Commentary

LINES FROM THE PRESIDENT: NUCLEAR MEDICINE ON THE RISE AGAIN

or those who have been associated with nuclear medicine for over 20 years, the cyclic nature of the field is evident. New procedures appear with



Howard J. Dworkin, MD

regularity, some older procedures change, and clinicians fall in and out of love with procedures. The pessimists often see the end in sight. Those with time and wisdom on their side know the cyclic rhythms well. Over the past two years, we have come through one of those nadirs (along with the rest of medicine).

Yet, without the introduction of a new "superstar" procedure, the volume of procedures and interest in nuclear medicine are again on the rise. I detected this trend about six months ago locally and attributed it to the recovery from "DRG Shock." On a national scale, the following statistics supplied by Market Measures, Inc., a market research company in West Orange, NJ, also suggest an upswing. Nuclear medicine imaging procedures increased approximately 12% from the first quarter of 1985 to the first quarter of 1986. Lung ventilation/perfusion scans (+18%), hepatobiliary imaging (+16%), and myocardial perfusion studies (+31%) were among the leaders.

In addition to these observations, some new procedures will soon move from investigative applications into the realm of "routine use." Increased research activity has been evident as well, and was clearly indicated at the 33rd Annual Meeting of The Society of Nuclear Medicine (SNM) last June where abstract submissions rose by more than 20%. Although a full analysis for these changes requires some conjecture, the need for the type of information provided by nuclear medicine functional studies remains undiminished.

At the time of this writing, I have been president of the SNM for only one month. Continuing matters currently being addressed include: (a) adequacy of federal funding for nuclear medicine research, and (b) cooperation among organizations with nuclear medicine interests, such as the American College of Nuclear Physicians (ACNP) and the American College of Radiology (ACR). Several new initiatives of importance are also underway: (a) a manpower survey (which is sorely needed) must be obtained if we are to establish our place in organized medicine and plan our future manpower requirements in a responsible manner; (b) a cost-effectiveness/efficacy study for radioimmunoassay (RIA) is needed to clarify conflicting opinions. Although a small fraction of nuclear medicine practitioners carry out RIAs, it remains an important part of the field, both scientifically and economically. This study, I believe, will show the health, growth, and efficacy of RIAs.

The legacy of Dr. Stanley Goldsmith's [immediate past president of the SNM] admirable administration is that of sound management and sensitivity to issues. His help and cooperation for the initiation of the current administration are gratefully acknowledged. I hope you will take the time to communicate to me your opinions and concerns about the nuclear medicine field and the SNM. The Society will make every effort to respond to your needs.

> Howard J. Dworkin, MD President The Society of Nuclear Medicine

(continued from page 1386) selves with liability insurance.

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Linda E. Ketchum

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