research interests. While this may increase the number of physicians specifically interested in imaging one "organ system," the complexity of modern medicine makes it difficult for one to develop equivalent expertise in all imaging subspecialty areas of nuclear medicine, much less radiology. Moreover, it is likely that with the increased complexity of nuclear medicine, 4–6-mo rotations by radiology residents will no longer be adequate to fully train physicians in nuclear medicine. As part of their mission to recruit new physicians to the field, nuclear medicine program directors should institute specific programs to attract physicians from outside of radiology to learn nuclear medicine. For example, at my institution, two of the four nuclear medicine residents finishing in July 1993 have completed their cardiology training and will qualify for examination by the ABNM.

Nuclear medicine needs to cultivate, rather than ignore, subspecialists who desire training in nuclear medicine.

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1993 Payment Schedule Threatens Future of Nuclear Medicine Specialty

TO THE EDITOR: The majority of nuclear medicine practitioners must wake up to the socioeconomic facts of life before it is too late.

Table 1 represents an important lesson for nuclear medicine practitioners. It illustrates that nuclear medicine will experience the most severe income loss of *all* medical specialties; a stunning 64% decrease in reimbursement between 1991 and 1996. Clearly, this degree of cutback threatens the very survival of nuclear medicine as a distinct specialty.

This serious economic threat to our specialty's survival occurred because too many nuclear medicine professionals just didn't give a damn. Only one nuclear medicine organization has made the socioeconomics of practice its primary goal—the American College of Nuclear Physicians (ACNP). The ACNP is the only organization structured to effectively lobby Congress and other federal agencies on behalf of nuclear medicine specialists. For years, the ACNP has warned of threatened payment cutbacks.

The ACNP has desperately sought help in fighting draconian reimbursement cutbacks, which would have been even worse without its efforts. Yet only one in ten physicians engaged in either part-time or full-time nuclear medicine practice has even bothered to join ACNP or has otherwise contributed to the fight for our specialty's economic survival. While the Society of Nuclear Medicine has helped greatly through its participation in the ACNP/SNM joint government affairs office, socioeconomics is not its main mission.

TABLE 1
Impact of 1993 RURBS Payment Schedule on Specialties

Specialty	Percent change in reimbursement '91–96	'92–96
General/Family practice	31	14
Internal medicine	6	6
Allergy	17	7
Pediatrics	14	8
Cardiovascular disease	−17	−9
Gastroenterology	−19	−11
Pulmonary disease	−2	3
Nephrology	−8	−2
Ophthalmology	−25	−12
General surgery	−13	−5
Orthopedic surgery	−14	−5
Urology	−11	−4
Thoracic surgery	−28	−17
Otolaryngology	2	1
Obstetrics-gynecology	0	1
Neurological surgery	−20	−11
Plastic surgery	−10	−3
Colon/rectal surgery	−14	−7
Radiology	−27	−21
Anesthesiology	−22	−13
Dermatology	2	3
Psychiatry	3	8
Pathology	−22	−13
Neurology	1	5
Rehabilitation medicine	7	3
Nuclear medicine	−39	−25
Group practices	5	4
Nonphysician providers	9	0
All physicians	−7	−3

Source: AMA Center for Health Policy Research

What can you do about it? If you think nuclear medicine is important, you must act now to support the ACNP's fight for economic survival. If you are not already a member, join now! (call 202-867-1135 for membership information). Get involved personally or at least contribute money to support the ACNP's reimbursement battle.

The relatively small number of current ACNP members can no longer stem these negative reimbursement actions without active support of the majority of nuclear medicine practitioners. The table clearly shows what happens when the majority fails to get involved. With the concerted efforts of all nuclear medicine practitioners, these cutbacks can be reversed. Act now, before it is too late.

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The "Cold Hip" Sign Versus the Avascular Femoral Head

TO THE EDITOR: In the November 1992 issue of the *Journal*, a case of an avascular femoral head was presented as part of the