BRITISH SOCIETY OF GASTROENTEROLOGY

Presidential review of the year’s activity 1990–91

Appropriately, my predecessor ended his presidential review with a seafaring allusion, which, I hope, I may be permitted to continue. The first act in navigation is to set a course, because, obviously, if the helmsman does not know where he wishes to go, he will probably not get there. And so, in this review of my presidential year, may I declare the course which I set for myself, and it must be up to the reader and the membership of the BSG to judge the success of the voyage, or at least, the accuracy of the navigation.

The theme which I took for my presidential year was research. This may seem a strange, and indeed unnecessary, choice. In a Society with a burgeoning membership, and only a 50% acceptance rate of free papers submitted for the biannual meetings, it must seem at first sight that we have been most successful in fostering research and development. Here lies the paradox. In the portfolios of the major grant awarding bodies (for example the Medical Research Council and Wellcome Trust), gastroenterology does not feature highly. True, it is difficult to identify all the gastroenterological research which is supported by these bodies, even from detailed perusal of their annual reports. The reason is that much basic research is undertaken into cell systems and molecular biology, in which the use of gastrointestinal cells, tissues, and organs is not immediately apparent and therefore the research is not classified in terms of gastroenterology. In this way our assessment of the amount of gastroenterological research may be an underestimate.

Nonetheless, there are only two programme grants on gastroenterological subjects at present funded by the MRC. There is only one MRC unit which can remotely be associated with gastrointestinal research. In his preface to the Corporate Plan, the Secretary of the MRC indicated his concern that the research base in gastroenterology may be becoming so attenuated that when advances in the subject become possible, there may not be the intellectual and other resources available to exploit the research. Moreover, in Health of the Nation, the important strategic document from the Department of Health, gastroenterology does not feature greatly. Finally, one searches in vain for a reference to gastroenterology in the Scientific Strategy (1991–1995) of the Cancer Research Campaign.

There are several reasons for this paradox, which we must identify if gastroenterology is to have a major impact in medical research and development in this country. Research bodies are at present basing their funding on the assumption that more fruitful advances will occur in the basic sciences of molecular biology, genetics, and immunology. For very understandable reasons, gastroenterology tends to be more involved in applied research and development to concentrate activity on organ specific problems – altered physiology, pathology, diagnosis, and treatment of diseases of single organs within the alimentary system. The Society still has not grasped fully the opportunity to develop fruitful research relationships between the applied aspects of the subject and the basic sciences.

A feature of the BSG of which we are inestimably proud is the high quality of its clinical and applied research. Projects, however, tend to be short-term in nature, often funded by drug companies and local charities, who, understandably, wish to see quick results on topics of immediate clinical relevance. The majority of members of the BSG are clinicians and they obviously wish to see achievements which will be of immediate benefit to their patients reflected in their research.

As a result of this trend, the research base in gastroenterology is being weakened and however much we may disapprove and indeed criticise the emphasis that basic sciences are given by certain major research organisations, we are currently not achieving for gastroenterology the necessary recognition for research. Such recognition is important because it leads to funding, not only for the projects and programmes themselves, but also for the maintenance of university departments and research units. If we do not recognise and tackle this problem, the subject of gastroenterology will become marginalised and deprived of resources. It will cease to attract the best brains coming out of this country’s medical schools.

The first and most important action, therefore, was the establishment of a Research Committee under the chairmanship of Les Turnberg, who himself has contributed so much to gastrointestinal research and who is a member of the Central Research and Development Committee, set up within the National Health Service, under the direction of Professor Michael Peckham. Already this committee has produced important guidelines which will enhance the relationships between basic science and clinical departments and lead to important developments in health services research, an arena in which the members of the BSG are well qualified to operate. It is becoming increasingly clear that, in this latter field, it is necessary to identify the important role which can be played by health care economists. Much health care research within gastroenterology has, we must face it, been rather amateurish and health economists can be important members of teams involved in this type of research.

The applied nature of our research was reflected in the organ-specific format of our Society. Members of the Society have formed themselves into sections, named after organs or disciplines – for example liver, colon, oesophagus, radiology, and surgery. This was a useful pragmatic arrangement, bringing together people of like clinical and research interests. Some sections have been particularly successful — others less so. It is perhaps too early in the life of the sections to pass judgment on their viability; but it will be the task of Council within the next few years to decide how the viability of sections should be judged. It may be necessary for certain sections to be disbanded and others formed. It is particularly necessary to realise that the Society cannot merely be a collection or federation of organ and discipline specific sections competing with one another for time and space in a biannual programme. Opportunity will have to be taken to develop sections in interdisciplinary areas, bringing together in a collaborative way groups with different interests, so that important research and development can be undertaken. Audit is a case in point. Valuable audit programmes have been established in the Society in the evaluation of gastrointestinal haemorrhage, endoscopy, and liver biopsy, but this is a subject which has not been recognised or represented in the programme as clearly as it should. Therefore, during the year, there has been considerable rearrangement of programmes and sessions to introduce greater flexibility to ensure satis-
factory representation of interdisciplinary areas in gastroenterology.

We have also uncoupled the sections from the named categories for abstract submission. There was a tendency to have sessions which again were organ – or discipline – specific in our annual programme. While enjoying some success, this arrangement caused a great deal of rigidity in programming and prevented the introduction of new interdisciplinary areas. In particular, we wished to encourage a developing relationship in research sessions between basic and applied sciences. I believe that these rearrangements were reasonably successful in creating a more varied and interesting programme which, it is hoped, will have the effect of encouraging interdisciplinary research.

In formalising these arrangements it was necessary to clarify the respective roles of the Programme and Education Committees. There was considerable confusing overlap and it was difficult to provide a proper balance between free paper session, teaching days, and update lectures within the crowded programme, and to avoid duplication of topics. In planning the international ‘state of the art’ lectures, the Education Committee needed to know the outline of the meetings several years in advance. For that reason the Programme Committee has been assigned two major tasks. The first was to prepare a template of the Spring and Annual programmes, with appropriate representation of the various sectional activities for two to three years in advance. The Education Committee was then given the task of filling in the details. The choice of free papers, etc., was the second task of the Programme Committee and was undertaken in a few weeks in advance of the Annual Meeting. In this way it has been possible for the free papers to be grouped in an interdisciplinary manner, to make a stimulating programme.

At the September meeting of the Society, we had two key speakers, Professor Bodmer, who spoke on the role of medical genetics, and Professor Peckham, who described the research and development initiatives within the National Health Service. It was planned, and I think realised, that these two speakers would give major impetus to these research developments which I have outlined above.

Over the years we have been experimenting with various venues. The size of the meetings grows almost exponentially from year to year, and obviously we seek a conference centre sufficiently large and well equipped to accommodate all those who wish to attend – members, guests, associate members, trade exhibition – and provide all the facilities that we should expect at an international standard. The ideal arrangement would be to hold at least one meeting in the home town or university city of the current president, but owing to the increase in size of the meeting, this has not been possible. The University of Warwick and the University of Manchester Institute of Science and Technology have provided excellent venues and the Society undoubtedly will have future meetings in these centres. London, however, continues to be a problem. It does not seem possible to find a venue which is attractive and provides all the facilities which we need, yet at the same time does not demand an inordinately high registration fee, which may prevent junior doctors and non clinicians from attending.

During the year, it seemed to your Council to be of some benefit to formalise links with industry. In the past there had been close liaison between the endoscopy section and endoscope manufacturers. Otherwise, we had few formal links with industry in general, although several large companies had added to the attraction of our meetings by sponsoring teaching sessions and ‘state of the art’ lectures. The first of these meetings was held last September and was most successful. Not unnaturally the topics tended to concentrate on details of the organisation of venues, but it is hoped that, once these problems have been resolved, there will be broader and more strategic discussions between the Society and our industrial supporters.

It will not come as a surprise that a surgical president of the Society pays some attention to surgical aspects of our activities. Physicians predominate in the membership of the BSG and therefore many of the professional and political activities and committees have been directed towards matters of medical gastroenterology and internal medicine. Representation of surgeons on important committees, such as the Clinical Services Committee and the Liaison Committee with the Department of Health, has been, hitherto, sparse – indeed non-existent unless the president himself was a surgeon. Fortunately strong representation has been achieved in these committees with the appointment of representatives from the surgical section of the Society, from the Royal College of Surgeons, and the Association of Coloproctologists. The Surgical Section of the Society has itself been very successful, with a keen and vigorous membership. However, to have a voice in matters of accreditation and training in surgical gastroenterology, it has to compete with the Association of Coloproctologists, the Association of Pancreatic and Hepatobiliary Surgery, etc. At the present time gastroenterology is not so identifiable a specialty within surgery as medical gastroenterology is within internal medicine. Surgical gastroenterology is practiced at different levels of activity, from the highly specialist surgeon who may practice gastroenterology as a part of his work, to the surgeon who may devote himself, or herself exclusively to one aspect of gastroenterology – for example coloproctology – to the general surgeon in a district general hospital who treats a wide variety of gastrointestinal diseases, and for whom operations on the gastrointestinal tract represent a high, but not exclusive, proportion of the surgery he undertakes, both electively and as emergencies. For these reasons therefore surgical gastroenterology will, I am sure, within the next decade, be included within the ‘specialty’ of general surgery whose specialist association is the Association of Surgeons of Great Britain and Ireland. My concern is that surgical gastroenterology does not have a single cohesive voice. None of the separate surgical ‘gastroenterological’ associations will abrogate the place which it feels it must have in training and accreditation for its own special subject. These organisations must come together, so that within general surgery, surgical gastroenterology can speak with one voice. It is to be hoped that there will be, within the Association of Surgeons, an advisory group of alcoholic or digestive surgeons, so that in planning training programmes in general surgery, surgical gastroenterology will have a single voice.

It seems self evident that the BSG should make every effort to seek resources to fund research. While the Research Committee will advise on, and act as an enabler to gastroenterological research, it is important that the gastroenterologists themselves seek to raise funds to advance the subject and improve the health care of patients. Obviously the vehicle for such fundraising should be the British Digestive Disease Foundation, which has been historically and emotionally linked strongly with the BSG. The Society had already given considerable support to the Foundation in the form of a substantial annual grant over the past three years to develop a public relations programme to improve the accessibility of advice on gastroenterological subjects to patients and to discern a research programme that would commend itself to potential sponsors. The approaching end of the three year grant has sharpened the minds of Council and of the Executive Committee of the British Digestive Disease Foundation on what further initiatives should be taken. The Council of the Society is certainly of one mind and that is that emphasis should change from one of publicity, in which the foundation had been manifestly successful, to one of fundraising for the promotion of gastroenterological research. These are most difficult times in which to approach the
public and potential large scale sponsors for financial support. It is particularly difficult for gastroenterology, for two main reasons. Firstly, the subject does not have the immediate emotive appeal to the lay public as do, for example, children or cancer. Nevertheless, the tremendous number of enquiries to the British Digestive Disease Foundation concerning alimentary ailments indicates that a high proportion of the population have gastrointestinal symptoms and complaints. The second reason is that a number of the more attractive components of gastroenterology research had already been split off as separate charities – for example Crohn’s and ulcerative colitis, liver disease in children, etc.

There have, therefore, been useful discussions with the British Digestive Disease Foundation and the Council, and these continue. The Society would wish to make further contributions to the British Digestive Disease Foundation to initiate a major fundraising exercise.

One important consequence of the discussions was the alteration in the managerial and administrative relationships between the Society and the British Digestive Disease Foundation. Despite the closeness of the objectives, both organisations were, for practical purposes, quite separate, with their own committee structures. That the relationship was in fact so fruitful and successful was due to the excellent and dedicated liaison work of Dr Roy Pounder. The British Digestive Disease Foundation has now agreed to incorporate in several of its committees, including its important Executive Committee, several of the senior officers of the BSG, and there will be close liaison between the two research committees. The joint relationship between the British Digestive Disease Foundation and the BSG for fundraising activities has now a fair wind behind it and, I hope, despite the economic situation, should enjoy considerable success. What must be stressed is that the fundraising activities of a professional organisation such as the BSG will not be successful if they are left to others to do. There will have to be a considerable and sustained effort and support by all members of the BSG, nationally and locally. This is a challenge to the membership of the BSG and I hope that each member will rise to this opportunity.

I cannot end this brief presidential report without thanking colleagues for their steadfast loyalty and support. Members of Council, and particularly chairmen of the major committees, provided considerable advice and guidance. There are, however, three people who made my task very much lighter and more enjoyable: David Thompson, who succeeded Roger Leicester as Senior Secretary, who has been unstinting in his support and has devoted so much of his energy to the Society’s affairs; Di Tolfree, for her advice, support, and deep knowledge of the Society’s affairs, history, and personalities; and my departmental secretary, Miss Dawn Armitage, who was burdened with so much extra work, both for the Society and for the department when I was away on Society business.

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Clifford Hawkins Memorial Fund
Dr Clifford Hawkins (1915–91) made a wide range of contributions to clinical medicine, gastroenterology, rheumatology, clinical research, and the art of writing and speaking: contributions that were made with great good humour and style.

In appreciation of his work it has been decided to name the medical library in the postgraduate medical centre of his old teaching hospital after him and to establish the Clifford Hawkins Memorial Fund to provide for library activities and postgraduate education.

Contributions would be gratefully received by Dr J Michael, Chairman, Queen Elizabeth Postgraduate Medical Centre, Metchley Park Road, Edgbaston, Birmingham, B15 2TH. Cheques should be made out to the Clifford Hawkins Memorial Fund.
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