Our short-term strategy is being developed to deliver a message to Congress, Congressional staffers, insurance carriers, and health care alliances: this message will reinforce the special role nuclear medicine plays in delivering medical care and as a major research resource. It is time to stop lecturing; pedagogues will not affect legislation practice without data that are scientifically based. We must demonstrate how nuclear medicine imaging is effective and cost-effective and how the use of our specialty will assist in cost-containment. Conventional wisdom predicts that although the exact components of the future health care system are as yet undefined, one recurring principle is that medical care will be structured to serve patients by a series of vertically integrated organizations. In other words, the ability to provide all of the patients care within a single system will become increasingly important, and access to resources outside the system will be increasingly limited. A medical specialty that has a "Special" designation in whatever program or system that is installed will provide those within the specialty with a fair reimbursement. How much or how little that is, of course, remains to be determined.

A second principle is that there will be geographic coverage with access to care throughout a city or region. Many are predicting that there will be more activity and more intense activity within states or geographic regions than on a national or federal level. Indeed, this is already occurring, so one of the things that we will be doing is monitoring legislation and other Health Care System Reform activities occurring at a state level. I believe that it will be important to develop strategies and tactics to help you practice in a managed care environment and to compete and provide a service.

An important aspect of this work will be for us to define who is qualified to practice nuclear medicine, which means describing the qualifications of a nuclear medicine physician, a nuclear medicine technologist, a nuclear medicine medical physicist and a radiopharmacist.

The contents of practice guidelines or practice parameters will determine to a great extent what tests will be performed and at what frequency for a large number of clinical presentations. There is little disagreement that if practice parameters are based on the most reliable available scientific and clinical information and are introduced by knowledgeable people, such guidelines are among the best tools to maintain and improve quality of care. It is also widely recognized that practice parameters can play an important role in continuing medical education, quality assurance, utilization management and patient care. It will be our collective and individual responsibility to convince those bodies with the authority to determine how health care will be delivered that nuclear medicine is part of the solution and not part of the problem. We know we are a cost-effective provider and it is up to us to convince others that we can help in primary care and in cost containment by demonstrating that our services are important and enhance health care. In other words, we must rigorously document our contributions to health care.

Another widely held predication is that the influence of primary care physicians will be greatly enhanced at the expense of specialists, whose voice will be greatly diminished. I believe this may be true only in part, because if the responsibility for preserving and promoting high quality care is to be given over to and dominated by academic health centers (as is proposed in several of the current bills), then cost-effective care will continue to be defined by research, scholarship, creativity, and high standards of excellence. If excellence is to be defined and maintained, then providers will be required to present valid outcomes data.

All this will require new strategies for self-preservation of our specialty. We will have to prove our excellence. The system will not be a simple one, certainly not initially , and perhaps not during my life. The system will be complex and even the most optimistic prognosticators do not expect abrupt and revolutionary changes, but rather a prolonged evolution. It may be ten years or more before some steady state is approached.

Maya Angelou, in her provocative book, *Wouldn't Take Nothing for My Journey Now,* advises that we "meet adverse situations with the intent and style to control them. What you're supposed to do when you don't like a thing is change it. If you can't change it, change the way you think about it." I believe, with the scientific and intellectual strengths within the members of our society—with our flexibility, sensitivity, and open-mindedness—we will be able to control the situation enough to find the way to ensure the long-term survival, strength, and growth of our discipline. But this result will depend on individual effort. Your Chapter, your Council, and your Society cannot do it for you. If you don't work for what you want, you won't get what you want. The future of nuclear medicine is in your hands. It's up to you.

Richard C. Reba, MD

News Briefs

Ward Valley Takes a Step Back

A decade-long battle to secure a low-level radioactive waste (LLRW) disposal site seemed almost over last fall when California's Department of Health granted U.S. Ecology a license to build in Ward Valley (*see Newsline* December 1993). But promoters of the LLRW site perceived a setback when the U.S. Department of Interior wavered on selling the land to the state. On November 24, Interior Secretary Bruce Babbitt stated that the land sale, which was the last major political hurdle before facility construction could begin, would be postponed pending two lawsuits in state court against the project. This roadblocked an earlier Interior plan last August to begin hearings on the land transfer by fall 1993, and Ward Valley proponents reacted vehemently.

" I am at a loss to explain how this

Administration could have taken an action so patently destructive of the program," wrote U.S. Sen. Bennett Johnston (D-LA), a supporter of the Ward Valley site, to White House Chief of Staff Thomas McLarty on December 13. "The federal government is only involved at this point because the site chosen from among 16 alternatives is on public land managed by the Bureau of Land Management.... I would think that the 'important public objectives' served by this transfer are obvious." He went on to describe the objectives served as the economy of California—heavily dependent as it is on the biotechnology industry and its health care providers—and the entire political problem of LLRW disposal, which is facing delays in many states.

"The Secretary's decision also sends an extremely disturbing signal to all of the states and the Congress regarding your administration's commitment to the current federal law," Harry Phillips, president and chairman of U.S. Ecology (Houston, TX), the disposal site's licensee, wrote to the White House on December 7. Not only the political message that Interior is sending, but the one it is receiving has come into question. "The State of California, U.S. Ecology, and the users of radioactive materials in the Southwestern Compact region 'have worked hard and played by the rules,'" wrote Donna Early, chairman of the California Radioactive Materials Management Forum, to the White House on December 14. "Unfortunately, opponents of safe low-level waste disposal at Ward Valley keep trying to change the rules to block a successful project."

Some Ward Valley proponents speculate that the Clinton Administration has been influenced by Sen. Barbara Boxer (D-CA), a vocal Ward Valley opponent. Such influence appears to mark a new direction for Administration members. Thirteen years ago, Clinton, then governor of Arkansas, proposed an LLRW disposal solution that Sen. Johnston approved. And when Sec. Babbitt had been governor of Arizona, as chairman of a National Governor's Association task force, he drew up guidelines that eventually grew into the federal Low-Level Radioactive Waste Policy Act. But since California granted U.S. Ecology the license to build, the state Senate's prominent President pro tem David A. Roberti and Sen. Boxer have publicly protested Ward Valley, citing studies that warned of possibly contamination of southern California's water supply by LLRW leakage. A White House official admitted that these pressures were heard in Washington. ■

Substantiating Residential Radon Risk

In the continuing saga of radon risk assessment (see *Newsline*, January 1994, p. 9N), a Swedish study which compared the residential radon exposure of 1,360 lung cancer patients to 2,847 controls corroborated earlier studies of mine workers on the health hazards of the radioactive gas. Appearing in the January 20, 1994, *New England Journal of Medicine*, the study tracked the radon levels in the 8,992 dwellings that the subjects had occupied since 1947, and showed that for average exposure levels between 3.8 and 10.8 pCi/liter, there was a 30% increase in risk of cancer. (The U.S. EPA recommends that homeowners take action when levels are 4.0 pCi/liter or more.) For average exposure levels above 10.8 pCi/liter, there was an increase of 80% in lung cancer risk. ■

Donald Erb Moves On

On November 29, 1993, Donald Erb, who had been director of the DOE's Office of Isotope Production and Distribution for four years, moved to become director of the department's Quality Management Program. Owen W. Lowe, formerly the quality management director, replaced Mr. Erb. Mr. Erb is a longtime proponent of a National Biomedical Tracer Facility (NBTF). Just the month before Mr. Erb's move, the DOE had publicly offered grants for NBTF project definition studies, which Mr. helped promote (see *Newsline*, January 1994, p. 14N). Only a week after the move, there was to have been a hearing by Rep. Mike Synar, delving into the DOE's handling of the isotope supply question.

Mr. Erb said he found his years as head of the isotope supply office had been interesting. "My new job" he added, "encompasses the isotope program as well as other programs in the offices of nuclear energy." ■

Nuclear Oncology in Istanbul

The Turkish Society of Nuclear Medicine (TSNM) will host the First International Congress of Nuclear Oncology along with its Eighth Annual Meeting, on June 19-23, 1994. The double meeting will take place at the Istanbul Hilton, with the exhibition center at the Istanbul Hyatt. For more information, contact Professor Coksun Bekdik, MD, president of the TSNM, Hacettepe University, Faculty of Medicine, Department of Nuclear Medicine, 06100, Ankara, Turkey, or Tunali Hilmi Caddesi, Buklum Sodak, 63172; 06700 Kavaklidere, Ankara, Turkey; tel (90-4) 168 28 25; fax (90-4) 127 10 73. ■

Correction

In the January, 1994, *Newsline*, "Highlights of Fifth Annual International PET Conference," Heinrich R. Schelbert, MD, professor of molecular and medical pharmacology at the UCLA School of Medicine, was incorrectly identified as introducing the cardiology session. Instead, his colleague, Jamshid Maddahi, MD, director of the Clinical PET Center at the UCLA School of Medicine, read Dr. Schelbert's paper. ■