COMMENTARY

No "Pure" Nukes

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HAVE YOU TAKEN YOUR 'other' boards yet?"

I was in an unfamiliar town having lunch with a fellow nuke when he asked me that. I replied that, having just passed my nuclear boards, I was having too much fun in my chosen field to worry about studying for yet another exam. My colleague looked concerned. "You really shouldn't think about it," he said. "Most of us feel that a 'pure nuke' is just someone who can't cut it anywhere else in medicine."

I admit I was a little annoyed by his remark. After all, nobody looks askance at "pure dermatologists" or "pure radiologists." But because (1) he was a good friend, (2) we were having a nice lunch, and (3) he was paying, I decided to be diplomatic.

"I know that's the general view," I said. "But my own experiences support a different argument. I realized my goal of practicing nuclear medicine only when I decided to become a full-time 'pure' nuke."

I went on to explain that when I was a nuclear resident I bought into the idea that no "pure nuke" could ever get a job. But as my training progressed, I realized that no other medical field would give me the pleasure and satisfaction of a nuclear medicine practice. As I began my job search, I discovered that many openings for a nuclear (something else) involved a whole lot of (something else) and very little nuclear medicine. Eventually, I decided to go against the conventional wisdom and market myself as a full-time nuclear physician. My sales pitch was simple: "Give me a chance and I'll work full-time to make your nuclear medicine service grow." Far from limiting my potential practice opportunities, this strategy did exactly the opposite. I found I could contact any number of hospitals, group practices, and outpatient clinics with nuclear medicine services. To my delight, I discovered a vast untapped reservoir of enthusiasm for nuclear medicine's potential among referring physicians and medical administrators. Years of perpetuating the "no 'pure' nukes" myth had yielded me only frustration and disappointment. Presenting myself to the world as a dedicated, full-time nuclear physician resulted in three firm job offers in as many months. Now that I'm in practice, this experience has served me well as I continue to promote my chosen field to my fellow physicians and to the public.

Every medical specialty started out as a small narrowly defined subset of another discipline. Most of them didn't generate too much excitement in the beginning. It's easy to forget that dermatology, anesthesiology, orthopedic surgery, and, yes, even radiology haven't always attracted the "best and brightest" candidates into their respective training programs. But each of these fields used dedicated practitioners coupled with practical research and development to build itself into a strong, respected, autonomous medical specialty.

Those of us who are full-time nuclear medicine physicians represent a valuable resource. With our professional attention undivided by other concerns, we are the ones most capable of carrying nuclear medicine into the next century where it can take its rightful place in the medical community. When that happens, the term "pure nuke" will sound clumsy and redundant, just like "pure radiology" sounds today.

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Newsbriefs

Speakers at SNM Meeting To Relate Federal Agency Work to Nuclear Medicine

Dr. Ruth R. Faden, professor of health policy and management at the Johns Hopkins School of Hygiene and Public Health, who now heads the President's Advisory Committee on Human Radiation Experiments, will address the SNM Health Care Reform Categorical Seminar in Orlando on June on the topic of "Ethics in Nuclear Medicine Research." In appointing Dr. Faden to head the committee, Secretary Hazel O'Leary tapped into the professor's expertise in informed consent. Composed of specialists in law, history, biomedical ethics, radiation biology, and several fields of medicine, the committee will scrutinize cases of individuals subjected to government radiation experiments and determine the ethics of the researchers and whether the subjects should be compensated. Dr. Faden has stated that her three main criteria will be the question of informed consent; the balance of risk versus benefit; and the problem of justice—who the people were that the government approach and whether they were exploited.

Secretary O'Leary will also speak at the Orlando conference, at the business meeting on June 5. Sec. O'Leary will make a presentation on her agency's research programs, on a yet-to-be-announced topic. Another guest speaker from a federal agency, Pat Cowings, PhD, director of psycho-physiology at NASA Ames Research Center (Moffit Field, CA), will address the plenary session. Her work has focused on using psychophysiological methods for diagnosis and treatment of biomedical problems that astronauts face in space, and she will relate her psychophysiological studies within the context of nuclear medicine's "decade of the brain." ■