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A Rather Proper Flight

It would be "*a rather proper flight.*" After 14 days in Australia, such phrases were even in my thoughts. I had been bumped up to first class on the flight from Cairns to Los Angeles. After playing with the seat controls and finding the most satisfying positions for the footrest and backrest, I was quite comfortable. Beverages had been served and I was now set for a bit of reading. I opened the book I had started reading on the flight over and found the page where I had stopped.

"*This is the flight service director. We have the need for a medical doctor. One of the passengers on board is experiencing some difficulty. If there is a physician on board we would be most appreciative if he made himself available.*"

"*How charmingly stated!*" I thought. My delight with my seat in first class and the Australian phrasing evaporated as I realized that no one was identifying himself or herself as a medical doctor; no ER type, no cardiologist, anesthesiologist or surgeon appeared. Although I had trained in internal medicine before turning to nuclear medicine and regularly stressed history taking and physical evaluation of patients in nuclear medicine, I had not been responsible for emergency care in many years. I unbuckled the seat belt and moved toward the galley to speak with a flight attendant. "*I'm a medical doctor. What is the problem*?"

Although the passenger in question was an United Nations official and an experienced international traveler, she was trembling. She told me that she had previously had malaria and that she felt as if she was having a relapse. Malaria was indigenous in the region in which she had been working for the past few years. She was returning to New York for a briefing and was concerned that she was getting ill and might not be able to attend it.

Her pulse was fast, but her breathing was normal. Her skin and eyes showed no signs of jaundice or anemia. She was not sweating and did not appear to have a fever. I inquired about a thermometer but none was on board. She told me that she had had pneumonia a few weeks ago, that her breathing was a little uncomfortable. "*Do you think I have pneumonia again*?" I was quite sure that she was having an anxiety episode. There were no signs of a malarial crisis. The flight kit contained a stethoscope with bright red plastic tubing. Although I had already started to reassure her that I thought her discomfort was not due to malaria and that she could safely travel to New York, I knew that an examination was more tangibly reassuring.

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not have the right selection process—a process driven by technological, not clinical, factors. A better approach would be to ask the clinical or referring physicians what they need to give better and more efficient patient care before we solicit industry's and the nuclear physicians' views.

How Can We Perform Better with Less Money?

There are three key players in the innovation process: the government (NIH, DOE), who provides funding; academic nuclear medicine and imaging centers, who supply the brain power and industry, who develops and also funds some of the new technologies. Each player has a specific role to play and provides resources to the process. To make the processes more effective, the following steps need to be taken:

1. Determine the long-term vision for nuclear medicine and its role in the clinical setting.
2. Focus on new indications, such as the leverage of functional imaging, establishing connections with therapy and concentrating on major clinical areas.
3. Link with the pharmaceutical industry (large drug companies).
4. Shift research to academia and development to industry.
5. Involve and collaborate with referring physicians.
6. Focus on outcome research.
7. Provide answers to the "so what" of referring physicians early on in the process so their decision quality improves.

In the focus group on research and development, we have recommended establishing a steering committee, consisting of these players to manage the process in the future. Such an action requires a change in our thinking, and will obviously meet much resistance. However, all vested interests in nuclear medicine have one shared agenda and I believe that the SNM should continue to take the lead in this process. The steering committee needs to develop guidelines for specific areas and should set guidelines for prioritization and rating. Developing this agenda will be challenging but the system should allow enough flexibility for individual initiatives from any player. If we remain focused on the fact that we want the process to change from technologically driven to outcome-oriented, however, it becomes a lot easier. Remember, the end result will be an innovation process that proves the cost-effectiveness of nuclear medicine.

—Peter C. Vermeeren

REMEMBER

The 1996 American Board of Science in Nuclear Medicine Certification Examination will be given on Sunday June 2, 1996 in Denver, Colorado.

Completed applications must be postmarked by March 15, 1996.

The Examination fee is $450 ($400 refundable if you do not qualify).

For more information contact, Joanna Wilson at (703)708-9000.

Scatter *(Continued from page 3A)*

So, I listened to her lungs carefully and tried to develop an expression that was both concerned and wise. Her lungs were completely clear, and as I moved the stethoscope and directed her to breath deeply, then slowly, her discomfort appeared to clear. I assured her in serious tones that there were no signs of pneumonia and that I did not think she was in the midst of a malarial episode. I told her that I thought she would feel better and that the airline was prepared to let her off in Hawaii, but I thought she could complete the trip. She thanked me and told me that she was feeling better already. "*Thank you, doctor. Thank you so much.*" The flight service director was thrilled. "*Thank you, doctor. I'm sorry that we disturbed you. You were a great help. Thank you.*"

"*How strange*!" I thought: No radiopharmaceuticals, no gamma camera, no technologist, no secretary. No forms to fill out, no billing information, no diagnostic codes, no QC, no QA, no Research or Radiation Safety Committee. I was simply a doctor with a borrowed red plastic stethoscope on a Boeing 747 high over the Pacific Ocean approaching the equator and the international date line. With some judgment and the simplest of tools in the most improbable of places, I had comforted a patient.

As I was returning to my seat, I thought that "*after all, it was a rather proper flight.*"

Stanley J. Goldsmith, MD
Editor-in-Chief, The Journal of Nuclear Medicine
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