

LINES FROM THE PRESIDENT



Richard C. Reba, MD

DR. WILLIAM STRAUSS taught us in the Plenary Session at the Annual Meeting that the Chinese etymology of the word crisis is “danger” plus “opportunity.” In this time of change and uncertainty, the only danger threatening nuclear medicine will be not seizing the opportunity to incorporate our full creativity and competitiveness into efforts that achieve better results for our patients and profession. My view is that SNM and our specialty have never been stronger. Never has the

future of nuclear medicine looked so attractive, and never in my memory have we been quite so poised for useful and forceful contributions to health care by improving our patients’ quality of life while reducing health care costs. Nuclear medicine can do these things.

Yet, I am confronted by naysayers and those who believe nuclear medicine is weak and less viable due to fragmentation and the splintering of a subspecialty by formation of independent organizations. I hold the opposite view and contend that these activities are a sign of maturation and part of the healthy evolution occurring in every major medical and scientific discipline, including, for example, internal medicine, surgery, radiology and pathology.

Most subspecialists are working members of their parent specialty; subspecialty societies can only strengthen the family. There are, and should be, many voices—even if views occasionally diverge. As long as they are not strident, opposing opinions should provide a check on the logic and reality of one’s own position. Every reason exists to communicate with new and related organizations and to identify common ground, symmetrical positions and opportunities for harmonious cooperation—either in parallel or in sequence—that amplify our efforts rather than foster opposition. A major objective of my administration will be to eliminate divisive competition, redirecting the competitive drive to build and enhance a sense of community among related medical specialties and subspecialties.

To this end, we will collaborate actively and earnestly with nuclear medicine organizations and nuclear medicine subspecialty organizations to explore common areas of interest and concern. I have already initiated efforts to establish better functional liaison with other national and international orga-

nizations, such as the Institute for Clinical PET, the American Society of Nuclear Cardiology and the European Association of Nuclear Medicine (EANM). I have invited the EANM President to attend and participate in our Board of Trustees meetings. We must communicate with SNM international members to learn from and share their experiences, as well as the strategies and tactics they use to address the scientific, educational, clinical practice and social, regulatory and legislative issues that relate to nuclear medicine. Geographic differences in medicine and science are narrowing; topics, and therefore solutions, are becoming more universal.

I will focus the objectives of and expand SNM Committees to exploit the inherent strengths of our membership. The Technologist Section (TS) is a remarkable resource, yet has had only spotty representation in the Society’s committee structure. I have appointed TS members to every committee for which I have the authority to staff, and I am urging Council leadership to do likewise within the Council structure. In addition, I have significantly expanded membership in our committees to include employees of commercial companies. Many experienced, concerned Society members want to help, and I will not hesitate to call on them and use their expertise. Past presidents have assured me that they never asked any member for advice or counsel that was refused. This positive and cooperative attitude greatly encourages me as I begin my year in office.

I need not tell you of the uncertain times facing academic medical centers, biomedical research, practicing physicians and health care professionals. These times require unified and coherent efforts to initiate programs and act responsibly in the face of changing conditions. The SNM is your Society. Your needs and desires should be reflected in all we do. But to do so, the Society must depend on regular input from members. It is important that you express your opinions, suggestions and criticisms to me. Tell me when we are on course or when we have deviated too much.

To be successful we must work together, and to work together we must communicate. Please participate in your Chapter activities and know that all members—Full, Associate, Technical or Affiliate—may attend and speak at all national committee and Board of Trustees meetings. I encourage this because I believe the views of every member are important. The leadership wants to hear from you.

The overall Society objectives will be to continue to promote the goals and represent the policies and positions that have been and will be established by the membership. If suc-

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cine procedures are provided by part-time physicians, if we do not have physicians who spend 150% of their effort in nuclear medicine, we will not be able to give anything of value to nuclear cardiologists, nuclear oncologists, and other physicians who have ready access to patients. These physicians will have mastered nuclear technology far beyond that possible by someone who spends a few months with each of the increasingly complex imaging technologies. We need to have physicians who are dedicated full-time to nuclear medicine.

It has been said that nuclear medicine in a community hospital does not require a full-time physician. To say this is to be completely unaware of what has happened in nuclear medicine over the past 20 years and what has been documented at annual Society meetings. It also has been said that there are not enough nuclear medicine specialists to have one in every community hospital on a full-time basis. But we have also said that there are many nuclear medicine specialists who cannot get jobs in the field and who return to their original specialty.

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modalities, such an individual will find it very difficult to compete in the workplace.

A four-year training program in nuclear medicine is a very attractive option but must include a year of radiology and time on clinical rotation. I would limit the clinical and radiological training to one or two imaging fields to ensure organ-based competence. Variations of this model are working well at Albert Einstein School of Medicine and other centers.

When Brigham set aside a diagnostic radiology training slot for a nuclear radiology candidate this year, we were pleasantly surprised to discover individuals with outstanding credentials—backgrounds in chemistry and physiology—who are

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successful, we will promote our specialty through renewed emphasis on the unifying concepts of research and education, excellence in clinical practice and provision of high-quality patient care. We will work to reduce regulatory excess, to strengthen our specialty by acquiring increased research funds and resources and to garner fair reimbursement for our professional and technical services.

It is impossible to estimate what one can accomplish in one year. But what I *can* do is not only keep up the momentum, but also build a new and higher momentum. I consider it a privi-

Since the American Board of Ophthalmology was formed over 50 years ago, every new medical specialty developed in the United States has been the child of another specialty—for example, pediatrics from internal medicine, radiology from surgery. There has always been and always will be resistance to releasing the new specialty from the parent.

I do not call for *independent* nuclear medicine departments but for *autonomous* nuclear medicine departments. If that autonomy can be obtained within a radiology department, so be it. However, there are many radiology departments in the United States, in both academic and community hospitals, in which one cannot have sufficient autonomy without independence. They need to be given their independence by health care providers, deans, and department heads. Managers of health care systems, hospital directors, and deans of academic institutions need to hear the case for an autonomous nuclear medicine specialty that can fund itself, fight its own battles, get research funds and continue to advance this wonderful field of ours. ■

interested in such a program. However, they are interested only while still in medical school, not two years later. This program alone will not solve our needs. Our current radiology fellowship programs offer no training in radiotracer techniques. If the neuroradiologist of the future has the tools to integrate all brain-related imaging procedures, neuroradiology fellows will have to rotate through nuclear medicine.

To conduct the type of integrated practice that will be fundamental to the health care system of the future, we must integrate these programs and train people accordingly. To find jobs in the “new” marketplace, nuclear medicine specialists must be trained broadly across imaging domains. ■

lege and challenge to be the 41st president of the SNM. It is an honor to serve you, and I appreciate the confidence you have expressed in my ability to represent you and to lead the Society of Nuclear Medicine, the largest and most influential nuclear medicine organization in the world. I state to you unequivocally that I will not falter or waver from my commitment to fulfill your expectations for our specialty during the coming year.

Richard C. Reba, MD
President of the Society of Nuclear Medicine