

The perils of the "remote" radiologist

Professional discourtesy to radiologists does not enhance patient care

In this issue of the Journal (page 627), Nuttall describes some interactions between radiologists and their colleagues which suggest professional discourtesy.¹ We do not know the individual circumstances of these, but we do know that collaboration, communication and courtesy are critical aspects of professionalism that will help to promote the quality use of diagnostic imaging. The patient and all other professionals involved are direct beneficiaries of such good conduct.

It is of concern to the Royal Australian and New Zealand College of Radiologists (RANZCR) and to many radiologists that they have become distanced, not only from patients, but also from their medical colleagues. Workforce shortages, pressure on film reporting, and remote reporting arising from technological advances may all contribute. The distance and limited direct interaction may help explain some of the examples of discourtesy described by Nuttall. This is an issue not only in Australia and New Zealand, but internationally.²

Professionalism is not a new word to readers of the Journal — it has been canvassed in editorials and other articles and is strongly embedded in the day-to-day lives of medical practitioners. It is nonetheless something that we must continue to reflect upon and not take for granted. It is a trait that we must explicitly support and promote among medical students, trainees and colleagues. The roles defined for specialists in the CanMEDS (Canadian Medical Directions for Specialists) framework³ — the basis for a current curriculum development project at RANZCR — include those of communicator and collaborator. The specialty of radiology is fuelled by communication and collaboration. The decision to request an imaging study acknowledges that there is a clinical question requiring additional information before it can be answered fully. Imaging is now so embedded in modern medicine, that its impact on patient care is often overlooked and even taken for granted. Interventional radiology has revolutionised some previously complex open surgical procedures, all aimed at improving patient care and wellbeing.

However, at present, the expertise of radiologists is not being utilised effectively in the Australian health care system. This is because the referral process requires a specific test to be requested, instead of enabling the radiologist to recommend the most appropriate diagnostic test in the clinical situation. Furthermore, the almost complete reliance on written reports by many clinicians diminishes the radiologist's ability to interpret complex imaging studies in consultation with the relevant clinician.

"Professional values and responsibilities" is a strand of the Learning, Education and Professionalism (LEAP) program, a framework for continuing professional development which is being piloted across Australian specialist medical colleges, including the RANZCR. The program was developed with reference to the literature on medical professionalism,⁴ and breaks down professionalism into three components — relationships and accountability, advocacy and equity, and education.

Underpinning these concepts is the Quality Use of Diagnostic Imaging Program, which is being undertaken by the RANZCR with funding from the Australian Government Department of Health and Ageing. A central tenet of this program is to "recognise the role of consumers, diagnostic imaging providers and referring practi-

tioners in attaining quality use of diagnostic imaging and involve them through collaboration, consultation and partnership and multidisciplinary activities."⁵ Each individual, whether as patient, referrer or radiologist, has much to gain and nothing to lose from a commitment to quality diagnostic imaging embedded within clinical investigation, treatment and management, and with communication that is polite, professional and informative.

It is encouraging to observe in Nuttall's article the personal and professional value that can be derived from presentations at scientific meetings. Scientific and medical expertise is a vital part of our professional role. So also is the capacity to advocate for good and appropriate care for patients. This requires overt communication and collaboration, and Nuttall has highlighted examples where the contrary has occurred.

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- 1 Nuttall JL. Professional discretion, courtesy and plain good manners: an anecdotal and personal view. *Med J Aust* 2005; 183: 627-628.
- 2 Borgstede JP. It's about the patients. *J Am Coll Radiol* 2005; 2: 555-556.
- 3 Royal College of Physicians and Surgeons of Canada. The CanMEDS roles framework. Available at: <http://rcpsc.medical.org/canmeds/index.php> (accessed Oct 2005).
- 4 Continuing professional development for medical practitioners. A report on the project conducted by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists on behalf of the Committee of Presidents of Medical Colleges. Available at: <http://www.ranzcog.edu.au/leapframework/pdfs/CPDFrameworkFinalReport.pdf> (accessed Oct 2005).
- 5 Royal Australian and New Zealand College of Radiologists. Quality Use of Diagnostic Imaging (QUDI) Program: a program focusing on quality in radiology in Australia. Available at: <http://www.ranzcr.edu.au/qualityprograms/qudi/index.cfm> (accessed Oct 2005).

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