

## LETTER

### Radiologists' lament

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**TO THE EDITOR:** This letter of lament was prompted by a recently overheard complaint by a first-year intern to her colleagues that radiologists were not "obeying" her! Her comment led us to review her last five imaging requests ("orders"). After discussion with other radiologists, three of these requests were considered inappropriate.

Major reasons for inappropriate imaging investigations are lack of knowledge, fear of litigation, inadequate supervision, patient expectations, and being unaware of or uninformed about risks of ionising radiation. Inappropriate use of diagnostic computed tomography is especially worrisome. The trend towards requesting inappropriate imaging continues despite the many articles on this subject in the medical literature.<sup>1,2</sup>

Many publications have promoted judicious use of imaging sources.<sup>3</sup> It is regrettable that clinicians do not make use of radiological expertise when faced with a

diagnostic/imaging dilemma. This is especially so in hospitals when radiologists are available 24 hours a day every day of the year! In private practice and general practice, radiologists are only a telephone call away!

The issues of communications with radiologists and matters of courtesy have previously been aired in this journal.<sup>4</sup>

The diagnostic imaging pathways developed at Royal Perth Hospital (by Professor RM Mendelson) in conjunction with the Western Australian Health Department are available freely on the Internet.<sup>5</sup> Monitoring of this site indicates that the free access has been taken up by many clinicians overseas but it remains underused by Australian doctors. The perceived difficulties in communication and access to advice or information can be corrected by use of the telephone, email and Internet. After all, the goal for all of us is to provide the best care for our patients.

It seems to us that the word "order", which has replaced "request", for imaging may be responsible for the change in attitude of the referring doctors!

We urge all clinicians and medical journals to reintroduce the word "request" when communicating with imaging departments and radiologists.

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1 Berrington de Gonzalez A, Darby S. Risk of cancer from diagnostic x-rays: estimates for the UK and 14 other countries. *Lancet* 2004; 363: 345-351.

2 Thomson JEM, Tingey DRC. Radiation doses from computed tomography in Australia. Report ARL/TR123. Canberra: Commonwealth Department of Health and Family Services, Australian Radiation Laboratory, 1997.

3 Bairstow PJ, Mendelson R, Dhillon R, Valton F. Diagnostic imaging pathways: development, dissemination, implementation, and evaluation. *Int J Qual Health Care* 2006; 18: 51-57.

4 Nuttall JL. Professional discretion, courtesy and plain good manners: an anecdotal and personal view. *Med J Aust* 2005; 183: 627-628.

5 Government of Western Australia Department of Health. Diagnostic imaging pathways. <http://www.imagingpathways.health.wa.gov.au> (accessed Nov 2008). □