their loved ones' mental illnesses."

Dumit is also exploring the role of PET brain scans in legal cases (see *Newsline*, June 1992, page 18N). Over the past few years, juries have been making decisions on whether a criminal defendant can plead insanity based on findings from a PET scan. What's interesting, he said, is how highly charged and controversial this issue is. Lawyers present PET patterns as definitive proofs of inherent homicidal tendencies, yet researchers assert that these patterns haven't been documented in the scientific world. Dumit has written a paper called, "Objective Brains, Prejudicial Images," about the use of PET and x-ray CT scans in court cases that he presented at a meeting of the American Anthropological Association.

Plans for a Documentary

The Smithsonian's curator of medical sciences is currently trying to raise funds for a video history of PET. If it gets off the ground, this project will put together raw footage obtained at research institutions, clinical sites and manufacturing facilities. The videotapes could be used as stock footage in television documentaries such as those produced by Nova and the BBC that have included Smithsonian footage on x-rays, CT scans and polymerase chain reactions.

To further his contacts with nuclear physicians, Dumit said he plans to attend the SNM Annual Meeting this June in Minneapolis. Any Society members involved with PET imaging can contact Dumit by electronic mail on the Internet (dumit@nicco.sscnet.ucla.edu) or at the Smithsonian Institution, Medical Sciences Division, NMAH 5000/MRC 627, Washington, DC 20560. Questions he'd particularly like answered: Since PET is mainly used in research settings, why have you chosen to specialize in this imaging? What do you see as the future of functional imaging?

Linda E.Ketchum

LINES FROM THE PRESIDENT

OLD PROBLEMS, NEW DIRECTIONS: LOOSENING THE HOLD OF THE NRC

James J. Conway, MD

SINCE MY LAST REPORT, I have participated in many activities on behalf of the Society of Nuclear Medicine [SNM]. I've come to understand many of the problems we're facing as nuclear physicians and have thought a great deal about the ways we can improve our practices. Three particular areas that I'd like to address are: the integration of various nuclear medicine organizations, the standardization of credentialing procedures for those who wish to practice nuclear medicine as a subspecialty and the ways we can improve our approach to government regulatory affairs. I feel these issues are among the biggest concerns of the society right now.

SNM & ACNP: Consolidation of Our Resources

The changes in health care, which all of us are facing—particularly in regard to managed care—suggest that there will be a restructuring of relationships among hospitals, physicians, medical organizations, and perhaps even within medical societies. Of course, cost is a primary consideration: We must look for new ways to accomplish the same goals without duplication or excessive expenditure of our limited resources. With this in mind, I envision a close integration of primary nuclear medicine organizations such as the SNM and the American College of Nuclear Physicians (ACNP). We decided to dub this goal: Project Integration. I envision a somewhat looser bond with other organizations, which relate to nuclear medicine as a secondary interest.

The relationship between the SNM and ACNP has been excellent since ACNP's inception. Both groups share the same membership and indeed the interests of these members carry over into both organizations. We have both enjoyed the successes of a conjoint office on government relations since 1984. And more recently, a serious process of integration began with the ACNP as a result of my discussions with William McCartney, MD, President of ACNP, Bob Carretta, MD, President-Elect of ACNP and Peter Kirchner, MD, President-Elect of SNM. We all agreed that it would be in our best interests to merge other committees in addition to government relations and even consider the possibility of holding joint meetings for both organizations.

The discussions were then expanded to include the President of the Technologist Section, Becky Cacciatore, the President-Elect, Lynne Fulk and the Executive Directors of these organizations (Virginia Pappas from the Technologist Section, Torry Sansone from SNM and Carol Lively from ACNP). To round out the discussions, we felt that representatives of industry should also participate, so we included John Kurantz representing equipment manufacturers and Bill Ehmig representing radiopharmaceutical manufacturers.

A meeting was held at the Hilton O'Hare Hotel on August 6, 1994, and we all agreed that conjoining certain committees was appropriate and that joint meetings should be further explored. The executive directors were asked to come up with a plan for how complex committee structures would function at both SNM's annual meeting during the summer and the ACNP's mid-winter meeting. A preliminary proposal was endorsed by the ACNP at their meeting in Washington, DC on September 25 and by the SNM Executive Committee during their October meeting. It was recommended that the government relations committee serve as a model for the upcoming mergers. Committees that could lend themselves to combined activities include: manpower, public relations, CPT-RVU and radiopharmaceutical affairs. The concept of integration will be presented to the membership for further consideration at the SNM Mid-Winter meeting.

Standard Certification for Subspecialists?

Another major issue confronting the practice of nuclear medicine: the concept of a limited scope of practice, whereby physicians in other specialties consider themselves qualified to practice nuclear medicine in their particular specialty. One field where this is becoming common practice is cardiology. There is currently no formal certification process qualifying cardiologists to have subspecialties in nuclear medicine. Thus, many practitioners get a NRC license and use it as a substitute certification; they present themselves to credentialling bodies within their institutions as being qualified to practice nuclear medicine because of this license.

Although the NRC license is evidence that an individual has acquired sufficient education to receive, handle and store radioisotopes, it is not a testament to the competency of the individual in the practice of nuclear medicine. Several organizations including the American College of Radiology (ACR), the SNM and even the NRC have affirmed this fact in policy statements. One problem cited is that part of the training required for an NRC license is being offered via a nondidactic course in a concentrated program over several weeks. The course doesn't require an exam, isn't accredited by the Accreditation Council for Graduate Medical Education (ACGME) and isn't endorsed by the SNM or the ACR. Still, we all must recognize that the NRC license is a common means for individuals to enter the field.

Many proponents of a limited scope of practice argue that this method of entering the field is a fact of life and unless it is recognized or endorsed, alternative technologies will be adopted and nuclear medicine procedures in the specific area involved will decline. They also contend that shortened training will attract physicians in other specialties to the field. All of us, as practitioners of nuclear medicine, need to discuss these issues and examine their implications.

One possible solution? We can implement a standard certification process that is recognized by the American Board of Nuclear Medicine (ABNM). In fact, the American College of Cardiology has submitted a proposal for endorsement by the SNM which proposes three levels of training in nuclear medicine for cardiology residents. The first or standard level would be required for all cardiology residents and would include two months of exposure to nuclear medicine technology and interpretation. This would acquaint cardiologists with nuclear medicine, its values and its relationship to other imaging modalities. However, this level of training wouldn't be sufficient to perform, monitor or interpret cardiovascular nuclear medicine studies. The intermediate level would require an additional four to six months of training in ACGME (including cardiology as well as nuclear medicine) approved training program and would allow individuals to perform, monitor and interpret cardiovascular nuclear medicine studies. The most advanced level would require a minimum of one to two years of nuclear medicine training and qualify residents to direct a cardiovascular nuclear medicine section and train others in the discipline.

As of now, none of these levels of training can lead to board certification in nuclear medicine. Attempts to develop a Certificate of Added Qualification (CAQ) between the ABNM and the American Board of Internal Medicine (ABIM) were rejected by the ABIM in 1992.

Until the certification process can be formalized, the leadership of SNM has defined three criteria that individuals entering the practice of cardiovascular nuclear medicine should meet: First, their training should include an appropriate core curriculum of educational requirements such as that defined by the Cardiovascular Council of SNM (see Position Paper, *JNM*, Vol. 35, January 1994, page 169). Second, their training should be acquired in an approved ACGME nuclear medicine training program. Lastly, they should pass a written or oral examination (or perhaps some other peer review method) to show that they have fulfilled the requirements for proper training and to document evidence of their competence in the field.

These credentialing processes must function independently and autonomously to ensure the public that there is no collusion or restraint of trade. Obviously, there must be an integration of activities in order for the system to work. The debate on a limited scope of practice must be discussed by SNM members and will be featured at the Mid-Winter meeting, preferably in a reference committee meeting presentation. It is currently on the agenda for the special session on the future discipline of nuclear medicine scheduled for February 12-13, 1995 at the Mid-Winter meeting in San Diego, CA.

Dealing with Government Bureaucracies

A third area of major importance that is on everyone's mind is the problem of government bureaucracy. I feel there needs to be a philosophical change in our approach to dealing with regulatory issues. For more than 20 years, SNM has been frustrated in its dealings with government regulatory agencies. I'm primarily concerned about the NRC and FDA, but there have been several other agencies, including the Environmental Protection Agency, exerting influence on the practice of nuclear medicine in recent years.

Traditionally, our strategies have been based on logic and scientific data. However, in many instances our petitions were rejected on the basis of legal grounds—not science. These stem

from the agencies' interpretation of the original legislation, the Atomic Energy Act of 1954, which gives them jurisdiction over nuclear medicine in radiation safety issues. The majority of legal experts who deal with these issues disagree with the agencies' belief that the original legislation authorized their governance over the practice of medicine.

Therefore, I'm proposing that, in addition to logic and scientific data, we establish a strategy and action based on legal and legislative grounds. Of course, this would require legal counsel and legislative expertise above and beyond the resources SNM now utilizes. This approach has been relatively successful in industry and with other medical disciplines embroiled in regulatory disputes. Various SNM committees and leaders have recommended we embark on this route; task groups are currently developing a Request for Proposal that will be submitted to a variety of legal and legislative firms for their bids. Our membership must deal with this issue, or we'll continue to face a growing number of restrictions that will tighten like a noose around our necks and stem the growth of nuclear medicine in the future.

In the past, we've always hoped that these agencies would become enlightened themselves. But their inherent structure, large turnover of personnel, competitiveness towards each other and other negative aspects common in bureaucracies have prohibited this advancement. Task groups and advisory panels composed of the SNM, ACNP and ACR have reviewed the agencies' efforts and have offered "White Papers" containing suggestions—which in general have been ignored. The most recent review, conducted by the National Academy of Science's (NAS) Institute of Medicine, may be fruitful.

I testified before the Institute's panel on the role of the NRC in the regulation of nuclear medicine. I took the position that the NRC has over-regulated our specialty and has failed to turn over responsibility to the states as originally defined in the Congressional Mandate of the Atomic Energy Act of 1954. Licensing fees are escalating at an unconscionable rate, and many licensees have dropped their licenses because of this. Appeals to Congress have been made to end this practice since these costs are being passed to the patient making nuclear medicine tests more expensive than necessary.

Many medical organizations who deal with radioisotopes, such as SNM, ACNP and ACR, favor removing the NRC from the regulation of medical isotopes. Instead, we believe that states can regulate radiation safety issues under the oversight of a national radiation council which would set the standards for training requirements for licensing radioisotope use. Unfortunately, if the past is any indication, the NRC will construe the NAS report as merely an advisory, not a tool of change. Thus, I feel that legal or legislative action must be initiated to implement more meaningful results.

Before I close, I wanted to briefly mention two more areas of concern that warrant further discussion at SNM meetings. We're all feeling the impact of managed care and capitation in our practices. I have asked the scientific program chairperson, William Eckelman, and the general program chairperson, Paul Murphy, to consider having a series of presentations on these topics at the annual scientific meeting. Managed care and capitation vary by locality and what is good for one region of the country may not be good for another. Keeping this in mind, I've suggested that a general program be presented which describes the various forms of managed care and the mechanisms of how capitation might affect our practices in the future. The socioeconomic committee under the direction of Darrell "Skip" McIndoe will coordinate SNM's activities in this area with the ACNP.

Lastly, we're working to address the problem of slow drug approval for radiopharmaceuticals. Dr. Peter Kirchner, President-Elect of SNM is spearheading the development of an organization of radiopharmaceutical groups within the Society, ACNP and industry. This umbrella organization would include the four committees within SNM as well as the several others within ACNP. At a meeting held at the U.S. Pharmacopeia in Washington, DC on September 8-9, 1994, a plan of action was developed on how to approach the FDA on the manner in which PET radiopharmaceuticals can receive general approval for use throughout the country. This is to serve as a model for our approach to all radiopharmaceuticals. In addition, it was decided that the Society should seek legal counsel in developing petitions and actions to the FDA in the future. Although such legal counsel will be costly, it may be very fruitful in the long run in expediting the process of drug approval for radiopharmaceuticals. If we all work together on these various issues, we can make a great deal of progress in the months ahead.

James J. Conway, MD

News Briefs

Can an AV Recording Mean Legal Trouble?

Many speakers presenting their research at SNM meetings have their presentations videotaped for sale by the Society. But this often raises a question in their minds: Will they be compromising their future use of these data for publication or presentation at other fora? "The recording release that all presenters sign only gives SNM the right to use the material on a video or audiocassette," said Paula Goedert, Esq., a partner at the law firm of Jenner and Block who represents SNM in legal matters. "Presenters maintain all rights to publish or present their material elsewhere—regardless of whether it's as an oral presentation with slides or a tape that's sold."

Authors also may wonder if they're prohibited from having their data reproduced on video if it has already appeared in typset copyrighted format in a journal. Here are the main areas of concern and confusion:

Previously published data: Those who are presenting their own previously published material should check the contract that they signed with the journal. If the contract says that further publication