



Congress Interviews

In the following interviews, experts provide insight into their careers and achievements to date within gastroenterology, giving update on a host of topics from the applications of artificial intelligence, to liver transplantation, and a closer look at the workings of the United European Gastroenterology (UEG) organisation.



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Q1 What initially sparked your interest in gastroenterology, and has continued to motivate you over the years?

When I was a trainee, I thought: am I going to be a surgeon or am I going to go into internal medicine? At that stage, we had a doctor join from another hospital who was a gastroenterologist, and he showed that this specialty offered the ideal mix of analytical thinking and hands-on work.

He let me join the hands-on programme and, while completing my internship, he allowed me to conduct some endoscopies, which I found fascinating. I still look forward to Thursdays when I have a whole endoscopy list. On the other hand, I also still like the analytical aspects. I currently work with a great group of fellows, and I really like having the time and availability to dive into patient care with them and see what is going on. I enjoy working out the puzzle and finding out what the problems behind conditions are.

Q2 What has been your greatest achievement during your time at the Leiden University Medical Center (LUMC), the Netherlands, where you currently head the Gastroenterology and Hepatology Department?

I only started here 3 years ago, but what I have tried to do is increase the team's visibility. We have lots of talented people here, but they are all quite modest. I really empower them to get onto the podium and to show how good they are, and this is starting to pay off. Seeing this team present at large meetings makes me proud. We have a good mix of staff; both basic researchers as well as clinicians, male and female, young and slightly older. I am very proud of what they are now achieving.

"The UEG is keen on creating an energetic and innovative vibe."

Q3 How is the United European Gastroenterology (UEG) continuing to encourage experts in this specialty to “ingest the best,” and what changes have you brought about in your role as Secretary General?

The UEG is keen on creating an energetic and innovative vibe. Nowadays, we have online access with the ‘myUEG’ platform, and there are, for example, digital poster sessions at UEG Week, which I think are great. Alongside these new aspects, the congress continues to try and make connections between the specialties of gastroenterology, from pathology to motility, from liver to endoscopy.

My specific role is to facilitate these connections. I am not trying to drastically change the organisation, but to focus on the team we work with and keep this positive energy. The big achievement is the way we work together.

Q4 What are you most looking forward to about UEG Week 2023?

Firstly, I am looking forward to the digital poster sessions. I really appreciate these; there will be screens and small groups of people discussing research done by other fellows. These will be highly comprehensive and provide a great opportunity to interact with others. Previously with physical posters, people did tend to just pass by, but now people sit down instead and watch a poster pitch; I am really looking forward to more of that this year.

What I also always like about UEG Week is meeting the next generation and discovering their interests. Plus, it is great to see mixing of cultures. I am familiar with the Dutch field, but this might be completely different for fellows in Greece or Sweden, for example. Ultimately, we move forward together.

Q5 What challenges have you overcome co-founding Women in Gastroenterology and serving on the Equality & Diversity taskforce for the UEG? What is the immediate focus for these groups?

I think that some people believe there are no longer diversity issues, and people around me

tell me these groups are no longer needed. But I disagree; look at the editorial board of most journals. Most of the time these are not very diverse. Look at the doctors doing live demonstrations, and most of the time they have the same skin colour or are the same gender. This is the same across many specialties.

Therefore, I think we are in real need of role models, considering both gender and ethnicity. I think it is important to have access to a diverse spectrum of people, and this is the future. Individuals from marginalised groups will only get involved if they see they can do it too.

Q6 Are there any topics or gaps in literature that you feel warrant greater attention within the field of gastrointestinal endoscopy? And where can we expect to see your research focus in the near future?

When I started in the field, we had just taken on enteral, in particular colonic, stenting and we have now come full circle here. After about 10 years, we have handed this back to the surgeons and moved away. I have moved into pancreatobiliary research, with a special focus on pancreatic diseases. I have a real interest in early detection of pancreatic ductal adenocarcinoma by fluid analysis, imaging, or artificial intelligence (AI).

AI is a really hot topic and I think it could help. But there are also dangers here. Referring back to diversity, lots of AI systems are trained on one specific population. If this is applied to the whole world, there may be severe shortcomings. I think that if we really want to make progress here, we must be very thoughtful and careful about the input, because you get out what you put in.

I have learnt that we often focus on fixing conditions, but we should probably move more towards preventing them. Conducting procedures can make you feel like a hero, and you do not get quite the same buzz from having lengthy conversations with patients. But I think this is even more important, and maybe we should move towards talking to people even before they become patients. This way they can get their lifestyle in order, and we do not find them later in obesity endoscopy treatment, for example. ●