Letters

The majority of these emails echoed my sentiments. Dr Branstetter has offered a solution to this problem, which I had previously considered.

A few years ago, the hospital where I practice primarily reconfigured the neuroscience units, placing all neurology and neurosurgery beds on a single floor. As both a diagnostic and neurointerventional radiologist, I was frequently seeing patients on this neuroscience floor and routinely encountering the bolus of clinical information from the EHR that interaction richer and more efficient for both of us. When I look at the advent of PACS, there is no mourning here. Instead I thank the many engineers who have built these amazing systems of interphysician communication, image sharing, clinical data sharing, and online research. The reports generated in my practice are better than ever and patient care is improved.

Robert M. Schick, MD

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In Reply I received dozens of emails from across the country in response to my A Piece of My Mind article on the loss of personal interactions between clinicians and radiologists. The majority of these emails echoed my sentiments. Dr Branstetter has offered a solution to this problem, which I had previously considered.

A few years ago, the hospital where I practice primarily reconfigured the neuroscience units, placing all neurology and neurosurgery beds on a single floor. As both a diagnostic and neurointerventional radiologist, I was frequently seeing patients on this neuroscience floor and routinely encountering my neurology and neurosurgery colleagues. I saw an opportunity and proposed to the neuroradiology section that the reading rooms be moved to the clinical floor. The idea was not well received. My younger partners were concerned about the loss of productivity due to increased interruptions from clinicians. A better part of an entire generation of radiologists has been trained in the empty reading room model. Some like it that way.

Dr Schick is one such proponent. However, opinions depend on each person’s unique experiences. He lives in a world where the EHR and the PACS are integrated; many radiologists do not. Also, I find the EHR largely filled with forwarded or cut-and-pasted copy; making the clinical nugget that I am looking for fairly elusive. A text message is a poor replacement for a conversation, but better than a meaningless choice from a drop-down menu. Access to the internet has transformed medicine and medical education, but that is not my complaint.

I agree with Branstetter that daily clinical consultations add value. If radiologists do not want to be a commodity, how radiology is being practiced should be rethought and a move to the clinical units considered.

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