

Bridging the divide between the surgeon and the interventional radiologist: cooperation or/and competition?

Taimur Saleem

Received: 16 June 2009 / Accepted: 18 June 2009 / Published online: 2 July 2009
© Springer-Verlag 2009

The cosmos of medicine is currently witnessing technological advancements at a breathtaking pace. Innovative techniques are being engineered and novel agents are being discovered or invented to combat the scourge of death and disease. However, this dynamic state of flux is not without consequences. It has blurred the classic black and white demarcation between the various disciplines of medicine [1].

The domains of surgery and radiology, in particular, are intersecting at many junctions now. Radiology is no longer confined to the dark reading rooms and the radiologist is no longer a doctor who experiences minimal interaction with the patients. Emphasis is being placed on communications and interpersonal skills training for radiologists in view of the expanding practice of the discipline [2]. Surgery too is undergoing transformation. As the paradigm of patient care is changing, more emphasis is being placed on minimizing the recovery time from interventions as well as the amount and quality of pain experienced by the patient. Hence, minimally invasive approaches are being championed by most quarters [1]. Under such circumstances, conventional invasive surgery has taken a backseat. The advent of interventional radiology on the horizon of medicine is gradually dissolving the traditional boundaries with various surgical disciplines. It has added the “therapeutic” dimension to the repertoire of radiology and radiologists are now conducting interventions in “mini-operating” theaters in liaison with anesthesia personnel [1].

As the two disciplines of surgery and interventional radiology inch closer to each other in the face of limited resources [1], one is naturally concerned with the outcome of a face-off [3]. It is important to recognize the potential for such a collision and the entropy it can create. The need of the hour is to devise strategies to bridge the divide between the two disciplines that has every potential to morph into an undesirable chasm.

The future of medicine should involve the use of a multidisciplinary approach to help the patient in need where different departments can freely engage in dialog. The realization should be that the destination is one though different routes may be used to reach it. An integration of the two disciplines into a single “surgology” discipline [4] is perhaps neither the most viable option nor a seamless onus. The surgeon and interventional radiologist have to coexist within the same system and honest and clear communication without prejudiced agendas on either side may offer the best possible solution.

References

1. Monroe DP, Edeiken-Monroe BS, Perrier ND (2007) Light and dark: surgeons, radiologists, and why they need mutual understanding to succeed. *J Am Coll Surg* 205:805–806
2. Zafar AM, Nadeem N (2009) Communication & inter-personal skills? But I'm a radiologist.... *J Pak Med Assoc* 59:190–191
3. Karamanoukian HL, Brodman RF, Aoukar PS (2003) Will the cardiovascular interventionist of the future be a cardiac surgeon, interventional cardiologist, or interventional radiologist? *Angiology* 54:385–389
4. Rostenberg B (2005) ‘Surgology’ is coming! Designing for the convergence of surgery and interventional radiology. *Health Facil Manage* 18:49–52

T. Saleem (✉)
Medical College, Aga Khan University,
Room 171, Male Hostel, Stadium Road,
Karachi, Pakistan
e-mail: taimur@gmail.com