Radiologists Can Help Put Fear of Radiation in Perspective

By Richard Woodcock, MD [2]

Radiologists need to play their part in educating the public about radiation.

Earlier this year, some of my neighbors asked me about an op-ed they had read in the New York Times. In it, the commentator made observations about the overuse of radiation in medical testing. For these friends the responses were, to me, both rational and irrational concerns and questions. One of them observed that she would never forgive herself if her child, who had a head CT after a concussion, developed cancer one day. So it’s good that it started a dialogue about an important topic, but also concerning that it might result in people being hesitant about getting necessary tests.

Lots of attention recently has been directed at the use of radiation in medicine. In part, this stems from increasing availability of information. It also stems, in part, from recent commentaries, like that op-ed piece earlier this year. The concerns are related to the noticeable increase in use of CT in particular, from several population studies suggesting possible increase in cancer rate from use of medical radiation, and from several cases of radiation injury. While it is true we image far more than we did 30 years ago, that is somewhat unfair given that CT is new, and CT scanners have improved in quality and geographic distribution, improving their availability and utility. In addition, pretty much all forms of technology are used way more decades after development, (are we over using airplanes? – we use them way more than we did in 1970 – and there are more accidents). But we also use radiation to diagnose aortic dissection, pulmonary embolism, intracranial hemorrhage and accurately diagnose diverticulitis, and appendicitis, earlier, with better outcomes, for patients with those diseases.

Looking at CT as an overused cancer-causing technology clearly only looks at one side of the coin. CT quite simply saves lives, cost and time. That has to be weighed against any potential risk. What we should not do is incite a general panic and resistance to use of the technology. What we can and should do, is be cognizant of its limitations, improve its safety – reducing its risk – and educate users, both patients and providers. You say you are not a policy maker or blogger? Maybe so, but that doesn’t mean you can’t have an impact. Here is a brief action plan anyone can follow.

• Support public education on doses and appropriate use of medical imaging with radiation
• Educate providers about non-radiation options and encourage them to engage patients who have had multiple tests as to further options
• Insist on patient advocacy to your colleagues and referring practices, and act as a gatekeeper
• Optimize radiation doses
• Support society and national standards and regulation of same
• Promote and support research regarding radiation effects, especially in defining what is presently only a loose association between use of radiation and cancer in historical population data
• Remain vigilant and cognizant about overuse and be particularly sensitive to that in our youngest patients and in the chronically ill, who can accrue larger doses of radiation over time
• Continue to emphasize safe use of CT to your friends and patients, and its undoubtable importance in medical imaging as well as reduction in morbidity and mortality
• Hold society and politicians feet to the fire in forming reasonable malpractice standards to avoid the use of radiation-requiring tests for medico-legal reasons
• Be active in development of reasonable appropriateness standards, tied to outcomes that might form a basis for third party approvals or denials and reimbursement

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