The Rise of "Noctors" and What It Means for Radiologists

By Eric Postal, MD

In our insulated world of diagnostic imaging, we might not have expected "noctors" to impact us all that much. However, I've noticed a trend in the past year or two for an increasing number of off-the-wall imaging studies to come my way... and most of this uptick seems to be from non-physicians ordering the studies.

Have you heard about the “noctors?” There’s a good chance you haven’t, being in imaging and not so much on the front lines of primary care. Participation in online healthcare forums or even just shooting the breeze with some of your clinical colleagues may have introduced you to the term. Very likely, you’re already getting imaging referrals from them, and speaking with them when you phone in abnormal findings.

A cursory look traces the term “noctor” back to at least 2006. At first, it referred to nurses who had undergone continuing education to get advanced degrees — PhDs, that is, in whatever field had interested them. Sometimes they were nicknamed “Doctor Nurse,” but “Nurse Doctor” made just as much sense.

The advanced degree, when relevant, could serve a few purposes, such as earning a higher salary, getting appointed to loftier positions, or simply snob-appeal. One unfortunate effect was that some such individuals felt justified in introducing themselves to patients as Doctor, without bothering to add that they were not an MD or DO. An average patient could then wrongly believe that they were being seen by a physician.

Actual physicians witnessing this understandably found the trend concerning. They found themselves inheriting patients who thought they had already seen a doctor, and such patients could be resistant to a conflicting opinion from another doctor. Thus, while the term “noctor” might have been a cute contraction of nurse-doctor, it began to take on another meaning: Shorthand for “not a doctor.” It grew to encompass other non-physicians who were taking on roles that had traditionally been reserved for MDs and DOs.

One could argue that physicians alarmed by the increasing role of noctors were simply looking out for their bottom line, not wanting the competition. After all, it was not unheard of for such nurses to declare themselves to be “just like doctors, but without the pay.” Certainly, in this era of massive healthcare reform and an ever-increasing focus on cutting costs, a primary-care physician might worry about being supplanted by a noctor. Such emotionally and financially-charged issues have a tendency to eclipse the more important questions, such as whether a patient receiving care from a nurse, even one who holds a PhD, is really getting the same level of care they would have gotten from a physician.

In our insulated world of diagnostic imaging, we might not have expected such issues to impact us all that much. However, I’ve noticed a trend in the past year or two for an increasing number of off-the-wall imaging studies to come my way... and most of this uptick seems to be from non-physicians ordering the studies. Stuff like abdomen/pelvis ultrasounds for a history of gastroesophageal reflux, pre/postcontrast chest-abdomen-pelvis CTs for "follow-up lung nodule," etc. On the rare occasion I find out about one of these studies before the imaging occurs and have a chance to try communicating with the misguided noctor, they're often a) super defensive about their referral and borderline hostile to feedback, b) frighteningly clueless about their own patient, or c) both.

I suppose some would say this spells job-security for us rad-folk as more and more noctors enter the workforce and churn out ever-increasing amounts of needless imaging for us to read, even if reimbursements continue to plummet on the grounds that we'll "make it up on volume." Not exactly a comforting thought to me, somehow.

Disclosures: