
Commentary (II)

Where Do We Go From Here?

I have been part of the nuclear medicine profession for some six years now and although I can't consider myself "an ancient" on the nuclear medicine time clock, I do think "seasoned veteran" might be an accurate description. In this relatively brief span of time I have seen a great many changes occur in this particular field of medicine. When I was in training I suppose the most significant decision one had to make was whether one tended toward the in vivo or in vitro aspect of our endeavours. I, for various reasons, chose the in vivo side, and believe me at times it's all I can do to keep abreast of the changes. I am also vaguely aware of the seemingly never ending changes that are happening in the in vitro section.

Today, and even more so in the foreseeable future, the entire concept of nuclear medicine is being further departmentalized and, therefore, specialized. The ever changing state-of-the-art of our technologies and methodologies has brought us far from the time when I finished my training. I believe that with these advances, we technologists are changing the dimensions of our duties; thus, we are also increasing our responsibilities.

With increasing regularity we are, I feel, being called on by clinicians to give academic opinions and assist with certain medical procedures. Although I'm sure it can be disputed, we technologists probably see a great many more clinical images and scans than clinicians with the same number of years of experience. And certainly with the ever increasing reliance on computers in this field, we must pursue still new horizons. Those days of throwing a few switches and pushing some buttons are very far away. Today similar switches and buttons are manipulated but an entirely new set of circumstances enter into play. Through the use of the computer, it is well within the realm of possibility for us to inadvertently manipulate digital information to represent definitely misleading clinical data. With the expanding role of nuclear cardiology, we are also finding ourselves much more frequently in life and death situations. Granted, in such situations appropriate medical personnel are usually available to assist, but the underlying fact remains: the paramedical profession in which we work now is certainly far different from the field we seasoned veterans first entered.

I think that most of us will agree, however, that it is in fact this same new generation of technology that holds up captive in this particular line of work. (Certainly, it is not the dream of becoming independently wealthy!) The excitement, the new and fulfilling challenges, and certainly those moments of gratification do add up. For example, how many of us had ever heard of Fourier analysis, let alone understood its significance in nuclear medicine when we entered nuclear medicine technology? And I certainly can't remember reading in my earlier textbooks about a Winchester disk drive!

What is a nuclear medicine technologist? I'm sure each of us in his or her own career has been asked this question at least once. There was a time when I might have been able to give a fairly straightforward answer, but now my response tends to be somewhat more complex. I think now, if one takes the time and looks carefully, one can see just how complex and diverse this field has become. At the present stage of development, the technology surrounding nuclear medicine is far removed from what we knew when we left our alma maters. Today, to do justice to our profession we must be part data processor, part computer programmer, part medical consultant, part ECG technologist and I'm sure there are a few other parts of our makeup that I have left out—including part-time diplomat.

All of these aspects of our profession are healthy and important, but the question remains: where do we go from here? As with most professions, and certainly in those where the computer has any part, our boundaries are only as limited as our own imagination and resourcefulness. This being the case, I think each of us must then ask, are we prepared? Paramedically, a great deal more is being demanded of us and our talents. Another question arises: are the people currently entering into our field adequately educated? Are we as a professional group keeping pace with the state-of-the-art in our chosen profession? With the escalating cost of health care and the never ending lack of individuals stricken with one illness or another, there seems to be another haunting question. How adequately are we satisfying the increasing reliance that clinicians have placed directly on our skills? Is this reliance well placed?

Individually, there is very little one can do to influence the events in nuclear medicine, but, the gauntlet is down, the challenge has been made. Are *we* prepared for these exciting and new challenges? Again, where do we go from here?

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