

## A FABLE FOR OUR TIMES



James M. Sylvester, MD

**L**ONG, LONG ago, in a galaxy far, far away, there was a world much like ours. In this world, advances in medical science were comparable to those of our own planet, with some important exceptions. Physicians there, like those here, had discovered the utility of x-rays in the diagnosis of disease. A medical discipline known as radiology was born as certain physicians, mostly surgeons,

began developing the new technology. Many advances were made, and the time approached for radiology to be a recognized boarded specialty. Radiology training required four years beyond medical school, after which an individual could take the board examination and practice as a radiologist. However, surgery residents were also required to take six months of radiology training. These surgeons were also able to practice radiology, albeit part time.

Gradually, a dominant pattern of radiology practice developed. Hospitals, always concerned with the bottom line, hired a few full-time radiologists. These hospitals were content to let surgeons read films whenever they weren't doing their "real job" in the operating room. Of course, this meant that relatively few radiology studies were done. Those studies that did get completed were often inferior to those performed and interpreted by fully trained radiologists. Surgery groups, for their part, liked the extra revenue that radiology brought them. The surgeons realized that a trained, full-time radiologist could do a better job of running the service than could a surgeon working in his or her spare time. But they looked at the number of radiologic studies they were doing and decided it just wasn't "practical" to have someone just doing radiology. Above all, they refused to consider letting anyone join a surgery group practice who wasn't boarded in surgery. "After all," they said, "how would any non-surgeon fit into our call and vacation schedule?"

There were a few surgery groups in which one or two mem-

bers were interested in radiology and maintained a radiology service known for its high quality and professionalism. Those in charge of the group were not likely to share this enthusiasm, however, and the dedicated surgeon/radiologists often found themselves doing twice the work as others in the group for little or no additional compensation or prestige.

All this meant that boarded radiologists found employment mainly in academic centers developing new technologies. However, the surgeons who practiced radiology "in the real world" were much too busy to learn about any of these new advances, much less use them, which made it very discouraging to be a radiologist. As time went on, fewer and fewer trained radiologists actually practiced radiology, and very few medical students wanted to become radiologists. Articles titled "The Future of Radiology" began to appear in radiology journals. Those who were "pure radiologists" argued, "Radiology must become independent from surgery!"

"Nonsense!" shot back the surgeons. "Most hospitals don't have enough volume to keep a full-time radiologist busy. Physicians competent only in radiology must realize that their career opportunities are limited to academic centers. What we need is to recruit more surgery trainees into radiology residency programs."

Meanwhile, other specialists, seeing the promise of radiology as a diagnostic tool, began to take over many radiologic procedures. Radiologists were unable to fight these turf wars from their thinned ranks and became even weaker than before. Finally, the last "pure radiologist" died, and the specialty perished.

Of course, this tale is but a fable. It has absolutely no basis in reality, does it?

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## NEWS BRIEFS

### Boosts for LLRW Disposal

When central facilities for low level radioactive waste (LLRW) disposal have grown scarce, developments last December may help relieve a desperate situation. The North Carolina LLRW Management

Authority approved the site for the Southeast compact's next facility, and the American Medical Association (AMA) offered its name and assistance to Organizations United (OU), the new umbrella group of associations—including SNM—campaigning for central LLRW disposal. The New York State LLRW Siting Commission also released a poll showing that pub-

lic support for such a facility increases when individuals are informed about assistance programs the state provides a community near a facility.

After the North Carolina General Assembly created the LLRW Management Authority in 1987, the Authority spent the next six years searching for a site, narrowing the candidate sites to