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On job security

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"...Quality is our only job security in the long run."

—Andy Stern

I don't deny that there are a few people among us who are working for kicks: They hit it big in the market, they have inheritances, or they have rich spouses, etc. I know some; you probably know some. (You probably hate them, too.) They are the fortunate few. Independent wealth is a wonderful thing. I have always wanted to be born wealthy. Alas, at this stage of life, it isn't a possibility.

So I count myself among the rest of us working stiff who worry about job security. Who are harboring a little nagging fear in some corner of our psyche that, from time to time, whispers something like, "Ooh, don't get this one wrong," or "Be nice! Dammit, be nice! VIPs asking dumb questions are still VIPs!"

Indeed, as radiologists, with eternal documentation of the studies we pontificate on and eternal documentation of our reports, we have reason to be at least a little concerned. You're only as good as your last call, as they say.

So don't you just love it when along comes something that reaffirms your position in the medical pecking order? Elevates your opinion of yourself? I'm sure you've had one or two of these experiences. As Mr. Stern so aptly described it, it is then that "quality" is ours to give.

Recently, one of our neurosurgeons was not in complete agreement with one of my calls. In fact, to say he disagreed would be a bit of a reach. It was more along the lines of, "You're wrong."

Debate. Point-counterpoint. Disagreement and more disagreement. Begrudging admission that I could possibly be right—in an alternative universe—but still, very unlikely. For some reason, I was certain. I was really sure.

For some reason, he was also certain. He was really sure, too. Long story short, it was worth a bottle of Scotch. Good Scotch. Proof was to be obtained. I got his postoperative phone call a few hours later.

"You were right. What kind of Scotch do you want?"

Gift bottles of Scotch are a treasure, and it would be inappropriate for me to choose. His choice was more than I would have asked for. The bottle was (and is) magnificent. Somehow tastes better for the acquisition method, as well.

I also do a number of conferences. Some are the "show and tell" variety, others are formal conferences (tumor boards, etc.), and still others (the ones I love most, in all honesty) are the open-forum-put-the-radiologist-on-the-spot-bring-along-an-outside-disk conferences. In a recent hot-case conference like that, a clinician handed me a disk containing a referral that was "clearly misinterpreted." It was an outside case, so I was happy that at least the error wasn't in my house, but let's look at it first.

"Big, palpable neck mass" I was told.

I looked. Nice MRI study, with many, many sequences. There was a marker on the neck, overlying ... turbulent flow in a big jugular vein. But I didn't see any other mass. I looked, and I looked. Finally, I gave up.

"I'm sorry, I don't see it," said I. "What's it feel like?"

"Soft, compressible. It's right there on the scan. Don't you see it?"

"Where?" I asked sheepishly.

The clinician pointed out (as I knew he must) the large jugular vein. I showed him how it was a tube; in fact, a **NORMAL** tube. Nod of the head, mumbled thanks, retreat.

Job security comes in many guises. I like them all.

Keep doing that good work. Mahalo.