

## DEPARTING *JOURNAL* EDITOR, THOMAS P. HAYNIE, MD, REVIEWS HIS TENURE



Thomas P. Haynie, MD

Thomas P. Haynie, MD, chairman of the department of nuclear medicine, James E. Anderson Professor of Nuclear Medicine, and professor of medicine at the University of Texas M.D. Anderson Cancer Center, completed his five-year term as Editor of *The Journal of Nuclear Medicine* with the closing of the December 1989 issue. Toward the end of his term, *Newsline* solicited Dr. Haynie's reflections on the editing process and the role of the *Journal* in the field of nuclear medicine.

***Are there any manuscripts that were published during your tenure as editor which you considered to be especially significant contributions to the study of nuclear medicine or medicine in general?***

It is going to be very difficult for me to cite specific papers in response to this question. In a way, it's like asking parents which of their children is their favorite. One principle that I have tried to live by is that every paper is important to its author and should be treated accordingly. Whether or not the paper is important to a reader depends a lot on a reader's interest and background. In a multidisciplinary organization like The Society of Nuclear Medicine, there are few papers that appeal across the board to all members and thereby the bulk of the readership of the *Journal*. Many very important papers appeal at the time only to a small segment of the Society, but it is of vital interest that they receive this information. It has been one of my axioms that if a reader of *The Journal of Nuclear Medicine* finds no more than one or two papers per issue that have direct appeal, that is about what one can expect.

From the editor's standpoint, this makes the job of selec-

ting articles for the *Journal* a difficult one. No editor can possibly have personal, practical interest in all of the papers that are being sent in for publication. He must rely on his advisors to guide him in proper selection and, of course, on feedback from the readership and the Society. Unfortunately, most of the feedback the editor gets is negative and people citing what they don't want to see. There is not a lot of "that was good, give me more of that."

When I came into the editorship, I identified the important areas of research in nuclear medicine at the time as being positron emission tomography (PET), single photon emission computed tomography (SPECT), monoclonal antibodies, and magnetic resonance imaging. A review of the articles published during my tenure will indicate that the first three certainly have dominated as predicted. Magnetic resonance imaging has not been a great part of *The Journal of Nuclear Medicine*, simply because articles have not been sent, but we did establish something of a presence, even though it was a small one.

I would also mention here the *Newsline* section of the *Journal*, as I believe many significant contributions have been made in this format under the editorship of Stanley Goldsmith. *Newsline* has provided readers with articles on nuclear power and warfare, radioactive waste disposal, and the socioeconomic aspects of the practice of nuclear medicine, in what I consider a most effective manner.

***Apart from particular manuscripts, what was the most satisfying element of your five years as editor?***

Basically, I am satisfied that I have demonstrated I can edit a scholarly journal, for whatever that is worth. I took on the *Journal* at a time in my life when I was looking for more than the practice of nuclear medicine was providing me. I was interested in the publishing profession as I had dabbled with it in several ways during my professional career, as a member of the Editorial Board of the *Journal*, as the Editor of *Newsline* for the Society, and as a Contributing Editor for *Year Book of Cancer* and other abstracting services.

None of my experiences, however, really prepared me for the intensity and pressure that one feels in trying to produce a monthly journal. Upon assuming the editorship, I

quickly found it was dominating more and more of my office and personal time. I had so much to learn and so little time in which to do it. The *Journal* quickly became my number one priority, over that of my practice of nuclear medicine and even my family. Here, I would like to gratefully acknowledge my wife, Bette, and my family, who supported and sustained me during my editorship. At present, I am reasonably content with what I was able to accomplish.

***Has nuclear medicine changed dramatically in the past five years? If so, how have these changes affected the Journal?***

From my perspective, the practice of nuclear medicine has changed in that we have moved from a very high volume and relatively low intensity per patient activity to a somewhat lower volume, but much higher intensity of service per patient. Procedures that used to take only 20 or 30 minutes now take two to three hours, if we are to obtain all of the data which we need for analyzing results. The presence of SPECT and monoclonal antibodies has been especially important to our practice here at M.D. Anderson Hospital. We are just getting into PET, but that promises to be even more intense. In the basic sciences, the complexity of the chemistry and physics has likewise increased.

The net result as far as the *Journal* is concerned is that procedures, become more complex and articles have of necessity become longer. Illustrating the numbers of images obtained with tomography has been a problem for us, particularly with three dimensional viewing. Color reproduction has become increasingly necessary.

The societal changes that we are experiencing, particularly with the attempts to cut back the ever increasing costs of medical care have impacted our high technology specialty. With all of the various currents running to and fro, it has been a challenge to keep the readers informed accurately and completely. When I came into the editorship, I said it was my intention to edit the *Journal* in such a way, that if a reader could only read this one journal each month, he would be able to remain current all the issues in the field of nuclear medicine. Although, there are, no doubt, some deficiencies, I think that challenge was met.

***What kind of changes might you propose or envision for the Journal in the next five years?***

One of the reasons I declined to be considered for a second term as editor was that at the time I did not have a satisfactory answer to this question. Having declined, I am not sure that it is fair for me to comment on the question

now. One of the goals that I had set for myself and did not achieve was to have a monthly continuing education article based on current topics featured at the SNM Annual Meeting. I still think this is a good idea, if we can persuade people to write in this fashion. I also proposed that The Society of Nuclear Medicine develop a strategic plan for its *Journal* in all of its aspects: economic and scientific.

***On a personal level, what are you going to miss most about your involvement with the Journal?***

I believe the thing I enjoyed most about working on the *Journal* was involvement with the peer review process in which a manuscript with important original findings would go out to reviewers who would make cogent comments and helpful recommendations. The author would then incorporate these changes and I would see the paper through the production phase to publication. Each month as I view the *Journal*, it is almost as a teacher views his pupils going to graduation. I feel deeply about this part of science as it relates to creativity. Although I have written some pieces for the *Journal*, I believe my main reward has been vicariously through the success of other authors.

***What would you say is the short and long term prognosis for nuclear medicine and why?***

It seems to me that nuclear medicine is flourishing at the moment and the exciting part is that this is occurring not only in the United States, but in Europe and the Far East as well. In fact, in many cases, our European and Asian colleagues are progressing more rapidly than we are in the United States because they don't have the fetters of the regulators as securely fastened as we do. In the short term, we are hampered by difficulty in gaining access to some of the newer radiopharmaceuticals and the expense of the instrumentation is limiting. During my 30 years in nuclear medicine, I have seen gloomy predictions about the future outstripped by the advances in technology and science. In the present era, we still need help from the government and private sector in solving some of our problems, and my outlook for the future is very positive. As long as the Society of Nuclear Medicine exists and flourishes, I believe, *The Journal of Nuclear Medicine* will too. Somehow, however, I believe more, resources from the Society should be made available to the *Journal* so that it can maintain its preeminence in the field. I would also mention here that our commercial sponsors play a very important role in advancing both our specialty and *The Journal of Nuclear Medicine*, and they should not be neglected.