

COMMENTARY

LINES FROM THE PRESIDENT
ALLIANCE NOT RELIANCE

Nuclear medicine has been categorized and practiced as a medical specialty for nearly 20 years, but it has yet to attain total specialty independence, due, in part, to two related factors. A joint board consisting of the American Board of Radiology (ABR), the American Board of Internal Medicine (ABIM), the American Board of Pathology (ABP) and The Society of Nuclear Medicine (SNM) was required to establish the American Board of Nuclear Medicine (ABNM) and receive American Medical Association (AMA) accreditation. Such extensive representation was not required



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for most other medical specialties. Shortly after the ABNM was organized and designated as the exclusive nuclear medicine certifying agency for all future nuclear medicine specialists, two of the board organizers received approval to certify trainees in diagnostic radiology with special competence in nuclear medicine and nuclear pathology. In spite of this fractionation and recurrent identity problems, nuclear medicine has continued to develop and expand, particularly in the area of functional radionuclide imaging.

Since functional radionuclide imaging is complementary to most anatomical radiologic images, diagnostic radiology has maintained a significant interest in nuclear medicine, far exceeding that of a joint partner. This involvement with nuclear medicine has, at times, been disadvantageous for the specialty. The disadvantage becomes readily apparent when diagnostic radiology becomes the representative for all of nuclear medicine, while nuclear medicine becomes only one of myriad subspecialties that comprise diagnostic radiology. In this microcosm, nuclear medicine becomes a poorly defined entity with a confusing image.

Recognition as Specialty

The congressional decision to exempt full- and near full-time nuclear medicine practitioners from the American College of Radiology's Relative Value Scale (ACR-RVS) fee

charges for the years 1990 and 1991 has been considered by some an economic victory for nuclear medicine. I feel, however, the victory resides in the differentiation of nuclear medicine from diagnostic radiology. The legislation clearly made this distinction and marked the first time that nuclear medicine has been recognized as a unique medical specialty.

The impetus for the legislation was the inequity in nuclear medicine fee charges derived from the ACR-RVS survey data and used by the ACR to develop the nuclear medicine charges. The data was biased toward the radiology nuclear medicine practitioner and did not reflect a cross section of all of the practitioners of nuclear medicine, particularly the non-radiologists who practice nuclear medicine full time.

This bias was documented subsequently in the survey sponsored by the SNM and the American College of Nuclear Physicians (ACNP). The memberships of SNM and ACNP represent nearly all of the principal practitioners of nuclear medicine in the United States. Since no other organizations can claim this number of nuclear medicine physicians, we can assume that SNM/ACNP has the responsibility to respond to all matters that affect the specialty of nuclear medicine. Although diagnostic radiology has been called upon to speak for nuclear medicine in the past and has done so with little or no input from the SNM/ACNP, only on the RVS issue has it become dramatically clear that the interests of the two specialties are quite distinct. It is obvious that although the two specialties share several common bonds, the scopes of their interests are frequently not the same.

In their role as representative spokesperson for nuclear medicine, SNM/ACNP should remain open and receptive to responses and recommendations from others. I would anticipate that as legislation develops that will impact on the future practice of medicine, new alliances will have to be developed between nuclear medicine and other medical specialties, particularly diagnostic radiology. This should not be done in an adversarial atmosphere but in one of mutual concern and respect. It would certainly appear that nuclear medicine has moved beyond the point of reliance on diagnostic radiology to a position of alliance with this specialty.

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