

Perspective

How to get the Radiologist out of the Shadows

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“So you are going to condemn yourself to a dark room for life”, the response from my wife when informing her of my desire to pursue radiology as my specialty. This is by no means a novel perception of the profession, but did give me an opportunity to reflect on how the public, and more importantly patients, view radiologists. I began to show her examples of weekly timetables and videos of procedures radiologists perform, in an attempt to convince her of the varied nature of the work which has attracted me to radiology (and that nyctophilia is not merely a characteristic of mine).

Radiologists, funnily enough, do have an image problem. Amongst healthcare professionals this is often due to disagreements in the management of patients, but for patients themselves it is for another reason altogether. Surveys have routinely demonstrated that a significant proportion of patients do not fully understand the job radiologists do, with many unaware they are even medical doctors. Indeed when patients go for a scan, they will meet the radiographer, undergo the scan, and sometimes (not always) be told that the team looking after them will inform them of the results. They will not read the official report of the scan let alone know the name or even see the radiologist who reported it. When looking at it from a patient's perspective, can we blame them? Are they really expected to know the details of a radiologist's job description when they rarely have the opportunity to meet them? There are of course exceptions to this, namely ultrasound, fluoroscopy and interventional procedures which involve extensive patient interaction, however these are often single meetings without any continuity of care. The large bulk of the radiologist's work is the reporting of scans which are relayed to doctors to then relay to our patients. It becomes inefficient to utilise the radiologist's time away from reporting scans and therefore the nature of the job does not incentivise patient interaction and there is a lack of clinical need.

Healthcare as a whole, in the United Kingdom especially, has seen a shift over the past few decades from a paternalistic doctor-patient relationship towards a patient centred one. It therefore goes without saying we should be listening to what the patient wants. Studies throughout the world have shown that they would like to know more about radiologists, their background and details of the work they do. This is reason enough to attempt to popularise the field of

radiology. Imaging is becoming more and more integral to diagnoses in modern healthcare, and patients would be glad to know their scan reports are made by a doctor who has had at least five years of training interpreting various forms of imaging.

The major obstacle preventing radiologists from showcasing their talents is the lack of patient contact which is embedded deep in the culture of radiology. This is much easier to overcome in interventional/procedural scenarios where there is direct interaction with the patient, but becomes more of a challenge in diagnostic radiology. It is difficult to transform the current working environment to try and expose radiologists more to patients, but subtle interventions can be implemented to help raise the profile of radiology. A patient's experience in the radiology department can always be improved. Quality improvement projects should be undertaken to ensure high patient satisfaction in areas such as information about scans, waiting times/facilities and all round comfort within the department. Furthermore, following a scan, the patient should always be informed before they leave the department that a radiologist will review the images and publish an official report. This will create awareness for the patient regarding the role of the radiologist, and at the same time they will appreciate being informed about the next step in their management.

As explained earlier, diagnostic radiology frequently does not indicate the need for patient contact. There are however times when the radiologist's input is clinically indicated or a patient may request to discuss the report with them. It is on these occasions when the radiologist can take the limelight. The current climate does not allow radiologists to engage freely in these activities but the emergence of Artificial Intelligence (AI) could hold the key to increasing the productivity of radiologists. Much has been written on how AI may take over the work of radiologists, but on the contrary, AI can potentially free up their time to work more closely with other doctors regarding diagnoses and treatments. This will consequently involve them more with patient care and the possibility for direct consultations with patients themselves. The development of AI, coupled with the increased demand on imaging for diagnoses (which we are witnessing even today) will thrust the radiologist into the spotlight for patients to see.

So in response to my wife's statement, from this “dark room” I see a bright light on the horizon for radiology. To highlight the role of radiologists, changes can be made in current practice, but the potential emergence of AI will not only make radiology more dynamic, it will allow it to become more patient centric. It may be a while yet before radiologists are completely out of the shadows, but they can dip their toes into the light for now.