

LOUISIANA STATE UNIVERSITY MEDICAL CENTER

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SECRET NUMBER

PROPOSED RULE

*PR-Misc. Notice
Reg. Guide*

School of Medicine in New Orleans

July 19, 1979

DEPARTMENT OF MEDICINE

Secretary of the Commission,
U.S. Nuclear Regulatory Commission,
Washington, D.C. 20555

ATTN: Dockets and Service Branch



Dear Sir (s):

This letter is written to protest the recent suspect change in license requirements for those physicians limiting their use of radioisotopes to nuclear cardiology. In simple terms the minimum of three months is simply inadequate for proper use and interpretation of studies in nuclear cardiology, without the formal training requirements in instrumentation, physics, and radiobiology, now formal requirements of a nuclear medicine fellowship training program. My basis for this statement is grounded in personal experience, as well as simple logic.

I am a nuclear physician trained in internal medicine and rheumatology (arthritis) as well. Because of my interests in the applications of nuclear imaging to the early diagnosis of rheumatic diseases, I soon found that my single interest was inadequate to allow me to interpret errors in technique or instrumentation. Nor was I sufficiently knowledgeable in radioisotope handling, a serious problem for an agency coping with increased public demand for persons better trained in these areas. Can you argue against this point? I completed my training in nuclear medicine and was soon better able to appreciate my deficiencies before my formal training. Are you now willing to allow rheumatologists the ability to perform joint imaging? Why not allow endocrinologists the special dispensation to thyroid image? Soon hepatologists might feel left out and demand "liver imaging rights." Can you see the apparent flaw in the reasoning that allows cardiologists access to nuclear imaging?

Other serious flaws in the intellectual legitimacy of your ruling include the serious reduplication in imaging equipment that should take if this law is not revoked. Finally, nuclear physicians are being trained in the use and procedures of isotopes and patient care in nuclear cardiology. Why not allow those physicians best able to regulate their profession free to perform what they do best? You are certainly not as seriously aware of the fact that your ruling will increase patient care cost as I am?

I ask you to seriously consider the side-effects of your ruling, not only the question of who is qualified to handle and administer radioisotopes. Your ruling should be overturned hopefully by those individuals who made the ruling in the first place.

Sincerely yours,

[Signature]
Thomas C. Namey, M.D.,
Assistant Professor of Medicine and Radiology,
LSU Medical Center in New Orleans

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