A Fast, Simple, Cheap Radioactive Point Source

The point source we describe is easy to produce with readily available material. It is easy to handle and easy to find after the study is finished.

A small amount, both activity and volume, of a radioactive liquid is introduced into a needle cover. A 6 in., wooden, cotton-tipped applicator is then inserted into the cover and the ever-present orange and magenta symbol is affixed to the stick (Fig. 1).

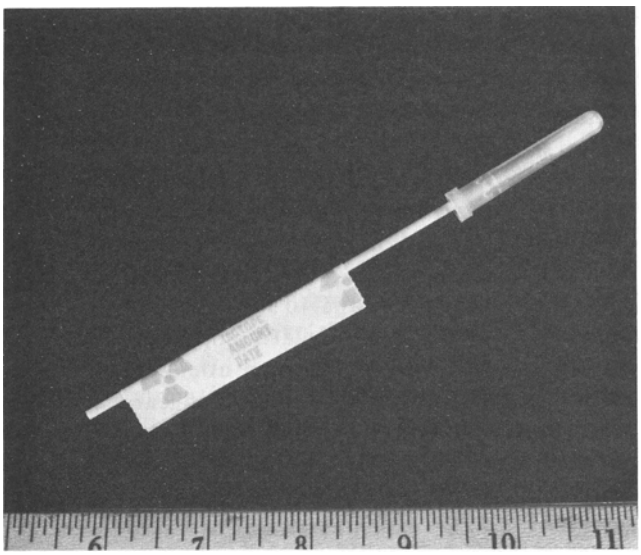

FIG. 1. Radioactive point source.

Our department has used about 50 μCi of technetium for each source with very good results. We load the sources from yesterday's Tc-99m and keep several in lead pigs next to each camera. They come in handy for outlining body parts, checking orientation, localizing focal defects, etc.

The gamma energies are the same as the radionuclide introduced into the patient and these point sources are obtrusive enough to retrieve from the tangled linen after that stat midnight veno/vent/perf study.

Our nuclear medicine department has been using this type of point source for more than a year with very good results.

Fast, simple, cheap. These three words bring joy to any overworked, budget-minded technologist who has ever lost a lucite-encased Co-57 point source. Try it; you'll never go back.

MARK LANZ, CNMT
GAIL ERICKSON, CNMT and
WINI EATON, CNMT
University of Washington Hospital
Seattle, Washington

Where Have Nuclear Medicine Technologists Gone?

Where have all the nuclear medicine technologists gone? (*1*) Perhaps they were never there, or perhaps they have gone on to better paying jobs.

How can you attract competent people to an interesting but demanding field? Money!

I'll bet you that the pay being offered by Mr. Aldridge, although possibly competitive in nuclear medicine technology, is really not very substantial. I do know that in general the pay scale for nuclear medicine technologists is *less* than the salaries for the people who change the light bulbs in your department, the people who sweep your floors, the grocery clerks you buy your groceries from (who have no college, no special skills, and no responsibilities). The people who stuff candy into vending machines earn $10 an hour.

Also, I think, Mr. Aldridge's reference to his working hours is a clue to the problem. Work double shifts? Why should I? The department should be staffed adequately, then double shifts would not be necessary. But of course if you can't get the staff in the first place, then . . .

And as regards certification, you should know that the Bureau of Labor Statistics shows that certification for a nuclear medicine technologist yields no increase in pay.

When a physician working for a VA hospital receives certification in a specialty, he receives a "special pay" bonus worth up to $22,500.

Now then, how much is your certification worth?

And Mr. Aldridge wishes to offer a position as a nuclear medicine assistant that will pay 25% less. (The physicians who will have to pay the salaries will just love it.)

The education trend in allied health is definitely for more, not less. The suggested reversal of the trend, by requiring less training, offers no long-term solution.

What's wrong? It seems everyone feels there aren't enough nuclear medicine technologists and I hear suggestions that more schools should be established to generate more of us.

This can be viewed in two ways. 1. We are really indispensible and there simply must be more of us manufactured. 2. Making more of us will help keep the pay scale down.

We all know of good technologists who have left the paramedical field to enter other fields. Why did they leave? They left for better pay.

To relate again to the physician, there has been an often-stated "shortage" of physicians for some time, yet the solution does not seem to be to create more schools and flood the marketplace with physicians. This would drive down the pay scale of physicians! Nothing doing.

Be that as it may, we need to know what to do about our own problem. Where does our present abysmally low pay scale derive from? From history.

Many years ago, in a small x-ray department, there was

(continued on next page)

(continued from previous page)
a physician intrigued with the new "nuclear medicine." He wanted one of those new "scanners", and of course he promised the administration of the hospital that they would not have to hire anyone to run the scanner (they always promise that no new personnel are needed to run new equipment; otherwise they wouldn't get the new equipment). So the administration felt financially able to buy the new machine.

Well, they bought it, and of course the physician then needed someone to run it. So he said to the secretary, "Come here, I have something to show you."

And ever since, in the land of the gamma industry, the pay scale of nuclear medicine technologists has been pegged to the pay scale of secretaries. Secretarial pay scales are unfortunate, since a good secretary can be the heart of a department, but they aren't paid well.

Only recently are the pay scales of nuclear medicine technologists beginning to rise, but incredibly slowly.

It would seem that physicians are making a handsome income, but they are not helping paramedical people also increase their income. Perhaps it is unreasonable to expect physicians to help paramedicals.

There are pressures to remove duties from nuclear medicine technologists and create new specialties. Radiopharmacists are now doing what we do, but their pay is far better. Their training is similar, if you have a bachelor's degree plus a year of specialized training in nuclear medicine, but their pay is better. In the Portland, Oregon, area, pharmacists in the Kaiser Permanente Medical System are going to be earning $29,744 per year in 1981. In two years this will go to $34,736. How much are you receiving for your education, dedication, and professional activities?

How do we get leverage to obtain a fair income?

The only thing that I can think of that has every worked in the past to gain a better standard of living for anyone is a strong organization. The distinction between unions and professional organizations has become blurred. Now professional organizations are concerned with pay scales and are calling strikes.

But before we go too far, we should consider positions of power. And this brings us back to certification and licensure. If we are licensed, and if only licensed technologists are allowed to work in nuclear medicine, then licensed technologists have power. Otherwise we have no power. One of the reasons physicians wield the power they do is because they have the power to exclude others from their field. They have a closed shop.

To obtain the power, we will need to obtain certification and licensure and recognition of that license in terms of prohibiting the use of non-licensed technologists. We will also have to form a cohesive group that will be prepared to strike. That is how pharmacists got *their* money.

Nurses have unions. But they only rarely threaten to strike. They only rarely get decent raises. Power does not really exist unless you are prepared to use it.

A decent pay scale attracts workers to any field. The better the pay, the more crowded it becomes.

The world will not perceive our worth and hand us the money we deserve. We must battle for our fair share in the marketplace.

ALAN A. JANSEN
Portland, Oregon

References

1. Aldridge RE. Nuclear medicine technologists—where have they gone? *J Nucl Med Technol* 1980; 8: 244 (L).

The Little Brother Syndrome

The little brother syndrome is best manifested by the family with two sons where the older brother excels at all activities such as school and sports. The younger brother may try to emulate his older brother, but is usually unsuccessful. This almost always leads the younger brother to be resentful and jealous of his older brother, until the time when the younger brother realizes that he has a personality of his own. At this time the younger brother will stop trying to imitate his older brother and will realize that he can excel at some areas quite distinct from those of this older brother.

I think the Technologist Section exhibits the little brother syndrome in relationship to the Society of Nuclear Medicine. For example the rules applying to abstracts for scientific papers presented at the Technologist Section's annual meetings are exactly the same as those of the Society. I quote: "Supporting data are mandatory . . .; organize the body of the abstract as follows—a statement of the purpose of the study . . .; a statement of the methods used; a summary of the results presented in sufficient detail to support the conclusions . . .; and a statement of the conclusions reached . . ."

Now there are many subjects that technologists in the Section should be discussing. Should we support or fight the growth of commercial radiopharmacies? Should we support hospital-based educational programs or push for college degree programs? Should we be doing RIA tests or should we let the labs take over this work?

There is a wealth of good information that could be communicated on these and other subjects at the annual meetings. But can this information be presented in the abstract context? More importantly must we try to imitate our big brother and force all papers into the scientific mold? Maybe we could have some informational papers or even debates, instead of just scientific papers. I am sure that if the Section wanted to, we could come up with many creative ways to present information. All we need to do is stop exhibiting the little brother syndrome.

MICHAEL S. CUNNINGHAM, CNMT
Trinity Lutheran Hospital
Kansas City, Missouri