

“Don’t tell me how to do my job; I don’t come to your workplace and tell you how to sweep up.”

—Billy Connolly

I Got This

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This rant comes from a recent lunchtime discussion with my wife (also a radiologist, as I think you all know). She’s a very bright woman and does NOT suffer fools gladly. Well, except for me. Fortunately, I get a pass.

How do you handle someone telling you how to do a study? Do you get mad? Are you cool with it? Do you smile and do it exactly as they requested? Make a quizzical face and point out politely the flaws in their statements to initiate an academic discourse?

Or are you (as I imagine most of us are) the ultimate in passivity-aggressivity, smiling and nodding, and then turning around and doing exactly what you know is the right way to do it? You know from whence this came; the person who tells you precisely (or perhaps more appropriately, imprecisely) how to do **your** job.

Do other physicians have to put up with this? Do you think people tell the anesthesiologist to use propofol? “Please, nothing else. Do not substitute.” Or that they request the incision be closed with 6-0 Prolene instead of adhesive? Have you ever heard of someone requesting a particular catheter for an angiogram? Or how about demanding the cardiologist use a stethoscope to listen to their heart?

That is indeed what we face, too often.

I’ve seen requests that asked me to not only **do** the study but also **interpret** it (I appreciate that). I’ve also had specific sequences requested on MRI and indeed, what MRI unit the study must be done on (it’s always a WIDE-BORE or OPEN MRI, although the “must be done on the 7T” requests are also beginning).

Every scan needs to be done with and without contrast (particularly when the order is filled out by a secretary or nurse practitioner), **just because**. I was told once that I had to do an MRA with contrast, because “how else will you see the vessels?” Here’s another favorite – requesting slice thickness or “high resolution.” Yep. Because we must be literally talked out of performing head CT studies at 10 mm thickness with low resolution. Also, “must have coronal scans.” I saw a request a while back for the MRI to include “lateral views.” Jeez.

Someone with academic inclinations should do a study about what people who request in this fashion think of the final product from the radiology department (which almost assuredly followed a standard protocol) that bears little relationship to their odd phrasing and stipulations.

I know of a service that continues to (inappropriately) ask for every example of a particular study to be done with and without contrast, and we have routinely changed the protocol to just with and never heard a peep. I hope this doesn’t reflect on someone thinking they are telling us how to do our jobs; I think it likely is not.

I’m not clear about the roots of this oddity of medical life. Maybe it’s historical, maybe it’s hearsay, maybe it’s something someone read. Maybe they know the patient will see it and want them to know that they are vested in the study. All I know is that it rarely adds to better patient care. More often than not it only irritates me.

Keep doing that good work (and do the study the RIGHT way). Mahalo.



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