

## Preface: Endoscopy and Ecology

Why devote a whole issue of this journal to the question of environmental sustainability? The climate crisis has catalyzed widespread dialogue in recent years, but so have a number of other geopolitical events. The climate dialogue also feels increasingly fraught, with policy implications that carry a partisan flavor, and thus increasingly easy to cede to non-clinical stakeholders like elected officials, atmospheric scientists, and petrochemical executives with more obvious skin in the game. It's one of the quiet pleasures of subspecialty medicine, after all, to commit oneself to a finite stretch of visceral terrain, studying it to the point of mastery. What merits turning the field's attention toward wider landscapes?

Just as the Covid-19 pandemic obliged many gastroenterologists to revert for a while into undifferentiated physicians, the suffering forecasted to accompany the climate crisis tends to evoke fairly basic clinical sympathies. Along stark gradients of existing disparity, hundreds of millions of people will grapple in coming decades with famine and drought, property loss and mass migration. Against the backdrop of an eroding social fabric, one wonders what might happen to the perceived value of a single screening colonoscopy. Just as the pandemic required many endoscopists to temporarily suspend their practice, the climate crisis threatens not only to eclipse our current professional priorities, but to subvert them.

As such, a bleeding heart does not strike me as prerequisite for taking this conversation seriously. From a more selfish perspective, sustainability herein might refer not just to the environment, but to endoscopy itself. This alternate framing arrives at the same key questions, albeit with a more practical tenor: Could we reshape our tools in the present in order to safeguard their relevance in the future? Should we broaden our calculus of procedural costs and dividends beyond the individual body? How can we responsibly shepherd our work through a changing world?

By virtue of limited precedent in the published literature, the articles collected herein on the subject of sustainable endoscopy are necessarily exploratory. In many cases, their objective is not to answer these questions, but rather to pose them with rigor, nuance, and urgency. Siau et al reflect on the current carbon footprint of the average endoscopy suite, while Agarwal et al consider the environmental impact of single-use endoscopes. Collins deconstructs the various elements of scope reprocessing, while de Melo et al weigh the burden of solid waste. The collection is bookended by articles that adopt still wider lenses, with Haddock et al making the case for sustainable endoscopy as a professional priority and Sebastian et al plotting a roadmap for research and advocacy along those lines.

As thinking around sustainable endoscopy matures, one almost hopes that these early inquiries will read as naïve, articulating basic questions while gesturing toward the vague prospect of sophisticated solutions. It is an earnest start, though, and I am grateful to all contributors for their commitment to this work. I'll freely admit to naivete as an active personal concern, in spite of which I am grateful to the editors of *TIGE* for the opportunity to serve as guest editor, a role that has been driven far more by interest than experience.

I'd also like to thank my colleagues in the Green Endoscopy Network, a passionate, inclusive, international collective of likeminded clinicians, many of whom have left their mark on this series in 1 way or another. In a sprawling text thread, there was at 1 point a little debate about what to call the group. "Green Endoscopy," their original coinage, won the day, and I wonder whether it did so not just for its evocation of ecological stewardship, but also for its secondary implication that we are all really beginners in this space, not quite ripe, stumbling together toward a new sort of growth.

For multiple reasons, gastroenterologists may not be the people best suited to guide this debate, nor indeed the ones who will end up leading it. The necessary background knowledge and methodological training fall outside our usual wheelhouse. Within entrenched systems that tend to reward procedural effort for its own sake, it will be difficult to overcome biases toward a personally advantageous but collectively deleterious status quo. For better or worse, though, the world has given biomedical practitioners ample autonomy in deciding what health means and advising others on how to maintain it. We set the parameters for our own professional vision; we decide when to take the extraluminal view.

### Conflict of interest

The author discloses no conflicts.

NITIN K. AHUJA\*

Clinical Medicine, Division of Gastroenterology and Hepatology, University of Pennsylvania, Philadelphia, Pennsylvania

\*Correspondence Address correspondence to: Nitin K. Ahuja, MD, MS, Assistant Professor of Clinical Medicine, Division of Gastroenterology and Hepatology, University of Pennsylvania, Philadelphia, Pennsylvania. E-mail: nitin.ahuja@pennmedicine.upenn.edu