

2006 ACR Presidential Oration

The Ring in the Radiograph: Profession and Principle

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A profession demands unconditional acceptance of the inalienable responsibilities to those it serves. Such obligations to patients, colleagues, and society infuse the specialty of radiology with meaning that elevates it to a profession and distinguishes radiologists' efforts from a simple occupation. The recognition and fulfillment of these duties are also how the ACR differentiates itself from an ordinary trade association. Professional insight provides a platform for analysis of and response to the issues confronting our specialty from the perspective of our founding principles and ethics. Judged by its history and recent leadership, the ACR has served and continues to serve this critical function by providing commitment, direction, and voice for our profession's core values.

Key Words: ACR, history, profession, quality, value, pay for performance, self-referral, inappropriate utilization, ethics

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Every great institution should revere its genesis. The discipline of radiology and the ACR are no exceptions. Unique among the branches of medicine, the specialty of radiology can trace its origin with remarkable precision to a single scientific discovery made on a specific day in history. On November 8, 1895, an obscure university physicist working in his laboratory observed what he called a "new kind of light." And on that afternoon, he could not have fathomed how brightly this light would shine. The evolution of the x-ray from a basic science discovery to the profession of radiology has been extraordinary, in large part because of the dedication of a cadre of physicians who have believed in its potential. However, in the very tumultuous times following Wilhelm Conrad Roentgen's discovery, the discipline of radiology was quite tenuous. During this period, a wide spectrum of souls wrestled for primacy of the x-ray in a marketplace of unrestrained entrepreneurship. It was the task of early organized radiology to establish qualifications and standards for those seeking to pursue the x-ray as a medical discipline. To its credit, the fledgling American Roentgen Ray Society in the invitation for its first meeting insisted that "no quacks or fakes, of whatever sort need

apply" [1]. Not an entirely reassuring exclusion, but it was a beginning.

LESSONS FROM TRADITION

In 1910, Russell Carman, MD, of St. Louis, in a paper titled "Medical Roentgenology as a Specialty," posited this simple concept: "The right of a specialty to existence has only this test," he said, "that it employ the specialist's entire time and attention, with increased benefit to himself, to the profession, and to the public. Judged by this test, roentgenology is, and of right, ought to be a legitimate specialty" [2]. As more physicians accepted this full-time commitment, others were realizing that they could not master radiology as a part-time vocation. One surgeon, Reginald Sayre, MD, of New York, explained why many physicians who had previously used x-rays themselves had now abandoned this practice and were sending their patients to x-ray specialists such as Dr Carman. Dr Sayre confessed, "I found, before the lapse of many years, that if I was to do as good x-ray work as was being done by others, I could not practice surgery. . .the demands of my surgical practice were too exacting to permit me to do justice to the x-ray work" [2]. Drs Carman and Sayre were but the first of many to recognize the need for dedicated physician imagers. It was in this nursery that the medical specialty of radiology was born, delivered by practitioners who were no longer just part-time, piecemeal dabblers but were completely devoted to

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the endeavors of imaging, performed safely and appropriately. However, the journey from an occupation to a full-fledged profession required something more palpable.

Every successful endeavor requires a coalition of like minds to carry it to its next stratum. In June 1923, 21 radiologists duly formed a fellowship embracing the lofty ambitions to develop, exemplify, and enforce the highest traditions of the calling of roentgenology. They pronounced it the American College of Radiology. This defining moment changed the destiny of American radiology forever. At the first ACR convocation, in June 1924, a newly adopted oath was administered to the candidates for membership. Each new member pledged to live in strict compliance with these principles: to avoid “dishonest money seeking and commercialism”; to “refuse all money trades with consultants, practitioners or others”; and to place the welfare of patients “above all else.” But giving simple lip service to this oath was not enough. The newly sworn were also required to sign their oaths, and sign them they did. It was actually expected that their actions throughout their careers as radiologists would reflect the principles in the vows they had just taken. This was no Kabuki theater. As is typical of founding fathers, they were dead serious. Their intent was to establish a profession, and they understood that a stable, successful profession demands a strong, active, and principled professional organization. This solid foundation provided by the inception of the ACR has been reinforced stone by stone, year by year, by a continuum of councils and leadership consistently upholding radiology’s traditional values, up unto this very meeting. And, now that it is our turn, we may rightly ask, for what purpose? What exactly is this thing that has been entrusted to us—this concept, this entity, this “profession”? Many seem to have forgotten the meaning of the word, if it still has one at all.

REDISCOVERING PROFESSION

Quite a few years ago, as a much younger radiologist, I was traveling to our annual ACR meeting. During my journey, I engaged in conversation a distinguished elderly gentleman who asked me the reason for my travel. I replied that I was attending a meeting of a professional organization. “Tell me,” he continued, “what is it that your organization professes?” I replied, “Radiology.” Unsatisfied, and being more than a bit cantankerous, he persisted. “No,” he said, “radiology is what you do! What do you profess?” Well, it was a good question, and I wasn’t ready for it. After all, the word *profession* is derived from a Latin word meaning “to openly avow.” Indeed, what do radiologists profess? Have you ever contem-

plated what distinguishes a profession from a mere occupation? What do we believe makes what you and I do different from a trade, a craft, a business, or, for that matter, a racket?

One definition holds that a profession consists of men and women of a common vocation who possess a shared mastery of specialized knowledge. But is that all there is to a profession? A job that takes a lot of study and a long, intensive apprenticeship? Not an entirely satisfactory answer. However, if we scour tradition, including our own, we are obligated to add to expertise, a subscription to common principles of practice, values, and ethics. And if we are feeling a bit medieval, we can include an oath of fiduciary duty, sworn to those served by the profession. Finally, there is one additional aspiration that demands inclusion. It is a responsibility to the broader constituency of the public, a duty so frequently abridged in the past that George Bernard Shaw was moved to slur professions as conspiracies against the common man (words his crusty alter ego Professor Henry Higgins might have spoken). However, in today’s world, a duty to society is essential if we are to be pertinent beyond this silo we call “radiology”—and, more specifically, if we are to be relevant to our overall system of health care.

The bottom line seems to be that a profession demands many things that a simple job does not. And from what I have been able to learn, this so-called job with conscience exacts from us 3 cardinal responsibilities:

- a duty to those we serve, our patients;
- a duty to those at whose pleasure we serve, our society; and
- a duty to those with whom we serve, our colleagues and thus our profession itself.

Together, these duties infuse our specialty with the meaning that elevates it to a profession. And recognition and fulfillment of these obligations is how we, the ACR, distinguish ourselves from an ordinary trade association, or any other group of purveyors of goods and services. These defining responsibilities do indeed require commitment. However, in our time, with the increasing scrutiny and demands on professions by government, the public, and the marketplace, are we up to these tasks? In our council and leadership deliberations, we commonly address the issues confronting us from the point of view of our medical specialty, our occupation. But profession demands that we also view these same issues from the perspective of our sworn responsibilities. This distinction is not merely semantic or academic. In my experience, such a view often reveals very different imperatives to guide the endeavors of the ACR.

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