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 organizations, 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 anyone 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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Wagner
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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 physi-
cians 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 increas-
ingly complex imaging technologies. We need to have physi-
cians who are dedicated full-time to nuclear medicine.

It has been said that nuclear medicine in a community hos-
pital does not require a full-time physician. To say this is to
be completely unaware of what has happened in nuclear med-
icine 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.

Holman
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modalities, such an individual will find it very difficult to com-
pete 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 pleas-
antly surprised to discover individuals with outstanding cre-
dentials—backgrounds in chemistry and physiology—who are
interested in such a program. However, they are interested
only while still in medical school, not two years later. This pro-
gram alone will not solve our needs. Our current radiology fel-
lowship 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.

Lines From the President
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cessful, 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 pro-
fessional 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-
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 commit-
ment to fulfill your expectations for our specialty during the
coming year.

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