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Quo vadis, Radiology? A handful of reflections from an upcountry radiologist

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"Medicine could have been quite cool,
if it wasn't for these patients…"
– as heard from young intern physicians

During the last convention of the Polish Medical Society of Radiology in Wroclaw, discussion stirred by the topic of problems and challenges for Polish radiology became one of the most interesting issues raised at this gathering of radiologists from all over Poland and abroad. Attempts were made to present various aspects of the development of imaging diagnostics from the standpoints of national consultants, hospital directors, or even the Polish Parliament.

However, the discussion lacked a voice from a regular "upcountry" (deprecatory connotations aside) radiologist: a radiologist who, oftentimes all by himself or herself, is involved in a daily struggle with numerous problems related to their tedious work at the lowest hierarchy level in the world of imaging diagnostics.

Taking the opportunity granted by the jubilee conference held on the occasion of the 50th anniversary of the Polish Medical Society of Radiology Branch in Rzeszow and the associated summaries of unquestionable successes, I take freedom to put a spoon of tar in this barrel of honey.

The goal of the following arguments and comments on the actual condition of radiology at the primary level is to present, or perhaps even restore, the proper place and importance, as well as the key role of radiologists in the broadly understood diagnostic process and thus in the overall patient management. For, as an old medical saying goes, the most difficult thing is to make the correct diagnosis, as methods to treat known diseases can be found in any medical book.

With no doubt, the fast technological progress in both imaging and image archiving, as well as in the speed of recording and access to images is at the forefront of recent advances in imaging diagnostics.

One could believe that this continuous development and progress in novel diagnostic methods was driven by the imperative goal of patient's health and welfare. However, it is increasingly common that the diagnostic process appears dehumanized and the patient – either suffering or potentially healthy but still anxious, with all his or her flaws and more or less troublesome habits – seems to be lost from the focus.

Patients often present a demanding attitude which significantly hinders any cooperation, possible persuasion or even understanding required in the patient-physician relationship to achieve the final positive outcome of correct diagnosis. This puts the physician in a difficult, sometimes even lost position. One should remember that such demanding behaviors typical for today's materialistic world are often due to pressure from numerous homebred (and not only homebred) advisors and professional lawyers displaying to patients visions of financial benefits from future compensation claims. This is made even worse by the all-accessible Internet that becomes a vast source of pseudomedical knowledge for patients with no appropriate background. This, however, is a topic for a separate discussion.

Meanwhile, it turned out that the patients are no longer valid partners for the Ministry of Health, the National Health Fund, and even for the physician or a nurse. More and more often, patients stand at a lost position. For the physicians, they become opportunities to earn money. For the National Health Fund, they become opportunities to save money. Excuse my being ironic, but we obviously cannot spend all money on treating patients. Our budgets are limited and tight, and we have some much more important challenges and plans, such as the Winter Olympics in Cracow…

Many physicians become aware of this problem often after they become ill themselves, thus turning into patients and finding themselves on the other side of medical realities. May I remind that we will all grow old and would expect to

be treated by younger individuals in an appropriate manner. The crisis of confidence in physicians is getting worse and its symptoms become more and more dramatic.

Despite the increasingly common demanding attitudes on the side of patients, such attitudes can be observed equally commonly on the side of young physicians. Many times a radiologist to be – a physician undergoing his or her specialist training – starts his job appointment with the question: "How much would I make?" I always reply: "What can you do, doctor?"

As an answer, candidates try to convince me that they unassistedly write summary reports and even serve as physicians on duty at hospitals… I can only admire both courage and carelessness of such physicians who wade into the dead end street of self-satisfaction, unaware of the mistakes they make. What's more, the only knowledge they appear to have is that acquired from handbooks, while we should all know that radiology cannot be learned from books – we need experienced individuals to guide us in our practical thinking. One might want to appeal for more humbleness and self-criticism!

At moments as those, I recall the words of my radiology masters who, from my first days in my specialization training, sympathetically instructed me to „watch as many images as possible, but do not write reports earlier than in two years, and even than not without being supervised!" As usual, life's realities put corrections to such instructions, as the number of radiologists was low and many examinations awaited summaries. However, in dubious and difficult cases I could always rely on my more experienced colleagues who suggested that radiologists should never cease to have doubts, as they stimulate the search for knowledge and improvement. Perhaps this was just my luck?

Traditional master-apprentice relationship and teaching pattern have visibly collapsed. I am aware of the changing times, as both radiology and radiologists have changed. However, I still believe that a man should always maintain the spirit of humbleness and respect for wisdom (including the life wisdom) of their masters who have retired for their eternal duty.

They did not live enough to see the tools at the disposal of their students: teleradiology, increasingly (yet often not used to the full capacity) equipment, increasing availability of professional literature… Yet, on the other side, there are long waiting lines, referrals of patients having undergone no physical examinations, etc.

Let us take for example, teleradiology: it is a wonderful tool of fast remote diagnostics, albeit with absolutely no contact with the patient. Meanwhile, direct contact is indispensable, as confirmed by both the Authors and general experience: sometimes one rightly asked question and one answer from the patient may point to the final diagnosis.

It has become common to refer patients without physical examinations, as immediately seen in the referrals: for example, during an ultrasound examination one can easily notice a post-cholecystectomy scar while the referral contains the eyesoring diagnosis of cholelithiasis! One might go on an on with similar examples…

Another timely aspect of patients being lost in the diagnostic cycle are the unending waiting lines. With the waiting times at hospitals that had signed the contracts with the National Health Fund being at least six months (for the contracted funds suffice only for the first half of the year), there can be only one conclusions: many patients will simply not live to be examined. Meanwhile, often within the same townships, there are the so-called "non-public" (as the word "private" maintains its negative connotations) CT practices, with good equipment and highly specialized staff, which had been unable to sign contracts with the National Health Fund and thus stand at a lost position, relying only on individual, so-called "commercial" patients and struggling for survival.

I hope that this handful of these on-the-spot reflections on the condition of Polish radiology might induce a wider discussion, not only among the radiologists. For, instead of asking: "Quo vadis, radiology?" one should perhaps ask: "Quo vadis, medicine?"

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