Editorial

Interspecialty Wars Over Endoscopy

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In the last 20 years, advances in medical technology have allowed family physicians to provide enhanced patient care services. Endoscopic diagnostic and therapeutic procedures have become part of the comprehensive care provided by many primary care physicians. Endoscopic techniques taught to family physicians include flexible sigmoidoscopy,[1–3] colonoscopy,[4,5] nasolaryngoscopy,[6–8] hysteroscopy,[9] and upper gastrointestinal endoscopy.[10–12] Other procedural skills such as colposcopy and cervical conization (LETZ), which were once thought to be outside the realm of primary care, have also been readily assimilated into family practice.[13,14]

Limited funds in our current health care system encourage primary care physicians to provide cost-effective diagnostic evaluations.[10–12] Many rural communities where subspecialists have been reluctant to provide services have benefited from the expanded services now offered by generalists. When diagnostic procedures are performed by primary care physicians, unnecessary patient travel, subspecialty consultations, and delayed diagnoses are reduced.

High patient demand for endoscopic services may be overwhelming current medical resources.[15] Gastroenterologists have recognized that their specialized talents may be underutilized in performing many routine endoscopic procedures.[15] Recent studies have documented that procedures can be performed competently by nongastroenterologists[3,5,8,12,16] and physician extenders.[15]

Major health care reform looms on the horizon and has resulted in interspecialty wars. Interspecialty fighting now threatens the ability of primary care physicians to perform in-hospital endoscopic procedures. Recent activities by gastroenterologists have been particularly damaging, and deserve special attention.

In December 1992, the American Society of Gastroenterology (ASGE) and the American College of Gastroenterology (ACG) sent letters to every hospital in the United States. The letters stated that hospitals were at significant legal risk if they granted endoscopy privileges to any physician who had not graduated from an accredited gastroenterology fellowship or gastrointestinal surgery residency program. The letters were accompanied by a legal opinion from a Washington, DC, law firm that was commissioned by the ACG (December 15, 1992, memorandum from M.S. Sundermeyer and P.A. Murphy of Williams and Connolly to the ACG).

The letter from the ASGE implied that "improperly trained" nongastroenterologists were performing inappropriate, unnecessary, and inadequate examinations. The letter further stated that *initial* endoscopic training can only take place "within a formal, comprehensive, gastroenterology, general surgery, or GI pediatric fellowship or residency." This requirement generally would exclude all graduates of family practice residencies.

Efforts to exclude certain specialties from performing endoscopy have little merit. Family physicians have demonstrated their ability to provide safe, competent endoscopy examinations.[3,5,8,12,16] Fears of competition are also not justified. Gastroenterologists previously objected when primary care physicians began performing flexible sigmoidoscopy examinations. Abnormalities discovered by these screening examinations reinforced the demand for gastroenterologists' services. There appears to be ample demand for endoscopic services to keep all providers busy.

The value of primary care physicians is increasingly recognized among medical system reformers. Attempts to further divide and specialize our health care system are viewed with suspicion. The restrictive comment from the ASGE that physicians must be ". . . competent to diagnose and treat gastrointestinal diseases with the cognitive and technical skills of a gastroenterologist or a gastrointestinal surgeon" leaves no place for a generalist in our modern health care system.

One specialty cannot limit the practice of another by concealing fears of competition in a "quality of care" debate. It is unfortunate that general internists, family physicians, and general surgeons who currently provide

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competent hospital-based endoscopy services have had their abilities and reputations discredited by another medical group. Physicians must cast off economic fears and debate reform with a clear conscience, or all endoscopies could be given to alternative providers such as physician assistants.[15] We must eliminate the folly of interspecialty fighting. Physicians must be part of the solution.

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