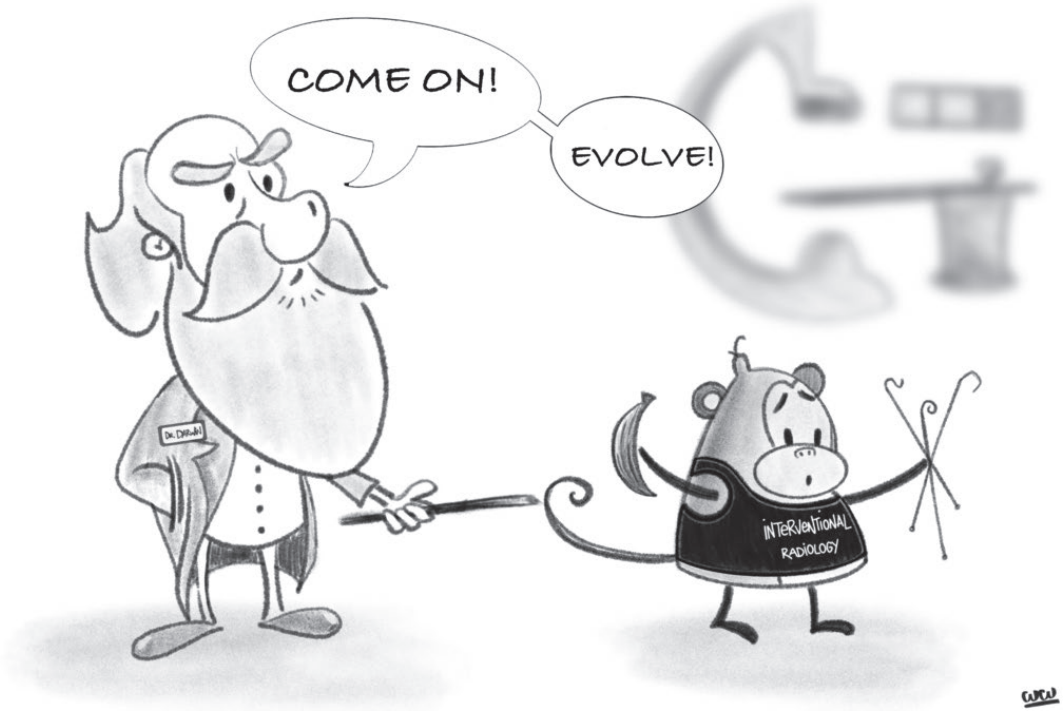
Interventional Radiology needs to evolve or will disappear

A few years ago in Vancouver, Canada, we heard from Dr. Scott Teratola[1], at the Charles Dotter lecture, in which he invited all interventional radiologists (IRs) around the world to take action. IRs spend too much time complaining about other specialties want to take over their practices, and procedures which in their opinion is very unfair. Unfair? It is possible, but this is the current reality of the world today. This competition exists (the survival of the fittest), and it has been observed through many decades in our daily work. As Sir William Osler said, "By far the most dangerous foe we have to fight is apathy – indifference from whatever cause, not from a lack of knowledge, but from carelessness, from absorption in other pursuits, from a contempt bred of self-satisfaction".

I invite the readers of this letter to read with consciousness the article published by Dr. Gregory Markris and Dr. Raman Uberoi in CVIR 2016[2]. They could not say it better or clearer. These two brilliant IRs point out two fundamental ideas. The first is that IRs being in the heart of Diagnostic Radiology is detrimental to Interventional Radiology, and the second is that we, IRs, must dedicate ourselves with all our enthusiasm and effort to the patients. Outside of these ideas, our endeavor is sterile or unproductive. They, Dr. Makris and Dr. Uberoi with great success invite us not to shoot ourselves in our own foot, wasting time on other matters that are not the Interventional Radiology subspecialty even better, to become an independent specialty. Both, one or the other, will not completely solve the problem of competition, but they will facilitate part of the problems which affects Interventional Radiology: training, procedures portfolio, clinical privileges, outpatient consultation, hospitalization, etc.

This is the path that the US has already taken, and some other countries in Europe are trying. But it is clear that almost all of us want and see this evolution and recognition of the specialty as an essential matter. The two biggest medical societies, the American (SIR) and the European (CIRSE) are making a great effort in this regard, but no one expects that from outside they will solve our domestic problems or impose the specialty in each country.



The IRs must wage a battle at the local level, striving in their commitment to excellence for patient care and claiming this legal and necessary recognition from the authorities and the society. If this does not happen, Interventional Radiology as we know it today is destined to disappear. The competition (clinical or surgical specialties that have seized interventional procedures) has the advantage of direct contact with the client/patient, and they also have the recognition of the community as a solid medical practice. IRs have to learn from past mistakes, focus on their goals, and be proactive to face future challenges.

In a study by Andrews *et al.* Only 6% of the patients who enter an Interventional Radiology angio suite had heard of interventionism, its procedures, results, and possibilities. The IRs, on the contrary to what Machiavelli says in The Prince, "should always try to appear virtuous". In addition to owning and cultivating them, the virtues must always be exhibited, made known, and be proud of them. By allowing other specialties to participate in interventional procedures, IRs must become the undisputed leaders in the interventional operating rooms or angio suites, due to their training, knowledge, and skills.

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REFERENCES

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2. Makris GC, Uberoi R. Interventional Radiology-The Future: Evolution or Extinction? Cardiovasc Intervent Radiol. 2016 Dec;39(12):1789-1790.