

The Phantom Patient

What is it about nuclear medicine professionals that keeps us and our journals focused on the technical and away from the human side of the process? Careful reading of both Society of Nuclear Medicine Journals, the SNM *Newsline*, and a review of appropriate subject indices over several years reveals just three *JNMT* articles and a brief exchange of letters to the Editor of the *Newsline* during the spring and summer of 1979 dealing with the social or human aspects of nuclear medicine (1-3). Neither physician nor technologist addresses this issue in print with any regularity and, as a result, our literature is almost solely technical. It is as though we scanned only passive, inanimate objects—in a word, phantoms!

By contrast, to cite just one example, the current issue of the ASRT's Journal (March/April 1980) contains three articles relating to the human side of the process (4-6). Would any of us seriously propose that nuclear medicine procedures are any less threatening to the patient's emotional well being than x-rays? Or are we unwilling to pause long enough in our rush toward ever more refined technological feats to examine their (and our) impact on the patient and each other.

What is each one of you doing right now in your department to enable your patient to even partially know or understand what is happening? Is the subject ever discussed at staff meetings? With your hospital's social service professionals? With the patient? Do you think it matters? Or is there little or no change in your attitude from the early morning quality control flood phantom procedure to the "live phantom" sitting in the waiting area wondering just what awful imposition comes next or what terrible discovery will be made? Perhaps in this new section of the *JNMT* we can begin to address some of these issues and share our ideas and feelings on this admittedly sensitive subject.

My objective is simple: to start a dialogue aimed at helping us to change the way in which we deal with each other and with the patient. I hope there will be much to write about. Contributions have been solicited from members of the psychiatric staff and from the gerontology department at George Washington University Medical Center and should be available for future publication. Perhaps there are similar sources where you work.

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References

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