Dear Prof. Jagdish Prasad, the Organizing Team, and my colleagues and friends on the dais and in the audience,

Thanks Rajesh for that lovely introduction.

It is a great privilege and honor to be standing here in front of you as the newly installed 70th President of the IRIA. As of today, I am supposedly the youngest President in the history of the organization. However, these milestones are made to be broken, and I am sure this will happen sooner rather than later. I also feel proud to have followed my father’s footsteps. Dr. G. R. Jankharia has been a former president. After Dr. Diwan Chand Aggarwal and his two sons, Dr. Satyapal Aggarwal and Dr. Sudarshan Aggarwal, who have all been Presidents, we are perhaps the only other father and son President pair.

Radiology and radiologists are at a major crossroad. Technology has peaked with no new paradigm shifts. As radiologists, we face constant challenges in our practice that range from increasing patient demands to medico-legal issues, to problems like the PNDT Act, increasing vigilance from the AERB and other statutory bodies, and competition from non-radiologists. In practice too, there is constant focus on cutting costs, working harder, and improving efficiency.

How do we manage and handle all these challenges?

We all know the 3Rs of education: Reading, wRiting, and aRithmetic. For radiologists, I will add two more: Relevance and Reinvention.

**Relevance**

To be relevant, we need to go back to our roots and redefine ourselves. Radiologists are not mere image readers who can be put in a room full of monitors to read 12 scans an hour in 8 h and then go home. We are doctors, physicians, and surgeons, who use the information from images to arrive at a diagnosis, either at a referring physician’s behest or sometimes directly at the request of a patient. Our only *raison-d’être* is to answer the question why. Why is the patient here? What is his problem? What is the question to be answered? What query does the referring doctor or the patient have?

The sentence “please correlate clinically” is perhaps the worst line in a radiology report because it tells the referring doctor that we are not physicians and that we are not interested in helping in patient management.

Once we are an integral part of the patient/disease management team, we will always be relevant to the patient and the referring doctor.

We, therefore, obviously need to improve our depth of knowledge, and to do so, to some extent or the other, we need to subspecialize.

Subspecialty organizations have mushroomed throughout the country, in one sense undermining the IRIA and competing with it for resources, but at the same time helping radiologists interact with their peers and colleagues in a more meaningful way. It is time the IRIA took the bull by its horns, and I am hopeful that this year we can bring in and develop the concept of subspecialty chapters within our own organization.

This was about professional relevance. More importantly, we need to stay relevant personally as well. Eighty percent of us in the audience today will live till beyond the age of 80 and 80% of us who do so will be practicing radiology till we die. Also, if we are going to be “radiologists” for more than 50 years of our lives, we need to make sure we stay relevant, that we don’t fossilize and we don’t lose the plot. How do we do this? Again one word!

**Re-invention**

We have to reinvent ourselves both professionally and personally. Professional reinvention could mean newer research, more teaching, perhaps taking on more administrative or business responsibilities, or getting...
involved with the politics of radiology, the local associations, such as the IRIA, state chapters, etc.

Reinventing ourselves personally means spending more and more time outside of our profession and perhaps even our families, and doing the so-called “third thing.” Many of us are talented in other walks of life, talents that have often languished due to the tremendous sucker of time and energy that medicine is. At some point, these have to be nurtured, and I can now see peers who have reclaimed their talents and started spending more and more time and energy as dancers, runners, writers, painters, travelers, scuba divers, etc., and are becoming better doctors as a result.

Interwoven into these two threads is the common one of giving back – to radiology or to the community around us. Also, if you have time to give back, then the IRIA and the state branches offer the opportunity to do so in various ways, and more importantly … need you.

None of us is an island. We are the sum total of the various forces and opportunities that have come our way and the people who have shaped us. I thank each and everyone from my schoolteachers to my peers, everyone who has been in some way responsible for who and where I am. Specifically though, I thank my Mom and Dad, who have given me every opportunity to excel, my wife Bijal who has been my bedrock for the last 30 years, and my children, Sach and Sana, who have taught me patience.

I am confident that with all your help, we will be able to continue to strengthen the Association and make it relevant to the needs of us radiologists.

Long live IRIA!