

COMMENTARY

WHO SPEAKS FOR NUCLEAR MEDICINE?

I was invited to write this commentary after I submitted a letter-to-the-editor last December to *The Journal of Nuclear Medicine* in which I stated that nuclear medicine physicians in academic centers had done little to defend the nuclear medicine practitioner against physicians in other specialties who denigrate our procedures. This denigration has adversely affected nuclear medicine's service to patients and eroded our income.



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One example is the poor response of the nuclear medicine community to a 1986 article in *Annals of Internal Medicine* (1), accompanied by an editorial (2), concluding that bone mineral densitometry is too costly and of no help in the fight against osteoporosis. Since December, *Newsline* has reported some positive activity in this area (3). Such fights, however, must be carried to the very influential journals that make the attacking statements in the first place.

Another example is the conclusion from a University of

California at Los Angeles (UCLA) conference, published in 1982 in *Annals of Internal Medicine*, stating that radio-nuclide scanning of thyroid nodules is not cost-effective and not necessary (4). According to my hospital's endocrinologists, the subsequent 50% reduction in thyroid radio-nuclide scans at my institution is a direct result of this publication. This dogma is now part of the diagnostic "flow" training for medical residents.

Why was there no significant attempt by prestigious nuclear medicine practitioners to deal with this misconception at the source—the *Annals of Internal Medicine*? An almost passing mention in a recent educational review in *The Journal of Nuclear Medicine* (5) is not what I have in mind. What is needed is something more like the inspirational editorial in a recent issue of *The New England Journal of Medicine* (6) that discusses the future of positron emission tomography (PET). Such writing about the more "bread and butter" nuclear medicine procedures should be tailored to these primary care medical journals.

I can cite more examples of nuclear medicine procedures unfairly criticized in prestigious refereed medical journals. Probably the most famous is a 1977 "perspective" article

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Leaders in the nuclear medicine community also want to join that vanguard. Peter J. Ell, MD, of The Middlesex Hospital Medical School in London, England, said last year during the European Nuclear Medicine Congress in Goslar, FRG, that it is imperative for organized nuclear medicine to carry out an intensive campaign to educate the public on radiation risks, and to insert this information into a general discussion on the risks of life.

"One does not live without risk. A healthy person carries a risk, just by living, that can be measured. The

population does not understand that, and it must be enlightened. If we fail to carry out these public relations exercises in a serious, consistent, and structured manner, we will continue to be victimized by policy decisions made by those who take comfort in emotional, nonfactual ways of dealing with problems," warned Dr. Ell.

Linda E. Ketchum

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in the *Annals of Internal Medicine*, "Overdiagnosis and Overtreatment of Pulmonary Embolism: The Emperor May Have No Clothes." (7) Although this article prompted a flurry of letters-to-the-editor, the most well-documented evidence refuting that article was published eight years later in *The Journal of Nuclear Medicine* (8-10). These articles represent an important contribution to the evaluation of the efficacy of lung scanning, but they still fall short of reaching the physicians who read the primary care journals.

The list of misconceptions about nuclear medicine goes on. . . . In 1985, an *Annals of Internal Medicine* article greatly downgraded the value of radionuclide brain scanning to detect subdural hematoma (11). One community hospital physician responded (12), convincing that journal to publish what amounted to a retraction (13). . . . Single-photon emission computed tomography (SPECT) scans of the liver have the capacity to show liver and spleen defects that are not seen on planar views. Sometimes, the correlating x-ray computed tomography (CT) scans also fail to find lesions. The usefulness of this nuclear medicine SPECT procedure is apparently unknown (Does anyone know?) to Medicare. . . . We have failed to convince the medical community of the usefulness of radionuclide venography. . . . Except for pulmonary medicine physicians, the renewed usefulness of gallium-67 scans appears to be a well-guarded secret within the medical community at large. . . . The clinically relevant and scientifically established modality of ventilation/perfusion scanning still remains hampered at the community hospital level by the burdensome cost of most ventilation tests. . . .

This general lack of defense is symptomatic of a larger problem within organized nuclear medicine. The striving for scientific excellence (a worthy and necessary endeavor) and for "successful" national and regional meetings is important for The Society of Nuclear Medicine (SNM). Unfortunately, these goals have tended to make much of the academic activity in nuclear medicine less relevant to the majority of the SNM membership. This majority is not found in well-funded and prestigious medical centers. SNM meeting programmers struggle with this conflict and provide seminars (Why do they always cost extra?) and educational sessions. What is really needed, though, is more involvement in the SNM meeting planning by nuclear medicine physicians at community hospitals, which should result in a greater compromise between emphasizing edge-of-the-frontier advances in our field and exploring the nuclear medicine that is available to most patients and physicians.

Can we gradually improve the acceptance of nuclear medicine by the majority of primary care physicians? I believe that we can if nuclear medicine physicians at community hospitals participate more actively in the academic activities of nuclear medicine and in the SNM organiza-

tional structure. Nuclear medicine physicians who are primarily involved in patient care need to serve on the SNM committees (especially the Scientific Program, Education and Training, Public Relations, and Finance and Budget Committees). In addition, the community hospital physicians, together with our academic leaders, need to make nuclear medicine visible (and make sure that its benefits are described accurately) in the medical literature at large.

Moreover, financial or profit-making considerations should be deemphasized in the activities of organized nuclear medicine. From the March 1987 *Newsline* commentary on the SNM Board of Trustees debate about the Fifth World Congress (14), the logical conclusion drawn by this reader is that the "pragmatists" chose the strengthening of the SNM finances over a more vigorous strengthening of the worldwide community of nuclear medicine. The fact that there was a debate suggests that there are others within the SNM who might agree with some of my comments.

In its desire to maintain high scientific standards and to protect the SNM financially, the leadership of nuclear medicine may have lost sight of its role in representing the entire SNM membership, and may fail to speak clearly for the majority of nuclear medicine practitioners.

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