Ontario’s health care system

Radiologists are not the bogeymen o
other physicians toward the next appropriate test or specialist.

Our recommendations also help guide unexpected and unsuspected diagnoses of many illnesses, including cancer, which may be entirely

diagnosed by imaging (X-ray, CT, ultrasound, MRI, to list the major players). Radiologists are responsible for the interpretation of diagnostic

aginst, whom it is easy to sway the public and even our fellow physicians understood and therefore makes us convenient bogeymen aginst
culpable reason is that our vital role in health care is poorly

described. Our reputation as a "high income" specialty has certainly made us an easy mark, but I believe that the more

target of media criticism. Our reputation as a "high income" specialty

In recent years, radiologists have become a frequent and favored

referred.
No other profession would expect that as the task becomes more complex, and as the information they provide becomes more complicated, with each study has increased — not decreased.

The fidelity of images means that the amount of diagnostic information on each image has increased. This means the diagnostic accuracy expected, the difficulty of the task of interpretation, and the fidelity associated with prior imaging and with the patient’s clinical history, has only become more complex. Imaging studies now have hundreds of images viewed in multiple planes. We are responsible to correlate with prior imaging and with the patient’s clinical history, which is now available electronically.

However, the role of the radiologist, which is to interpret these images, has only become more complex. Imaging faster, and by their logic, the value of each study is diminished. Faster, and by their logic, the value of each study is diminished. Some have argued that technological advances have made radiology's role redundant. Yet because our direct interaction with most patients is limited, few would explicitly remember our part in their health care journey.
Plan the correct course of action.
Pathologists meet together to discuss challenging cancer patients to
conferences, where oncologists, surgeons, and radiologists, and
why we play an important part at multidisciplinary tumour
collaborate frequently consult with us and review images with us, and
This is the reason why, even outside our written reports, our clinical
images as a radiologist is.

them are responsible for the systematic and final interpretation of
skills at looking at their specific organs of interest. However, none of
colleagues, and many of them do develop competent interpretation
understanding of radiology. I have immense respect for my surgical
role as a former cancer surgeon as evidence of his "insider"
by a recent op-ed criticizing radiologists, Dr. Bob Bell pointed to his
Keep up with it.
medicine on imaging has increased. Radiologists have only tried to
the volume has increased. The need has increased. The reliance of
increased billings by radiology. However, the real reason is simple:
It is easy for non-radiologists to point fingers at the reasons for
would subsequently incur a drop in remuneration.
Band-Aids that will only hurt more to tear off in the long term. And care system, simple solutions and trying to paint a simple enemy are imaginary is complex, and so are the challenges that face our health.

Negatives: I'll informed rhetoric and singling out of my specialty has been led many of my colleagues to support such an idea. organization (the OSA), and it is precisely this kind of rhetoric that existed long before the proposition of a separate specialist existed long before the proposition of a separate specialist.

Before jumping on their next day's work by reading studies the night

of working in the community routinely working well into the evening.

What do these fewer days look like? I have colleagues ever before. Well, I have colleagues before. What do these fewer days looks like? Have colleagues fewer days than

Bell states radiologists have billed more and worked fewer days than

Disproportionately.

such as adjusting billing per study, affect academic physicians' fraction of the number of specialists solutions to a complex problem, I have the added responsibilities of teaching and research, will bill a radiologists, such as myself, who receive the most complex cases and

Finally, while it is true that some radiologists may bill extreme numbers, such outliers are true in all specialties, academic
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