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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 ever 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.

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References

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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.

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