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Radiology And Family Medicine

In the old days when the humble x-rays ruled supreme, the applications of diagnostic radiology were more readily appreciable. Many family physicians had their own x-ray machines installed in a backroom of their practices. Plain radiographs would be taken and processed on site. The main roles of imaging were to supplement a meticulously-taken clinical history and a thorough physical examination, and to aid, if not actually provide, the diagnosis to the patient's medical problems. This basic tenet still holds true today.

The field of diagnostic radiology has now developed far beyond just the usage of x-rays. Various modalities, such as colour Doppler ultrasound, computed tomography and magnetic resonance imaging have emerged in the recent two decades or so. The roles of radiologists have evolved to encompass the treatment of patients by means of needles, catheters and other devices inserted percutaneously, through blood vessels and by many different means. There have even been calls to recognize interventional radiology as a separate subspecialty, with its own system of structured training and accreditation.¹ In many centres, nuclear medicine imaging has already branched off as a distinct speciality from diagnostic radiology. Many subspecialties currently exist within the field of diagnostic radiology, including musculoskeletal, paediatric, thoracic, abdominal and neuroradiology.

Unfortunately, all these advances in diagnostic radiology have meant that the actual interpretation of these new forms of imaging are beyond the expertise of most family physicians and primary care doctors. More importantly, family physicians will also need to know the most appropriate sequence of investigations for conditions most commonly managed in the setting of family medicine, an appreciation of the limitations of any given investigation and the nature of newer imaging techniques. Knowledge of imaging technique is prerequisite to informing and preparing their patients for the imaging experience, hence allaying preconceived misconceptions and anxiety.

A direct line of communication between the family physician and the radiologist would be of immense value in patient management. In an editorial, Potchen has suggested that radiologists should function more as extenders of primary care. Radiologists can aid primary care doctors, such as family physicians, by defining the patient's problems soon after

EDITORIAL

identification at initial consultation. This approach would be less costly than a referral to a specialist, who then requests a diagnostic procedure to define the problem.² Armed with the information provided by imaging, the family physician can then decide whether to manage the patient himself, or to refer the patient to the appropriate specialist. Other means by which radiologists could transmit information to family physicians include giving continued medical education lectures with question-and-answer sessions, writing review and education articles in local journals such as *The Hong Kong Practitioner*, and making available pamphlets listing details of various radiological examinations.

Another way of ensuring that family physicians refer patients appropriately for imaging is the use of problem-based guidelines. Such guidelines have been published by organizations such as the American College of Radiology, Royal Australasian College of Radiologists and the Royal College of Radiologists of the United Kingdom.³⁻⁵ Studies on the influence of these guidelines on family medicine have shown that they are useful in reducing the rate of radiographical examinations and thus patients' exposure to radiation.^{6,7} Presently, a joint Working Group of the Hospital Authority and the Hong Kong College of Radiologists is developing a set of clinical guidelines in diagnostic radiology, which when completed, should be of significant benefit to local physicians.

Diagnostic radiology is very much technology-dependent and there is no doubt that previously unattainable clinical information and diagnoses can now be obtained rapidly and with a high degree of accuracy. Interventional radiology will continue to promote less invasive patient care, obviating the need for major surgery in many clinical conditions. The suggestion in some quarters that "high technology is largely

responsible for the skyrocketing cost of medical care" is unfounded. Properly selected investigations and minimally invasive procedures that are routinely performed by radiologists save money, improve outcomes, and minimize patient discomfort. These new technologies and techniques have enabled avoidance of expensive hospital admissions in the diagnosis and management of many cases.⁸

Family physicians should cooperate more closely and consult with their radiological colleagues. Radiologists should be more aware of the needs of family physicians and their patients, and respond accordingly. Such an approach will be beneficial to patients, and the society at large. ■

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