

Since the discovery of x-rays, the use of radiological investigations has become an integral part of medical management. All of us have had an x-ray or a scan at some point in our lives. The dependence on imaging is growing. The advent of modalities like ultrasound, computerised tomography and magnetic resonance imaging, which allow rapid acquisition of high quality images of both anatomy and pathology, has further increased this dependence. The conditions which were diagnosed purely on clinical grounds now routinely get imaged. The conditions which were managed on minimal imaging now get extensive workups. One classical example is acute appendicitis. This used to be a condition that was diagnosed on history and physical examination alone. Now most patients coming to western hospitals will get at least one imaging test as part of their diagnostic workup. This increased dependence has hugely benefitted radiology and radiologists. This has propelled this one time "dark room" speciality to the forefront of medicine. Radiologists are no longer slightly grey middle aged men who only occasionally emerge from the depths of their department. They are now part of every multi-disciplinary team, every tumour board and every clinical conference. This higher profile has also brought with it increased expectations and responsibilities. Not only is radiology being used in place of clinical judgement, but also Radiologists are increasingly being asked not only to make an imaging diagnosis but also to predict the histopathology of the lesion being demonstrated. In addition to these clinical expectations there is also the tendency to overuse radiological investigations without any thought to the potential harm that they may cause. Not only are they expensive but the radiation dose is substantial especially for the multi-detector row computerised tomography. Iatrogenic radiation is the largest contributor to the radiation burden on the human race. It exceeds radiation exposure from nuclear installations, nuclear waste and weapon stores, nuclear tests and experiments and all natural sources put together. Radiation dose from CT contributes the largest proportion of the iatrogenic radiation dose.

These facts put a huge responsibility on the shoulders of the radiologists. Unfortunately the high profile and usage of imaging sometimes leads to unethical practices. Even more unfortunately some of these instances involve radiologists themselves. Repeated examinations without justification, using a newer more expensive modality when a cheaper alternative would have sufficed, not referring appropriately when a particular facility is not available at the centre where you happen to be working, providing incentives to referrers, performing incomplete examinations to save costs are some of the practices that are patently unethical and lead to disrepute for the entire profession. We as a profession have to ensure not only the highest clinical standards within our practice but also the highest ethical standards. Unless we take responsibility these practices will grow and will become the norm rather than the exception. We need to ensure that our patients are protected from unnecessary burdens both radiation and financial. We are answerable not only to our patients but also to Allah and this should be our overriding principle.

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Editor