Nuclear Medicine Community Responds

VETERANS ADMINISTRATION CONSIDERS TRANSFER OF NUCLEAR MEDICINE SERVICE

"The Society believes that the projected changes in the VA Central Office Nuclear Medicine Service will have a detrimental effect on the VA Hospital Nuclear Medicine Programs and will adversely affect medical care of veteran patients. We respectfully request that the VA Central Office Nuclear Medicine Service be continued as an independent, identifiable program."

James J. Smith, MD, director of the U.S. Veterans Administration (VA) Central Office Nuclear Medicine Service, was notified by a letter dated April 8, 1985, that his position will be eliminated.

John W. Ditzler, MD, chief medical director at the VA Central Office in Washington, DC, also informed Dr. Smith that the proposed reorganization would also include the transfer of responsibility for the VA Nuclear Medicine Service to the director of the VA Radiology Service.

Several nuclear medicine organizations have expressed concern over the administrative change.

The Society of Nuclear Medicine (SNM) sent a letter, dated May 3, to Dr. Ditzler stating that the VA Central Office Nuclear Medicine Service has accelerated the growth of the specialty, and that if the transfer of responsibility takes place, the momentum of important research will be lost.

"The Society believes that the projected changes in the VA Central Office Nuclear Medicine Service will have a detrimental effect on the VA Hospital Nuclear Medicine Programs and will adversely affect medical care of veteran patients," said SNM President Michael J. Welch, PhD, and SNM President-Elect Stanley J. Goldsmith, MD.

"The administrative relocation of the Nuclear Medicine Service to the Radiology Service, the loss of identity of nuclear medicine in the VA Central Office, and the lack of identifiable leadership by an individual who is responsible for nuclear medicine and whose primary interest is nuclear medicine, can be expected to result in a decline in both quality and productivity of those programs.

"We respectfully request that the VA Central Office Nuclear Medicine Service be continued as an independent, identifiable program, and that the position of Director of Nuclear Medicine be sustained," concluded Drs. Welch and Goldsmith.

The American Board of Nuclear Medicine (ABNM), in a letter to Dr. Ditzler dated April 29, stated that the transfer of administrative responsibility for nuclear medicine to the VA Radiology Service would be "severely disadvantageous to the provision of high-quality medical services and to the continuance of excellence of the VA nuclear medicine program."

Joseph F. Ross, MD, president of the ABNM, cited in the letter several negative effects on the field that could result from abolishing Dr. Smith's position at the VA Central Office, including a deterioration of VA nuclear medicine residency training programs.

The American College of Nuclear Physicians (ACNP) sent a letter to Dr. Ditzler, dated May 8, which urged that the specialty of nuclear medicine, distinct from radiology, remain a separate service within the VA.

The ACNP pointed out that the differences between the two specialties will become more evident in the coming years as positron emission computed tomography (PET) studies of cerebral function and labeled antibodies for diagnosis and therapy become clinically available.

"The College is most troubled by an administrative transfer which offers miniscule economic benefits for the VA, but holds the potential for destroying one of the most efficient, cost-effective medical services offered by the VA," said Kenneth A. McKusick, MD, ACNP president.

The federal appropriation for VA medical administration and miscellaneous operating expenses was $70 million in fiscal year 1985, and the Reagan Administration is requesting $55.879 million for 1986.