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From ECR 2009: The latest results ...

Peter A. Rinck

Some people think that I should not write serious articles. Frank opinions on science, medicine, or even reality can easily be contested, particularly because my truth is different from other people's. The world today is scary enough, and radiology scares many of us even more.

Therefore, we travel to attend the European Congress of Radiology in Vienna just to find out that we know more than, or at least as much as, anybody else. Many of the participants are lucky – somebody else pays their fares and accommodation. Work and play mix, professionalism and tourism.

Lie back in your airplane seat and enjoy the flight. If you can, that is. Usually, you cannot because there is not enough space to stretch. But you can go for a spin for some days to relax in Austria's capital, if no blizzard is rolling up the city and you better lock yourself in your hotel room, order another blanket, and read a novel in bed.

Anyhow, there is something positive about Vienna: Its airport is definitely more attractive than Chicago's O'Hare, and Austrian immigration officials can distinguish between tourists and terrorists. Terrorists are better dressed.

At the Austria Center's lecture halls the lights go off, the speaker commences, and one falls asleep with the comforting awareness of being close to scientific progress.

I always have admired those people who, after drinking into the small hours, are up bright and shiny early in the morning for the first morning session, jumping up and down and asking well thought out questions as soon as the speaker finishes, while others are still fighting their hangover in the hotel bathroom.

When, accidentally, you lift one eyelid, you see – in a widescreen movie format – two rectangles fighting each other to get into a box; below them, the head of a hungry chicken, beak opening widely and then closing again, picking in succession all those birdseeds floating on the peaceful dark green background of the slide.

You should be glad to be in this session; the image background could be pink and the text yellow, screaming into your eyes.

Sometimes you believe that you are attending a Strange Phenomena Conference. Some presentations seem to have been prepared after the authors attended a course in creative writing and PowerPointing. Their jargon can hardly be understood, and looking at the slides doesn't help either. The lid drops again.

After you have awoken and tried to understand the forms you are forced to fill out before you are allowed to leave the lecture hall, you meet an American in the corridor by the coffee shop who tells everybody, even the waiter from Bosnia-Herzegovina, that he could not live without his 3T MR equipment. I could. The waiter could, too. And the 3T machine could live without the American.

Chatter, babble; we dive into the social dynamics of the conference:

"When did you arrive?" "Where do you stay?" "Which airline did you fly?" "How many participants attend the meeting this year?" "Will it snow again?" "Let's cross over to the industrial exhibition and pocket some souvenirs at the booths." "Great to see you. How's Golda?"

Who the heck is Golda?

"Let's have a drink, breakfast, lunch, dinner, a baby – at least we could try."

The informal social contact often appears to be more important than the learned papers and those poster sessions without posters. But still, there are some pompous, complacent scientific exchanges, misinterpreting the latest results of the barium enigma.

Talking shop, eating, drinking; you see people you never expected to have a private life. Fortunately, with your mouth full of Sachertorte, you cannot discuss imaging of the urinary tract. The topics at the next table are money, the crisis, holidays, incompetent sales representatives, incompetent CEOs, the cri-

sis, the decline of the market, sales, hostile takeovers, the crisis, and sex.

And then we hear the next talks: Liver imaging for the advanced alcoholic. Cappuccino as a nonexpensive oral contrast agent. The influence of the Vienna Volksoper on the angiography of the lower extremities.

In the commercial exhibition, the booth of Lyserg & Sharp and Doom (LSD) offers an easy way to color coding of erstwhile black-and-white images: concentric visuals of colored patterns form behind the eyes in the mind of the customer, facilitating any diagnosis, with the stress on "any".

Telepathy International is the new star in teleradiology – wireless, monitor-free, cheap, and without any electronics, plain eclectic. Theoretical reasoning does it all. It generates an entire PACS in your hypnotically charged brain. The price is reasonable.

Speech Impediment, Inc., the new Ruritanian dictation management company offers their novel "William Henry Gates III Memorial" software with integrated speech recognition, workslow management, and automatic random erasure. "Crying rage is our goal."

This year's congress will touch on almost every imaginable topic in the radiological arena, drawing speakers from across the globe with the usual balance between youth and academic inexperience.

The new *hands-off courses* include the following:

Topic 1: Fighting the economic crisis in medical imaging. Does lobotomy help? Open forum and sterile resection.

Topic 2: Is there a crisis? Learn the French way of denial. Italian dinner included.

Topic 3: How to mix your own nontoxic contrast agents. Step by step, with PowerPoint presentation. Sponsored by Nestlé.

Topic 4: How to frame your MBA certificate and hang it on the wall front to back. Examples on video. Sponsored by Harvard Radiology Business Review.

Topic 5: Learning to live: Basic differences between hospital administrator and radiologist. Explanatory graphics and role playing. Bring your own Persian carpet.

Topic 6: PET on the Shmatterhorn. With bonus CME (approval pending). Sponsored by Union Bank of Switzerland and the Swiss taxpayer.

Topic 7: What happens to patients after the examination? Hide and seek through all changing cubicles and resuscitation. Real-life testimonials.

Topic 8: PACS for pygmies. How to reach the buttons. Requires knowledge of bungee and/or trampoline jumping.

Topic 9: Are you really a radiologist or only a BMW driver? An introduction to Freudian thinking. Help line and support groups. Sponsored by Dacia, the Logan manufacturer. Buy four tires and get a free car.

Topic 10: Digital mammography. Learning how to find things.

Topic 11: CT colonoscopy and bad breath. T1 and T2 relaxation exercises, meditation, and breathing techniques. Triple CME credits and double Austrian Airlines Miles and Less.

Note: Due to the complexity and level of difficulty of their contents, each course will accept a maximum of four to eight participants each. Couples preferred.

Have fun at the meeting.

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From ECR 2009: Walking down the corridors ...

Peter A. Rinck

Vacant hotel rooms are aplenty in Vienna this year and prices negotiable. In the month before ECR, one hotel chain even called former guests and congress participants directly and offered good deals.

For some reason or another, I chatted with more people in the corridors or more people approached me than at earlier ECRs in Vienna. The economic crisis is one of the main topics for many of these congress participants, a crisis not only for the commercial companies, the manufacturers and vendors, but also for the radiologists, the health system at large, and, apparently, hotels in the Austrian capital.

The ramifications in medical imaging are wide-stretching, not only into new investments but also into imaging strategies in general. "Why buy a new CT if the old one is still good, reimbursement down, and the patients' outcome the same?"

I watched a conclave of dark-suited businessmen looking grimly through the windows of the Austria Center at the gray skies of the surrounding world. The last year had not been nice, and the empire had been stricken. Corruption scandals, products with dangerous side effects – "*metus est plena*." There is plenty of fear, commercial and personal, the sharpened sword of Damocles hanging directly above their heads by a single horsehair. The future seems not as bright as it was some years ago.

Others see it differently and, smilingly it seems, jump into the fray. Some new companies have turned up at the commercial exhibition, even some targeting the ailing contrast agent market, either with novel products or with generics. Good luck to them.

Radiologists live in their little worlds, even when they talk about globalization and "our European house."

The house is to be heated, and the money for it should come from the companies. Everybody wants to arrange his or her small or big congress, but as one of the officials of ECR puts it, the financial support in dire times must by concentrated on the big conferences, not on the small ones. For sponsors, there is better return on investment with the bigger meetings, he insisted.

However, an increasing number of small conferences in Europe cater to getting CME credits in subspecialties, a return of national and regional meetings. If you want to keep your license, there is no way around them. On the one hand, people want to hear difficult contents in their mother tongue and be able to ask questions. On the other hand, the CME requirements are getting tougher and more bureaucratic. It is easier to fulfill them locally, without too much fighting with the offices in charge of CME accreditation.

One male radiologist commented: "The problem of the future is rather subspecialization and the connected certifications. Not a big congress and commercial fair. What do you need for a good CME meeting? A handful of good speakers, pedagogically trained, and an auditorium. If the participants want fringe benefits, they pay cash out of their own pockets, including that pizza dinner with a bottle of red wine."

It's a dilemma, according to one participant, that the radiologists in charge of the program of the ECR are all "academicians," "having their heads in the clouds; they are so distant from reality in daily radiology."

For many radiologists out in the field, dealing with patients and referring physicians, the contact and understanding they get from company representatives is better and deeper than the comments they get from the university bigshots.

"The critical assessment is missing," one female radiologist from Italy comments. "The university radiologists are so far away from our life and daily problems. But I meet colleagues from all over Italy and we talk. The interesting part is the refresher courses, the exhibition, and Vienna."

Another opinion: "I wonder what the ECR rationale is. So much precious time is taken up with all these product-related lunch sessions that lure people away from the mainstream courses. The ECR appears to be

practicing blatant commercialism rather than education."

Still there are many others: When I watch those happy participants in the corridors, in the lecture halls, at the commercial exhibition, unconsciously, I suppose, I demand that they conform to my ethical or moral concepts – the straight old Prussian concepts. I don't know if they are still applicable, and they couldn't care less. They want to have fun and some easily digestible information, and for the rest – who cares?

Mañana, domani, morgen, savtra, tomorrow. There is no suffering, except for the young speakers. They suffer and look stressed. I did, too, at their age. But I suspect that those who look relaxed and laugh deal as well or better with their patients than those serious-looking career-prone doctors.

Correct me if I am wrong.

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Recent events at WHO prove that bigger is not always better

Peter A. Rinck

I have always admired great humanitarian organizations, the World Health Organization (WHO) being one of them. They mostly help the poor and distressed in the world.

The WHO headquarters in Geneva has focused on health issues of global concern since 1948. Six regional offices in Europe, America, Africa, the Middle East, and Asia (two offices) concentrate on technical support and building national health competence, while 147 national offices maintain close relationships with ministries of health.

The WHO's main headquarters blends the modernistic functional style of early postwar French-Swiss architecture with the ideals of a garden city. A pleasant park-like landscape stretches down undulating hills above the city of Geneva and Lake Léman. Inside the main building, you learn rapidly how short-lived contemporary architecture can be. The sterility and staleness is even worse in the adjacent office buildings, connected to the main hub by long underground corridors. Gray staircases lead upwards to rows of small offices, each one usually shared by several employees. They are furnished without much care. Shabby gray metal office chairs and desks add to the gloom.

Smile, and the world smiles too. There is nothing like a warm and confident smile to create a good first impression. I realized early on during my collaboration with the WHO that hardly any of the people moving purposefully down the corridors in Geneva smiled. All faces were serious, restrained, tight-lipped. I assumed that this manner came with the important and wonderful tasks that people were working on. They are coldly efficient, I thought.

My contact with the WHO dates back 25 years, to the time of the “great leap forward” in radiology. CT and ultrasound had just entered the clinical arena; MRI was seen as a promising new tool. The collaboration was close and good at times. At other times it was cooler and more distant. I was at the forefront of research and application. Some people at the WHO headquarters and at the regional office in Copenhagen were interested in the possibility of integrating high-tech imaging into the world's health systems. We arranged some conferences together before they left the organization. I moved on too.

"Diagnostic imaging should not be a rare privilege – for any patient, anywhere in the world."

I became involved with the WHO again a few years later, this time in relation to basic x-rays. Trauma, chest disease, abdominal disease, and pregnancy are the most common indications for diagnostic imaging worldwide. Plain radiography accounts for over 90% of all necessary examinations in small rural or suburban hospitals, with ultrasound satisfying a large part of the remaining 10%. Together these modalities are all that is needed for 70% to 80% of all diagnostic imaging, even at university hospitals.

Imaging for All

Medical imaging is a vital part of the diagnostic process. Every patient should have the right to receive diagnostic imaging when their physician or healthcare worker believes it will assist diagnostic accuracy and improve treatment. Diagnostic imaging should not be a rare privilege.

Yet more than 100 years after the discovery of x-rays, approximately two thirds of the world's population does not have access to the most basic diagnostic imaging service.

The WHO's fundamental principle of “health for all” is equity, which demands that diagnostic imaging be made universally available to all who need it. This would allow diagnoses to be made quickly and accurately, reduce hospitalization times, allow patients to return home or to work promptly, and, most important, result in less pain and suffering.

Today's global market for electromedical and healthcare IT equipment is worth €39 billion, according to COCIR [1]. This breaks down into €20 billion for radiological and electromedical equipment and €19 billion for healthcare IT. Pharmaceuticals, including contrast media, add another €6 billion [2].

About 75% of this sum is spent by 20% of the world's population in countries with market-driven healthcare systems. These include many European Union countries, the U.S., and Japan. Developing countries that have need-driven healthcare systems spend a quarter of this sum on diagnostic imaging equipment and accessories.

Ten years ago, the radiologist in charge of diagnostic imaging at the WHO built up a small circle of referees to read pediatric x-rays acquired in Africa and Asia as part of a project to monitor the impact of vaccinations against pneumonia. It was a worthwhile and successful endeavor. This small team also promoted the World Health Imaging System for Radiography (WHIS-RAD), which had been developed according to the WHO's technical specifications. The idea behind WHIS-RAD was a low-cost, safe, reliable, easy-to-use x-ray system that would produce high-quality images. It was good value for little money.

Although the WHO cannot provide equipment, it can help operators use the machines properly by improving knowledge. WHIS-RAD (and digital WHIS-RAD) equipment was subjected to extensive clinical testing by collaborating centers in Sweden. The concept was put to the test all over the world, with centers of excellence being set up in Africa and Fiji.

An outstanding set of manuals accompanied each x-ray unit. They described how to perform procedures, process the films, interpret the results, and take care of radiation protection. The WHO also produced workbooks and manuals for end-users, whether radiologists, general practitioners, or radiographers. These booklets can be included among the best teaching materials available on radiography and ultrasound. They are simple, to the point, and cover most questions of daily medical life.

The last person to head diagnostic imaging at the WHO retired in 2007. The organization had already, in 2006, put a moratorium on filling the vacancy. The position was finally announced in 2008, but in the following year all applications were rejected and the position frozen again. Ongoing projects in Africa collapsed in the meantime and other projects were put on hold.

The official reason given for shutting down diagnostic imaging in the WHO was lack of money. Off the record, the reasons ranged from personality clashes, internal power struggles between directorates, external lobbying, incompetence, and indifference to plain unwillingness to work.

The mills of the WHO's admirable bureaucracy grind slowly. There is more intrigue in a small WHO department than in a 500-page romance novel.

The position in medical imaging is a lonesome place; there is hardly any in-house collaboration. Just one person is responsible for the teaching and training of x-ray, ultrasound, and all other imaging modalities—worldwide.

Medical imaging is considered within the WHO to be a marginal medical service discipline. Imaging is not regarded as a priority in primary healthcare and this is reflected in staff numbers. The WHO employs 8000 people worldwide but there is just one position for medical imaging.

It is difficult to find a person to fill the WHO's medical imaging post. The ideal candidate would have at least 20 years experience in medical imaging and medicine at large, and an awareness of the problems facing healthcare systems in developing countries. He or she would be knowledgeable, critical, and incorruptible, have a strong personality, and be fluent in several languages. She or he would also be willing to put up with the bureaucracy, vanities, and listlessness of the WHO administration and to travel extensively in “non-touristic” countries.

Although the job is not well paid, the post holder would be based in Geneva, one of the most expensive cities in the world. Working conditions are often lamentable. Idealism helps.

Talking Shop

I received an e-mail toward the end of 2008 from the WHO asking if I would be interested in coorganizing a conference on the organization's role in diagnostic imaging. I was astonished. The radiology position at the WHO had been vacant for nearly two years at this point. There was nobody in the entire organization with a background in diagnostic imaging.

More than 30 people from all corners of the world were invited. They assembled in Geneva for three days of lectures and debate. The overview of diagnostic imaging they presented was the widest and (in some instances) the most tormenting I have ever been confronted with. This was not a view into the future of market-driven imaging, as is often presented in Chicago at the annual RSNA meeting or in Vienna at ECR, a surreal looking-glass for most regions of the world. People working for the WHO were instead given an impression of what a United Nations agency should attend to.

Yet, the outcome of the meeting is nil. Incomprehension and disappointment was written across the faces of participants on the last day of the conference. Only afterwards did it become clear that the meeting's aim was not to benefit mankind. It was to gag possible critics, play power games within WHO, get even on old scores, and (last but not least), spend the allocated budget so that it wasn't lost in the future.

The withdrawal of the WHO from an entire medical discipline is detrimental to public health all over the world. The organization fails billions of people worldwide, and this failure is painful. Neither the director-general of the WHO, nor the assistant director-general in charge of diagnostic imaging responded to e-mails or letters from major professional and non-governmental organizations (NGOs) expressing their concern and offering advice, help, and support.

A number of small organizations, mostly NGOs and government institutions, but also small companies, have tried to fill the gap. Among them are the World Health Imaging, Telemedicine and Informatics Alliance (WHITIA), The Round Table Foundation (TRTF), and the Swiss Tropical Institute (STI).

WHITIA appears to be the most active at present. It is a nonprofit entity attacking the problem of providing communities in resource-poor areas worldwide with access to low cost digital imaging equipment. The backbone of the alliance is a small business-like administration in Chicago. They cooperate with local health authorities, global NGOs, academic institutions, and the imaging industry.

All of the small organizations involved have dedicated people and efficient structures. They handle problem-solving and decision-making rapidly. One of their main assets is competence.

The WHO, on the other hand, is a huge administration that is lacking proper control of its internal structures and is wracked with turf battles between different departments. It is a political enterprise with 193 member states. Irrelevant third-party considerations count more than outcomes, responsibilities are fragmented, decision-making processes are complicated and protracted, and there is a distinct lack of authority. Genuine political techniques, such as obtaining loyalties and securing allegiances, hamper or are given priority over solving the primary problem.

Small is beautiful.

Disclaimer: Many people are putting all their efforts into the ideas behind the United Nations and their agencies because they believe in them. Let us support them. A little smile may be sufficient to trigger a change in mind and allow continuity in the WHO's work.

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