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Cheer Up; It Could Be Worse

Over the years, we have all heard that expression: "Cheer up; it could be worse". It is often used in response to a stalemate in a particularly depressing administrative or bureaucratic morass even when we do not really have a clear picture in mind of how "it could be worse." I suppose that personal health crises are worse than any administrative disaster, but that is not what we mean or need to hear when we are mulling over a serious threat to our profession.

Take for instance the issue of nuclear medicine resident training. It has been a chronic problem with which we continuously wrestle. What are the realistic manpower needs? Where do we get proper candidates for training? How many positions are supported? Will they continue to be supported? How much pre-nuclear medicine training should candidates have? What should comprise the training? How long should nuclear medicine training take? How do we measure competence? What about recertification?

It has been a long and difficult struggle for those of us who have wrestled with these problems and seen them grow worse each year as government has provided new constraints or our professional colleagues in other specialties fire shots across our bow, refusing to cooperatively address the nation's manpower needs in this area, seeking to grasp new income sources without identifying the complex training requirements to achieve competence. Perhaps this is not so unreasonable at times, since our colleagues also have been under unremitting pressure from government, insurance companies and others.

To these and myriad other issues which have no satisfactory solution, sooner or later we hear the suggestion: "Cheer up; it could be worse".

And we have...cheered up, so to speak,...and it has...gotten worse!

Just as a number of groups involved in nuclear medicine were beginning to agree that nuclear medicine training should follow training in radiology or internal medicine (and occasionally other specialties), the federal government's Health Care Financing Agency (HCFA) put forth a program to reduce the number of residencies by 20% overall, without cutting primary care training, resulting in some instances in "Specialty Training" program reductions in the range of 30%-35%.

Many of us accepted the notion that in the future years, we will be working harder and receiving less compensation. Since many of us have accepted that notion, personal reward is not the issue! The issue of greater concern to all of us should be the future of quality in nuclear medicine as well as the future of the quality of medical practice in the other specialties.

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Editor-in-Chief, The Journal of Nuclear Medicine
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