

Being a “Clinical Radiologist” “Patient-centric approach” and “problem-solving attitude” in radiology

Sir,

This is with reference to the editorial by the past Editor-in-Chief, Dr. Chander Mohan entitled “Is next-generation radiologist ready for the challenges?”; published in Jan-Mar 2019 issue of IJRI. I completely agree with the fact that GenNext radiologists should be ready and prepared for the growing challenges in radiology practice. To attain this objective, we need to become clinical radiologists and always adopt “Patient-centric approach” and “problem-solving attitude” in radiology.

As Radiology and Imaging science is one of the most dynamic branches where new concepts are being converted to clinical applications in a seemingly endless manner. It is vital for us to remain updated with the latest trends in imaging and practice “lifelong learning.” I am sure of at least one thing in Medicine that - “The only thing constant in Medicine is CHANGE.” Change for the better, change for the betterment of the society, and change for the betterment of the healthcare system.

As we talk about the challenges posed by the wave of artificial intelligence (AI), it is even more important for radiologists to understand that AI may replace a radiologist, but AI will never replace a clinical radiologist. Radiologists, therefore, need to always understand the story behind the image and connect with the patient so as to become an integral part of the patient care.

In this era of ever-expanding super-specialization and continually evolving imaging sciences, the suffering patient

should feel assured rather than awed. The reforms in healthcare are meant to benefit the patients, and therefore, “patient-centric approach” should be adopted. When we talk of a better diagnostic yield from a diagnostic test, this cannot be attained at the cost of the patient’s suffering. Agreeably, the imaging test is also for the patient’s benefit, but it is vital to understand the difference between a “pretty” image and a “diagnostic quality” image. The purpose of imaging is to achieve a diagnostic quality image from a clinical stand-point so as to provide an answer to a specific clinical query. If the patient compliance is not optimal owing to his physical or mental ailment, the imaging specialist should not complain, as long as the diagnostic quality is attained. After all, the “imaging test” is for the “patient” and not the vice versa. Radiologists need to understand these issues and should be more flexible in terms of imaging protocols. In given clinical circumstances, every attempt should be made to generate the “diagnostic quality” image with minimal patient discomfort.

At the same time, radiologist needs to “sensitize” themselves to the emergency conditions in the clinical practice. As we head toward the disease diagnosis with a particular imaging investigation, we need to understand the clinical background and the subsequent clinical course. This may require a telephonic conversation with the referring clinician. We need to anticipate the impact of imaging investigations on clinical decisions and act accordingly. This may require immediate reporting and conveying the results to the clinical colleague. Even if a radiologist cannot generate a final report owing to a busy

practice, at least a provisional report is always feasible. The key is to develop a sense of involvement in patient management and clinical decision-making. This will certainly go a long way in better radiologist-clinician relationship and help in more efficient healthcare delivery for the needy patient.

“Problem-solving attitude” is certainly an asset for the clinical radiologist. The primary objective of an imaging study is usually to find a solution to a clinical problem. The aim is to resolve the diagnostic dilemma and facilitate appropriate patient management. While performing and reporting an imaging investigation, radiologist should view every case as a specific clinical “problem” and should leave no stone unturned to find a solution to that problem. For example, a 15 years boy with intermittent hematuria was once referred to our department. He had several previous ultrasound examinations, which were all reported as “normal.” Although the patient is sent for “KUB ultrasound (Ultrasound of Kidneys, Ureters and Urinary bladder),” the task of radiologist is not only to look at the KUB region and convey that kidneys, ureters, and urinary bladder are normal. The real challenge is to find the exact cause of hematuria. Presence of normal kidneys, ureters, and urinary bladder merely ruled out urinary causes of hematuria. It is important to evaluate the renal arteries and veins to rule out vascular causes of hematuria (AVM [Arterio-Venous Malformation]/aneurysm or nutcracker syndrome). This is a simple example to emphasize this crucial point. There are several instances when the imaging specialist only interprets the images without trying to explain the underlying clinical problem. This kind of “image worship” with sort of dissociation from the patient’s real problem does not serve the purpose of imaging. It is, therefore, crucial for the radiologist to develop this “problem-solving attitude” in clinical practice and become a “Clinical Radiologist” rather than a mere “imaging expert.”

“Patient-centric approach” and “problem-solving attitude” should, therefore, become integral components of radiology practice. This will certainly help radiologists to be ready and prepared for a wide range of challenges in the future. Being a clinical radiologist will surely be a true justice to our profession of radiology and to the humankind.

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