International gastroenterology

Gastroenterological practice in Israel

The practice of gastroenterology in Israel has changed greatly in the past two decades with the revolution in the profession that came along with the development of fiberoptic endoscopy. Some of the benefits and problems this change has made are shared worldwide. Family physicians have direct referral channels for upper gastrointestinal endoscopy or colonoscopy for their patient without preliminary consultation with a gastroenterologist. This direct access has led to over utilisation of existing diagnostic services that, at times, have difficulty in performing all that is requested without long delays. Recent studies have also shown, not unexpectedly, that a significant number of the procedures performed were not indicated. The financial burden induced by the explosion in the amount of procedures has resulted in various measures made by the providers of the health services, which may reduce or, at least to some extent, control the volume of work.

In Israel none of the gastroenterological services in any of the hospitals have beds of their own. As everywhere else, most of the gastroenterological work is performed on an outpatient basis and when a stay in hospital is required, patients are usually referred to a medical ward and at times, because of a shortage of beds, to a surgical ward, even when surgery is not advocated. It is not surprising that, though it may be convenient to practising gastroenterologists, this situation can sometimes create tension and is the basis for dispute between the consultant gastroenterologist and the staff responsible for inpatient care.

The spectrum of gastrointestinal disease in Israel, in general, is similar to that in Europe and the USA, with few exceptions. Although Israel is located in the Middle East, specific infectious gastrointestinal diseases, like schistosomiasis and other parasitic infections, are not present. In Israel gastroenterologists are usually busy with reflux disorders, peptic diseases, cholelithiasis, inflammatory bowel diseases, gastrointestinal cancer and, of course, with irritable bowel disease. The Israeli gastroenterologist does not deal much with alcoholic liver disease and its consequences because ethanol consumption in Israel is comparatively small. Obviously, alcohol consumption is not a common cause of pancreatitis which, in Israel is either idiopathic or related to gall stone disease. Hepatitis and its consequences are the main liver diseases. AIDS is also scarcely present in Israel and its various gastrointestinal manifestations are not something with which the Israeli gastroenterologists have much experience.

Shortage of organs for transplantation is noticeable in Israel. The Jewish religion does not encourage donation of organs and it is of interest to see that this negative attitude also affects the non-religious community. Many Israeli patients have to go abroad for liver transplantation even

though this procedure is successfully performed in several local centres. Israeli gastroenterologists, together with physicians of other disciplines, are very active in efforts to change the negative attitude towards organ donation but results are, at present, far from being satisfactory.

Gastroenterology training takes two years and fellows are obliged to complete a four year residency in internal medicine beforehand. During training, fellows dedicate most of their time to clinical work. Unfortunately, again because of lack of staff, they are not given reasonable time for research. In this respect, academic Israeli gastroenterologists envy their colleagues practising in those countries where research is an important aspect of training. To become qualified gastroenterologists, fellows have to pass written and oral examinations upon conclusion of their gastroenterological training period. Each year seven to 10 new gastroenterologists receive qualification.

Within the past three years Israel has absorbed half a million new immigrants from Russia, 12 000 of whom are qualified physicians. Whereas this immigration doubled the number of Israeli physicians it did not have much impact on the number of Israeli gastroenterologists. This may be because gastroenterology is not a popular, well developed speciality in Russia. Obviously, many of the incoming physicians do not practise medicine. Some have not passed the government licensing examination; some are too old to adapt to the standards of medicine in Israel, and many did not find suitable positions. This new immigration has not affected the spectrum of gastrointestinal disorders with which Israeli gastroenterology is confronted. Peptic disease, gastrointestinal cancer, hepatitis, and cirrhosis are also the most common gastrointestinal abnormalities in this new section of the population.

There are about 200 certified members of the Israeli Society of Gastroenterology. Twice a year a one day scientific meeting takes place when clinical and research work is presented. Israel is a popular venue for hosting scientific meetings. Cancer in the gastrointestinal tract, gall stone disease, inflammatory bowel diseases, experimental ulcer, and toxic liver disease are among the gastrointestinal oriented topics of international meetings that have taken place in the country within the past decade. Standards of medical practice in Israel, gastroenterology included, are at western level. The knowledge and capability are available but further development is governed, like in everywhere else, by financial circumstances, which, at present, are somewhat limited.

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