



“But as to myself, having been wearied out for many years with offering vain, idle, visionary thoughts, and at length utterly despairing of success, I fortunately fell upon this proposal, which, as it is wholly new, so it hath something solid and real.”

—Jonathan Swift, “A Modest Proposal.”

A Modest Proposal

C Douglas Phillips, MD, FACR

Well, old Jon had something else in his satirical mind to “propose” to his readers. One of the most original and thought-provoking pieces of literature ever. I have something entirely different to propose that may be a bit more easily applied (and less cringe-worthy).

My wife (A radiologist, as well. Have I told you this before? Pretty sure I have. We discuss this stuff all the time.) and I are well into the third or fourth round of what we both refer to as “niceness training.” I’m sure you all have been ruthlessly bombarded with this material, as well. Diversity, social acceptance, cultural acceptance, religious acceptance, I-like-country-music acceptance. We must read and then be quizzed on being a respectful and caring human being. And I get it; there are people out there who just don’t like people who aren’t just like them. I have two observations to make on this and will, through this little discourse, subject you to them.

No.1. Except for the interventional group among us, we look at gray-scale images. I don’t pay much attention to names (except for the rare potential misidentification from the medical record number) so I see my patients as shades of gray on the screen. Short, tall, green or purple, boy or girl—my screen shows your matter as shades of gray. We seem to have the perfect specialty to ignore all but

the pathology. We just recently moved into color (and how I remember the excitement of those first few excuses to have color monitors!) and so far as I can tell, the only judgment about color in that movement seems to be that regardless of technique, we seem to have assigned red as bad. This may lead to a deluge of red-hating radiologists, but I think likely not. Too much opposing energy from red wine, apples, or cherries. Net result is balance.

No.2. Here’s an easy one. Instead of using all these training models to teach us life’s lessons, how about we just only accept residents/fellows/colleagues who don’t ignore them to begin with? Four years of medical school are training for residency, so let’s just take residents who were nice to people during medical school. Four years of residency are training for fellowship, so let’s just take fellows who were accepting of all during residency. If you’re not nice-nice to your companions, I don’t want to have to educate you in a basic life skill. To select our trainees, how about less time with personal essays? Let’s ask their colleagues (as a group) how they are as a **human being**. This reminds me that all you need to know you learned in kindergarten.

Be nice. Clean up your mess. Share.
Class dismissed.

Keep doing that good work. Be nice. Mahalo.

Dr Phillips is a Professor of Radiology, Director of Head and Neck Imaging, at Weill Cornell Medical College, NewYork-Presbyterian Hospital, New York, NY. He is a member of the *Applied Radiology* Editorial Advisory Board.