Are Radiologists Physicians?

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Academic radiology centers and institutions need to better train radiologists to see patients and diagnose and treat in collaboration with other physicians.

Are radiologists physicians?

Sometimes I find myself asking this question as there are many limitations on my ability to practice medicine. I have always thought of myself as a physician first and then a radiologist. I remember taking the Hippocratic Oath in medical school and feeling enthusiastic about helping others. Many patients I come across today still do not know that a radiologist is a physician. A large part of the way patients view us may be due to our radiology residency training. We have always tried to cater to the referring doctors rather than the patients and have stayed away from interacting with patients. Many of my mentors would say we are the doctor's doctor and there is no need to interact with patients.

Why is it that surgeons can write their own prescriptions for breast biopsies and radiologists cannot? Why is it that podiatrists, cardiologists, or vascular surgeons who perform in-house ultrasound can write their own prescriptions but radiologists cannot?

A large part of my day is trying to deal with obtaining prescriptions from referring doctors to perform procedures which I feel will benefit the patient. This comes up a lot in women's imaging where I find an abnormality on screening mammogram and want to work the patient up to determine if the finding is benign or malignant. A small percentage of these patients may need a biopsy. As much as I try to educate referring physicians such as primary care doctors or gynecologists, many prefer sending my patients to the breast surgeon immediately after I find an abnormality. The primary care physicians and gynecologists have indirectly mentioned that they send the patient to the breast surgeon prior to biopsy to pass on the responsibility and the liability to the surgeon. It is not uncommon for these patients to come to me months or years after the biopsy and at that point it is difficult to determine what procedure was performed and whether the finding was benign or malignant.

During my training, my mentors in women's imaging would educate me that in most instances when an abnormality is detected and a biopsy is needed, the biopsy can be performed prior to sending the patient to a breast surgeon. This way if the biopsy is negative the patient does not need to see a breast surgeon and it spares them any unnecessary anxiety. On the other hand, if the biopsy is positive then the patient would be sent to a breast surgeon.

Why don't radiologists take on this responsibility? I think of our specialty as the primary care doctors for breast disorders. We are the most qualified individuals to evaluate the breast and to detect abnormalities. Why can't we take on the responsibility and take ownership and be the gatekeeper for breast abnormalities? If an abnormality is detected and needs surgery, we should take the responsibility to send the patient to a breast surgeon and maintain continuity of care. We should have the ability to write prescriptions for the patient such as performing breast ultrasound, breast biopsy, and follow up imaging.

As I mentioned before, I am a physician first and a radiologist second. My first priority is getting my patient better, but it seems as though radiologists are not treated as other physicians and that may be our own fault.

Academic radiology centers and institutions such as American College of Radiology need to start changing the way new radiologists are trained especially with respect to breast screening and evaluation and allow radiologists to see patients and diagnose and treat them in collaboration with surgeons.

At my practice, I spend time with each diagnostic mammogram patient discussing my findings as well as the next step including possible treatments. Many of my patients are thankful that I spent time explaining the findings and providing them with information about the abnormality and the next steps. The feedback I receive from my patients more than makes up for the difficulties with interacting with referring physicians. I hope the future radiologists will try and incorporate the
patient in their practice and realize that our customers are our patients more than the referring physicians.

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