COMMENTARY

LINES FROM THE PRESIDENT

AS I COMPLETE MY TERM AS PRESIDENT OF The Society of Nuclear Medicine and I look back on the experiences of the past year, I realize that my perspective on nuclear medicine has changed. I now believe that the Society is central to nuclear medicine. SNM is a scientific organization whose primary mission is promoting and facilitating advances in the science and education of nuclear medicine, mainly through the publication of journals, books, or educational materials, and through the annual scientific meeting. In 1985, the Society's bylaws were revised to include a third mission: socioeconomic and political activities to advance nuclear medicine science, education, and practice. Although the Society spends less than 3% of its annual budget on socioeconomic and political activities, leadership spends much of its time and energy on these activities, which have become vital to increasing funding for nuclear medicine research, and tempering the effects of reimbursement reforms and regulatory agency activities. We should continue to focus on protecting nuclear medicine's autonomous identity among medical specialties and planning for the protection of the future of the field, as well as reasonable conditions for industry.

Naomi P. Alazraki, MD

The National Biomedical Tracer Committee, chaired by Richard Holmes, MD, exemplifies the impact that the Society can have on the future of nuclear medicine. The tracer committee helped secure some $83,000 from the Department of Energy to enable the commencement of planning for the national medical accelerator dedicated to producing isotopes for use in nuclear medicine, research, and industry. The Society recognized the need for such a facility to insure ongoing advances in research, development, and education in nuclear medicine. We can be proud of our accomplishments in facilitating this joint effort by industry, professional societies, and government.

Conflict of Interest

The Society needs protection from conflicts of interest and even from the *appearance* of such conflicts. The environment of 1991 suggests government and public suspicion of the relationship between industry and the scientific world. A former editor of the journal *Circulation* has been under investigation for allegedly having made editorial decisions about publishing articles that concerned the performance of a drug made by a company in which he held financial interests. Congress asks questions about medical education supported by industry: is it education or promotion? The Society must be sensitive to these issues. Indeed, the Society's effectiveness is predicated on its integrity and the respect of others for its scientific and educational mission.

Translating these principles into practice means that the Society needs to formulate policies for the full disclosure of financial interests that might constitute conficts of interest for authors of journal articles and investigators presenting at SNM meetings. Educational meetings sponsored by chapters or cosponsored by the Society can rightfully accept educational grants from companies, but we need to demonstrate no possibility of influence from other parties on program planning or speaker selection. Dr. Henry Wagner has told me that his review of abstracts to be presented at the annual meeting shows a substantial number of studies co-authored or sponsored by companies. This reflects the increasing role that industry plays in the development of nuclear medicine. It is important that we protect that partnership with industry in a way that is consistent with scientific integrity.

Specialty Societies and Practice Policy

Medical specialty societies face unprecedented challenges in this time of reform in health care delivery and reimbursement. Pressures to develop practice policies, quality standards, and outcomes data have all medical specialty societies scrambling to implement expensive programs to meet these challenges. SNM is no exception. Our concern, as stated by Barbara McNeil in her address to the Board of Trustees at the midwinter meeting in Tampa, is to provide data to support inclusion of nuclear medicine procedures in practice policies written by primary care specialty groups. We need to organize ourselves to get this job done. The Brain Council, the practice policy task force, and a few committee individuals have made some progress, but as Jim Fletcher, chairman of the task force has proposed, we need to establish an office of quality standards and practice policies with a paid, rather than volunteer, director to organize and implement a comprehensive program.

Cost Containment

Cost containment in health care delivery has become a priority for government and big business. Government is spending close to 12% of the gross national product on health care and projections indicate continuing increases. To curb the mount-

(continued on page 27N)

Commentary

(continued from page 24N)

ing costs of health benefits for employees, large corporations have negotiated managed care plans with HMOs and contracted with consultant firms to monitor quality in those plans.

These actions are designed to contain cost without sacrificing quality. Recent studies published in the *Journal of the American Medical Association* indicate that quality of care generally has not declined after seven years of DRGs, the government initiated pre-payment care plan for hospitalized medicare patients. Despite these cost-containment measures, however, health care costs to government continue to rise, in large part because of increasing volumes of medical services. To discourage physicians from increasing volumes of services, the Health Care Financing Administration (HCFA) is implementing formulae that reimburse specialties less for volumes of services exceeding the prior year's volumes.

These trends reflect what we all know: To maintain income, we're all working harder, delivering more services, and having less time for everything else. We seem to have less time for SNM work during this critical period when SNM's need for our talents and attention have increased.

To respond effectively to these demands, SNM needs structural reorganization. We need medical and scientific leaders who can dedicate the additional time necessary to meet the challenges of today. A president alone, or with a handful of others, all of whom have the demands of other full-time jobs, won't be as effective in the 1990s as such a cohort might have been ten years ago. In addition to our officers, we need professional leadership dedicated to SNM, and capable of representing nuclear medicine before the government, other medical specialty groups, and the scientific community.

Naomi P. Alazraki, MD
President, The Society of Nuclear Medicine

Guidelines

(continued from page 16N)

the radiologist and president of SNM's Brain Imaging Council says. "We want to be able to hand people percentile numbers—this pattern gives you an 80% chance of Alzheimer's disease, this gives you a 60% chance of multi-infarct dementia." The findings of the dementia consensus panel will be published in a number of journals, according to one of the panel's co-writers, Ronald S. Tikofsky, PhD, research associate professor and director of brain imaging research, department of radiology, Medical College of Wisconsin, Milwaukee.

Regardless of the procedures used to establish practice policy guidelines, Dr. Alazraki and others say that nuclear medicine specialists should work together with radiologists who carry out nuclear medicine procedures. The American College of Radiology approved several sets of clinical practice guidelines late last year that touch upon nuclear medicine. "We have to work with all of the other specialties," says Dr. Fletcher. As important, says Dr. Dillehay, "is to write these guidelines so they reflect the way we want nuclear medicine to be practiced." Gathering sufficient data to determine how nuclear medicine should be practiced, and hammering out a consensus with radiologists and other specialists—that is the delicate task ahead.

J. Rojas-Burke

References

1. Kelly, JT, Kellie, SE, Appropriateness of medical care. *Arch Pathol Lab Med* 1990; 114:1119-1121.
2. Liability premiums reduced for anesthesiologists. *QA Review* 1989; 1-6.
3. Kellie, SE, Kelly, JT, Medicare peer review organization preprocedure review criteria. *JAMA* 1991; 265:1265-1270.

Xenografts

(continued from page 17N)

"It is possible that not all tumors will grow in the immunosuppressed dog, but the melanomas Dr. Wiseman tried grew very well," says Dr. Nelp. "This is real ingenious work and should provide a model that has certain advantages for work on solid tumors." Solid tumors of the liver, lung, ovaries, and other organs have proven more formidable in resistance to treatment with radioactive antibodies than radiosensitive tumors such as lymphomas (see *Newsline*, December 1990, p. 15A). Among the problems blocking the advancement of radioimmunotherapy is the low rate of incorporation of antibody into tumor. Dr. Wiseman is comparing tumor blood flow to tumor size, and specific antibody binding of tumor to tumor blood flow, looking for relationships. He suspects this might lead to a way to increase the rate of uptake of radioactive antibodies into malignant tumors for improved detection and treatment of cancers.

Dr. Wiseman is completing the second year of his special three year combined fellowship at the University of Washington Medical Center and conducting his research at the Fred Hutchinson Cancer Research Center. Dr. Wiseman graduated from the University of Wyoming, Laramie in 1978. Awarded his medical degree from the University of Utah Medical Center, Salt Lake City, in 1983, he worked at the Mayo Clinic in Rochester, Minnesota until 1989.

J. Rojas-Burke