Healthy Academic Radiology Departments Ensure the Future of the Specialty

If we want things to stay the same, things will have to change.
—Giuseppe di Lampedusa

The article by Alderson et al [1] in this month’s JACR – though not presented as such – is a cautionary exercise. While at first glance, it may seem to many community radiologists that this is not one of the more relevant articles to their interests, I urge everyone to read it carefully. The specialty of radiology is dependent on a small number of researchers in a very few elite institutions for the intellectual wherewithal to continue our vibrancy into the future. I believe this is a dangerous situation.

It’s easy to ignore cranks like myself and others like me, who have cried wolf before [2]. Despite complaints about a relatively poor scientific evidentiary base, the specialty has thrived. New technologies have appeared one after another. These innovations have disseminated with great rapidity, outstripping the ability of clinical research to properly define their optimal utility. Patients have benefited. Radiologists, hospitals, imaging centers, and others have become financially well-off by providing imaging services to satisfy increasing patient and referring physician demand. So what’s the problem? Maybe there isn’t one now, but I believe that the environment continues to change to the disadvantage of us radiologists. Just consider the growing interest of nonradiologists – especially cardiologists, psychiatrists, neurologists, and orthopedists – in conducting imaging research and performing the clinical imaging examinations that devolve from their work. There is a real threat that we could be disenfranchised unless we more effectively participate in, lead, and as a specialty support imaging research.

The oft-quoted phrase, “Today’s research is tomorrow’s practice,” is not just some shibboleth invented by a self-interested, pointy-headed, ivy-encrusted academic radiology community. While the imaging device and contrast media companies have not been idle, virtually every major imaging innovation that now resides in practice, in some fundamental way, emanated from research done primarily by academic radiologists. These “clinician researchers” are becoming endangered in many of our university departments by a confluence of related phenomena that have emerged over the past 5-10 years:

• The decrease in real dollars in per service reimbursement, with consequently reduced ability of academic departments to shift slack funds from clinical service to support research;
• The avidity of community practice for radiologists, driving up the financial expectations of trainees and junior faculty and decimating some academic departments, with consequent further reduction in the amount of time available for research among remaining academics;
• Deans of medical schools failing to sense the shift in fortunes and continuing to treat radiology as a “cash cow,” rather than what NIH and NCI say it is—an exceptional opportunity for new research development;
• Many academic radiology department chairs becoming too “bottom line”-oriented, themselves failing to appreciate the value of research, provide research infrastructure, and develop research instruction and mentoring.

• The increasing redirection of the culture of the specialty of radiology towards income and lifestyle, rather than critical thinking and intellectual engagement.

Taken together, these are a formidable set of influences—a freight train threatening the future of radiology that will be hard to stop. Alderson and co-authors prescribe an ambitious set of initiatives that address these problems. Unfortunately nearly all of their recommendations require money or a dramatic change in thinking not just by radiology’s leaders but by rank and file radiologists. It is unclear where either will come from. Despite radiologists’ frequent complaints about the oft-cited problems of manpower, self-referral, medical liability, and other such annoyances, I sense a complacency in the specialty born of the desire to maintain the status quo. Rarely, if ever, do I hear concern that without radiology researchers and the research that has provided the lifestyle so many wish to protect (count me in here), we all are less likely to enjoy that lifestyle in the future. Make no mistake about it, we are headed that way.

As was so beautifully reasoned in an article by Kay Vydareny, in a previous JACR[3], academic radiology sits on the verge of a crisis. Unhealthy academic departments mean—in the long run—an unhealthy specialty. The ACR, as the...
organization most heavily funded in research in our specialty, needs to work with other radiology organizations and funding sources to begin to educate its members about why research is so essential to the future of the specialty. It needs to marshal the involvement of America’s nearly 40,000 radiologists to first salvage, then enhance, our academic infrastructure, and in so doing, begin to address how we will remain a vital specialty.

REFERENCES


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