

Endoscopy, but not as we know it

Sir,

We read with interest Dr Sharma's letter (vol 72(2), 2011, p. 115) discussing the findings of genome-wide association studies in some gastrointestinal diseases and the possible implications of these discoveries in the clinic. We would like to make the following points in response to this letter:

1. The three diseases discussed – coeliac disease, Crohn's disease and colorectal cancer – are all characterized by complex, multifactorial aetiologies in which genetic factors contribute alongside environmental ones. This is illustrated by the fact that only a minority of patients with Crohn's disease report a positive family history (Binder, 1998) and the disease concordance in monozygotic twins is approximately one third (Brant, 2010).
2. The variants identified by genome-wide association studies only contribute to a proportion of the heritability of these diseases; for Crohn's disease this has been calculated to be less than a quarter (Franke et al, 2010). Alternative research methodologies will be required to help with the identification of the remaining missing heritability, particularly that component caused by rare variants (Manolio et al, 2009; Franke et al, 2010).
3. At present, the genetic variants identified have insufficient sensitivity and specificity for use in clinical practice (Vermeire et al, 2010).

While we agree that it is conceivable that in the future the analysis of multiple disease-associated genetic variants may be of clinical value in determining the risk of

a given individual developing a particular disease or predicting disease outcome, at any given time, endoscopy or alternative imaging modalities will always be required to translate this probability into a definitive diagnosis. Genetic factors may become an adjunct to traditional clinical tools, but not a replacement.

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Are doctors being overly scrutinized by the media?

Sir,

Over the past few months there have been numerous stories regarding the magnitude of NHS consultant pay.

A report in the *Independent* newspaper, which quoted statistics from the National Audit Office, claimed that the average

NHS consultant earns in the region of £120 000 (Wright, 2010). This is apparently an indication of the extent to which doctors' mouths have had to be 'stuffed with gold'.

Indeed, even the BBC reported that NHS consultants are 'playing the system' to benefit from overtime; a report that warranted headline news and suggested that doctors should be subject to the same financial accountability as bankers (Triggle, 2011).

Such statements are not only erroneous but a grave oversimplification. In addition such vernacular, a little uncouth, seems to be somewhat incriminating. To compare doctors with bankers, probably the most loathed profession second only to politicians, seems unjust.

Historically, the medical profession has always had a precarious and vacillating relationship with the media. However, recently, this has become ever more reproachful in nature and I am certain that the current financial crisis is strengthening this stance.

In light of this, how should doctors respond? Personally, I think it is futile for doctors to pander to the media and attempt to prove their worth. Rather they should simply be aware of the reasons behind this scrutiny, namely the current economic climate, and thus patiently wait for the tide to fall.

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