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The Glowing Ghost

He's our patron saint, by default.

In the early days of nuclear medicine, the glowing ghost was the imaginative response of the uninformed to the latest scientific breakthroughs. In the 1930s, when radioiodine was first used to measure the rate of iodine uptake in the thyroid, the concept of an "atomic cocktail" was promulgated and was greeted with fascination and enthusiasm. Since this popular misconception was a positive one, proponents of these methods made no effort to correct this impression.

While the glowing ghost and the atomic cocktail seemed harmless enough two decades ago, they now represent sinister characters that define the lay public's opinion of our field.

The glowing ghost has become an assertive poltergeist. How else can we explain the strange contradiction of the patient eager to undergo the procedure that will help to characterize his illness, while across the hallway, a hospital employee refuses to care for the patient who is "radioactive."

In the absence of facts, the 'glowing ghost' rules supreme.

As part of their professional education, health care workers are taught the appropriate procedures for managing patients harboring contagious organisms, aggressive malignancies, and a variety of other maladies. These same individuals have minimal exposure to radiobiology and radiation protection. As a result, in every hospital, there are nurses who refuse to care for patients undergoing diagnostic radionuclide procedures; ultrasound technologists who will not do a procedure on a patient injected for a bone scan; x-ray technologists who claim that patients injected with radionuclides fog their films; and even nuclear medicine technologists who refuse to participate in PET imaging because of radiation exposure from positrons.

In the vacuum created by limited formal training on radiation and radiobiology in our schools, the ghost slips in; in the face of the largely uncontradicted and extremely negative press concerning radiation-related issues, the ghost burns brightly; and in the absence of any organized program to deal with the real hazards of hazardous waste it is no wonder that his star is once again, on the rise.

It's time to exorcise the creature.

To overcome the accumulation of misconceptions, outright fear and prejudice, aggressive, ongoing programs of education on radiobiology and relative risk are required. Since most hospitals are a "passing parade," with continuous staff turnover, we should expect that yesterday's lecture was never heard by today's personnel.

Our efforts must range from one-on-one, chance discussions between colleagues to making sure that every cycle of in-service education offered by our institutions includes a lecture/discussion on the facts and fiction of nuclear medicine.

H. William Strauss, MD
Editor, *The Journal of Nuclear Medicine*