POLICY FORUM

Paying Attention to the Patient's Gut Feelings

Introduction

In my specialty of pediatrics, a journal issue on gastrointestinal disease would include discussions of diarrhea, vomiting, constipation, and spitting up. While common in children, many of these symptoms also occur frequently in adults, along with a range of more serious conditions. Not only are differential diagnoses and therapy complicated and challenging in gastroenterology, but many conditions in this field are at the cutting edge of detection and prevention. The excitement and discovery of new and ingenious ways of recognizing and treating illness are made greater by the fact that matters of the gut are quite common and greatly affect patients' quality of life.

We continue to learn more and more about detection and early treatment of cancer. The hepatitis B vaccine can be considered the first ever vaccine to prevent cancer. Now, as hepatitis B steps aside and hepatitis C moves to the front of the stage, we can recognize and effectively treat this common cause of hepatic cancer, as well, with new direct-acting antiviral drugs.

Similarly, colon cancer continues to rank as the 3rd most common cause of cancer deaths, but we now know better when and how to screen for, detect, and prevent colon cancer. We also know that disparity in screening rates leads to unnecessary deaths; fortunately, the gap in screening rates is beginning to close as we set higher goals and increase awareness.

For inflammatory bowel disease, recognition and treatment continue to improve with the development of well-directed therapies that have fewer adverse effects. Likewise, while liver transplantation remains limited by a shortage of donors, more is known about which patients to prioritize for transplantation, and graft survival rates are impressive.

Clostridium difficile has the dubious distinction of being the most common nosocomial pathogen in the United States, but reducing *C. difficile* infection rates is a frequent goal of continuous quality improvement programs, and these efforts have improved prevention. The use of fecal microbiota transplantation has also improved treatment for recurrent infections.

Perhaps most remarkably, gastroenterology provides an example of how the pride and prejudice of medicine can be set aside. Gastrointestinal reflux, fecal incontinence, and claims of gluten sensitivity once triggered dismissive eye rolling and shoulder shrugging on the part of physicians, but we now sensitively and seriously discuss and treat these problems, which has brought relief to literally millions of affected patients.

It is tempting to suggest that this issue of the NCMJ is "gut-wrenching" or "colicky," but it's not. Rather, the articles are stimulating and nourishing. Indeed, I can think of no subspecialty that is doing more than gastroenterology to improve the duration and quality of our lives. NCMJ

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