon and Rectal Surgery is now a well accepted discipline in clinical surgery. There remains a frontier for us to participate and conquer, yes conquer, the academia. The ultimate goal for the leadership, I believe, is to have a place of equal partnership in the academic centers where we shall have opportunities for research, teaching, and clinical practice.

Some directions for the future were enunciated at the VII King's Fund Forum in London, England in June of 1990. It was recommended that each district should have at least one colorectal surgeon. Proper local referral and treatment protocols were also recommended for both elective and emergency colorectal surgery. The directions for future research include the natural history of the adenoma, dysplasia and cancer, and the effects of intervention; the molecular biology of colorectal cancer and the development of new treatments to improve survival and quality of life. As Charles F. Kettering stated, "Where there is an open mind, there will be a Frontier".