INTRODUCTION TO THE SPECIAL ISSUE

Patient- and Family-Centered Care: Why Radiology?

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Before technologic advances in imaging, such as PET/MRI and molecular imaging–guided oncologic treatment, changed the practice of radiology, before antibiotics and vaccines provided widespread pharmacologic means to treat and prevent disease, before antiseptic technique markedly reduced surgical death rates, our ability to minister to patients and their families was to listen, comfort, and support. We’ve come full circle, once again listening, comforting, and supporting the needs of patients and their families by integrating their individualized preferences, experiences, and expertise into contemporary medical practices.

In this special issue of JACR, we focus on patient- and family-centered care (PFCC) in radiology and radiation oncology. We have expanded the roles patients can play. Patients, caregivers, and advocates served as coauthors or reviewers, in other words, coproducers of meaningful content. The issue represents a journey for us as practitioners and as a profession. Although many would argue that radiologists have limited patient interaction, few would argue that radiology does not affect the patient experience. PFCC traces its roots back to the post–World War II changes in health; Rawson and Moretz [1] review its evolution.

On an operational level, there are many opportunities for individual radiologists, practices, hospitals, or radiology professional societies to improve the patient experience. Jensen et al [2] describe the intersection of quality improvement and patient experience, and Rawson et al [3,4] describe their 20-year experience of implementing PFCC in radiology care practices at an academic medical center. These articles share approaches, tools, and implementation lessons.


Full patient engagement necessitates overcoming barriers to all levels of access. The research community has made a concerted effort to incorporate the patient perspective in the development and conduct of research, an approach championed by the Patient-Centered Outcomes Research Institute. Translating research into practice is enhanced by patient access to and understanding of the medical literature. Harrison and Frampton [13] propose a framework to reduce patient barriers to literature access.

Radiology plays a significant role in patients’ care and their experiences. A common theme throughout these articles is the need to team up with patients. Patients and their families interact with radiology in many different ways, including face-to-face discussions, patient portals,
and social media, as illustrated by the publications in this issue of *JACR*. These discussions range from clinical care issues to patient participation in radiology department service improvements. Radiologists have the opportunity to improve patient experiences, even if they have infrequent contact with patients and their families. PFCC is a joint journey through an ever changing landscape of new technologies, new treatments, and increasing patient involvement in their own health and health care.

We will always need to listen and be sensitive to patients’ needs. Zars and Kemp [14] provide first-person accounts of what a patient and a diagnostic radiologist wished they had known before cancer diagnoses. In the end, it comes down to respect and acknowledgment of the unique expertise provided by both radiologists and patients as they join together for optimum patient outcomes. Patients will always be the experts in their own experiences.

**REFERENCES**