

Pertaining to Contemporary Medical Practices, Legal Requirements, Medical Ethics, and Patients' Rights in Today's World

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DESCRIPTION

Due to the steadily increasing number of health issues around the world, there is a huge rise in the demand for healthcare services offered to people. Yet, as technology has advanced, healthcare services have changed, and these cutting-edge businesses have been tailored to meet those changes. One of the most significant instances of technology being applied to healthcare services is Endoscopic Retrograde Cholangiopancreatography (ERCP), an invasive endoscopic technique carried out for diagnostic and therapeutic reasons in the bile ducts. In industrialized nations like the United States of America, the United Kingdom, and Germany, specialists in general surgery, gastroenterology, and invasive radiology perform the ERCP technique, which was first devised by an Ohioan surgeon named McCune in 1968.

The Turkish Gastroenterology Foundation "Güncel Gastroenteroloji Dergisi" (Journal of Contemporary Gastroenterology) publishes the surgical history of the ERCP operation, which McCune introduced to the field of medicine. Since 1993, general surgeons have also been able to execute the ERCP operation, which was initially carried out in our nation in 1977. Currently, about 200 general surgeons are qualified to perform the ERCP procedure. General surgeons conduct between 9,500 and 10,000 ERCP procedures each year, and it is estimated that over 110,000 cases have been performed overall. Since 15,000-20,000 patients in our nation require ERCP procedures each year, it is evident that general surgeons perform 50-60% of these procedures.

In Turkey biggest cities, such as Ankara, Istanbul, and Zmir, general surgeons and gastroenterologists handle a sizable portion of the ERCP workload. However, in many Anatolian cities like Bandırma, Urfa, Antalya, Uşak, Trabzon, Balıkesir, Afyon, Isparta, Nevşehir, Tekirdağ, Edirne, Konya, Balıkesir, and Rize, where a gastroenterology specialist is absent or ERCP procedure cannot be performed even if there is a gastroenterologist, only general surgeons perform this procedure. Codes 701360, 701370, and 701440 in the Ministry of Health database with entries for ERCP

procedures can be used to confirm these facts. Since more than 10 years ago, the Turkish Surgical Society (TSS) and the Ministry of Health have held meetings to develop a 6-month actual curriculum for the ERCP training of general surgeons.

The scope of the training program, as established by TSS, has been created by building on international curriculum programs that have been successful in the past while also making many of their requirements more challenging. The documentation that the student submits must adhere exactly to the training program. In facilities that offer ERCP training programs, residents also obtain ERCP training and incorporate this procedure, along with gastroscopy and colonoscopy, into their professional practices. This curriculum involves six months of constant study and includes both theoretical and practical components. The context of the ERCP technique makes it obvious that it is a surgical treatment. For instance, sphincterotomy is an incision technique carried out with the aid of a cautery and sphincter tome, and surgery is defined as a medical activity that includes incision, suturing, and excision procedures in the Dictionary of the Turkish Language Association.

Procedures like endoscopic mucosal resection and Endoscopic Ultrasonography. Gastroenterologists also carry out treatments such as per oral endoscopic myotomy and sub mucosal tunneling endoscopic resection, which are not covered by the relevant CTP but are included in the Level 1 category of the gastrointestinal CTP. A field of specialty cannot be restricted from engaging in certain activities by another field of specialization. As a result, it is not only unethical and immoral for gastroenterologists to believe that surgeons cannot do ERCP. The commissions and rules, as set by the Ministry of Health in accordance with law no. 1219, will be the deciding factor in this subject. What needs to be done is that, similar to endoscopy, a uniform training program, legislation, and certification process should be established for procedures like ERCP and EUS. Surgeons naturally undergo ERCP training through their professional association, TSS, with a 6-month training curriculum that is more challenging and scientific than its equivalents in many nations, up to these restrictions are enacted.

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