

The Duty of GAT



5 years ago (Thai J Gastroenterology 2007 Vol. 8, No. 7, Jan-Apr. 2007) I wrote on the duty of GAT. Then I mentioned that GAT has a duty to teach, educate, train, keeping up to date, not only doctors but society as well, on the specialty of Gastroenterology and Hepatology. GAT has to produce enough specialists for the country and acts as advisor to the Government in the field of Gastroenterology. It must suggest to the Government the minimum manpower, equipments, facilities for different levels of hospitals. GAT must keep abreast of all new developments and improve all training courses. It should work closely with the Royal College of Physicians and General Medical Council to jointly make Clinical Practice Guidelines (CPG) for important diseases for the benefit of doctors and patients of the country. GAT also must look after the ethics of the doctors, to make sure they are good citizens, competent, and caring doctors with good human relationship.

But apart from all that, I think GAT still has many things to do. For example at the moment our country has three health systems, one for the State Officials, another is the Social Security System (9 millions) and the last one, National Health Security, for the rest of the population (about 49 millions) At the moment all 3 health systems have different and varying standards. GAT must decide from evidence based what investigations, treatments are effective and necessary for the people of Thailand and inform the various health systems to include them in their services. For example, the Social Security Health System provides services for renal and bone marrow transplants out of the central fund (i.e. not taken from the per capita budget). GAT may also consider asking the Social Security Health System and the National Health Security to pro-

vide liver transplantation as the results are very good. Also it may suggest the various health systems to provide treatment for chronic viral hepatitis C especially genotype 2 as this genotype is very responsive to treatment.

There are so many things GAT can and must do. It all depends on the vision of the leaders of GAT who should never stand still but must always be thinking, planning how to improve the standard of care. GAT must continue to keep contact with colleagues or similar institutions from abroad, in order to exchange knowledge, students or doctors. GAT must stimulate and even sponsor doctors to go to various important meetings in the world and send doctors to study various important topics at the best institutions for these topics and also to keep continuously in touch with these institutions. GAT also must stimulate research at all levels, not necessarily involving those research that require lots of budget but rather well planned clinical research will do. For example GAT may write protocols for collecting data for various important diseases such as dyspepsia, IBS, diarrhea, constipation, acute pancreatitis, alcoholic liver diseases, gastrointestinal bleeding etc. and distribute them to all hospitals in the country to collect the data. In this way within one year or two, we should have information on various important diseases of our own which will be very useful and a source of references for the world.

GAT must also think seriously whether a 2 years training programme for a subspecialty board is sufficient as there are so much more information now than before. Should we expand it to 3 years as in the United States, plus also another one (or two years) for endoscopy, or liver, or pancreas, or motility etc.

We must keep abreast with the world by going to

international meetings, talking to important authorities. We also should hold international meetings in Thailand and invite various authorities from all over the globe to come, to make sure that we have continuous connection with all parts of the world.

Vision is what all leaders need, and GAT must have and always continue to have vision. It must attract and stimulate young bright doctors to study in this field and must talk with the government about all the welfare of its members including salary and other

benefits. We must look at all weak areas in the field and set up working group or persons to study to become experts so that as a country we have experts in all topics of the specialty.

I do wish all the success for GAT and its members. May it continue to do great services to the country.

With My Very Best Wishes.

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