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Re: 10CFR35

Dear Mr. Secretary:

I am writing to you as a concerned Nuclear Medicine Technologist about the Petition for Rulemaking filed by the American College of Nuclear Physicians and the Society of Nuclear Medicine.

As a practicing Nuclear Medicine Technologist of 25 years I am deeply worried about the impact of the revised 10CFR35 governing the medical use of by product material as they cause a significant impact on my ability to continue the practice of High-Quality Nuclear Medicine Care.

I fully agree that there is a problem concerning misadministrations, but what poses an even larger problem to the public health and safety is the fact that Physicians condone the use of radioactive substances in individual departments, without proper Quality Control or Quality Assurance programs. That poorly trained Nuclear Medicine Technologist are being hired in poorly run clinics and For Profit Institutes where quantity is the issue and not Quality.

The limited academic and clinical training our future Nuclear Medicine Technologist are receiving, and the lack of a constant set of requirements for ALL programs, is the mismatch which is causing this very dangerous problem.

Our Education System has lost the sole purpose of being. It is caught up in percentages, and funding. One only has to look at the number of college applicants here in the State of Florida, and the percentage of those who must first take College Preparation courses in order to even apply to the program they want, I believe this percentage runs around 61-66%. Astounding.....

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You ask, well how does this concern us.

It all comes down to motivation and commitment. The proper motivation to complete the task, and the commitment to ones profession.

Since we can not parent each prospective Nuclear Medicine Technologist, we as a responsible group must then censor the very methods we are using to put out the poorly trained, unconcerned, unreliable, and unprofessional student and let them loose in our field.

The drawback comes when we realize that in this day and age, our educational system has become retarded itself. Someone somewhere decided that to have a Nuclear Medicine Program, you must fill the needs of the area you live in, and therefore you can enroll 10 students in your program. The drawback is that unless you maintain 10 students, regardless of the individual capabilities of those students, you must keep them or your program will not be funded.

I ask, what is worse, to graduate 10 students, 5 of which are 9 to fivers, who could care less if they give 30 or 45 millicuries for a Bone scan, because their concern is to get home by 4pm.

The other 5, of which perhaps 2 are excellent, dependable, reliable and concerned Technologist, who fear the Regulatory Commission and who respect them, will go on to become the trendleaders in our field. The Guru's who we all admire and love.

The other remaining 3 are the inbetweeners, who with good supervision will do good work, but left alone can and will perhaps fall into category one, of uncaring. It will depend on who they happen to work for.

This also goes for the Nuclear Physicians as well. Simply having the Boards in Nuclear Medicine does not make them anymore a dependable, loyal, concerned Nuclear Medicine Physician any more than the above made any one of those 10 an excellent Technologist. This takes Motivation, and professionalism.

I wish to relate to you several problems in which I am very well aware of but as a Technologist can do nothing but make comments to the individual tech's concerned. To report these cases would open me up to possibly losing my own job since I would in essece be saying something against an individual Physician.

HOSPITAL A:

This is a large for profit hospital. It maintains around 6 cameras, plus an out patient facility. The Nuclear Med. Tech. and the Physician in charge, are not concerned with Quality, or Quality Assurance programs. The bottom line is how many exams can be pushed through in 8 hours.

The Exams are haphazard, and of very poor quality. However, because money is being made, patient's are continually being pushed through there.

Hospital B:

This Hospital is a privately owned For Profit and they have the latest State of the Art equipment, however due to the fact it is a For Profit, the tech can not even perform the routine QC because the Physicians want the work done.

This Tech is seriously considering resigning.

Hospital C: This is another For Profit Hospital that is very much in competition with another For Profit Hospital very near by. They compete constantly for the doctor's.

There Nuclear Med. Tech is forced to perform Ultrasound Procedures, and to take call for Ultrasound against her will for fear of being fired.

The Ultrasound Tech. was a Nuclear Tech about 15 years ago, but has only been performing Ultrasound for those 15 years. She does keep up her credits, but, she is no longer directly in the stream of what is new and what is not even performed any more. She is forced to take Nuclear Call.

Hospital D: This For Profit Hospital has a tech who loves to brag about how many Bones he can obtain from one vial of MDP. He revealed this to a local Radiopharmaceutical Sales Rep who just happened to also be a Clinical Lab. Tech. majoring in Special Chemistry.

He was regaling how he saved the Hospital all of this money, and therefor would get a large bonus at the end of the year, since he could show them how he saved money on cold kits. Now, the other item, was the person was so ill trained, he also carried this "radioactive" vial on his person, in his pocket showing it to Administrator, Physicians, etc. to make "Brownie Points".

I know that I am tough, and I am know for this, but any tech who has ever worked for me, knows that if they comply to the regulations so set by the regulatory commission, the HRS, JCAH, and our own standrds set by myself and our Health Physicist, and perform top Quality work, they would have a job forever with me, because my Director also feels the exact same way.

Hospital E:

This is a For Profit Hospital, and when they have a camera breakdown, instead of rescheduling the patient who was already injected. they just reinject when the camera is repaired that day.

Example: The patient had the stress portion of the Thallium and was given 3.5 millicuries because they will perform ECT. The camera misfunctions after the stress, instead of calling the Cardiologist and rescheduling this patient at no charge they will simply inject another 3.5 millicuries later that day, and do a 24 hour exam.

Now, the problem of course is many, but unfortunately they also then try to run the Quantitative Thallium programs which are set up for 3.5 millicuries or 2.5 millicuries, and have a 3 to four hour redistribution time in which there data is based upon.

Therefore the redistribution will have more counts than the initial stress did, and you have no quantitative process at all.

The Physician wants it this way, because he wants to get the exam done, and stay in competition with another local hospital.

Thank heaven's in this case, the Cardiologist's are very unhappy and are taking their Thallium patient's elsewhere.

This new regulation will NOT hinder the poor quality technician from continuing the poor quality of work. They will find another way to split one dose and give it to two patients, or they will calibrate hours ahead so that the patient will receive 45 millicuries instead of 20 or 25 for a Bone.

The Physician's that are condoning this will continue to condone this as long as they make a Profit. Therein lies the ever evolving circle of doom.

As a Technologist if I wish to keep my position, when you hear of the horrible tales, you file it and hope someday you will have the opportunity to tell the right person. To openly attack these situations this we can not do. I am sure you can understand this since we would in essence be fighting against a Physician or Physicians.

For years, I have been very actively involved with the Society and with making our State Legislators realize that Nuclear Medicine is a SPECIALITY of Radiology or Pathology and therefore is not to be regulated as X-Ray or the Lab.. Unfortunately we have not been able to set all of the standards which we want.

For one, I recently called Tallahassee, and questioned why the CEU's which we are so required to have are not mandatory in our speciality. Does it not make any sense but to me, that if I am 100% in Nuclear Medicine, and I am required 12 CEU's for the Radiological portion, (I gave up my Bio-Physics since I no longer do In Vivo) that these 12 CEU's be in my field?

Here at North Shore I have given numerous credit lecture's and they are attended by both Nuclear and X-RAY personnel.

The X-Ray personnel should not be allowed, just as if I went to a mammogram lecture to gather 2 more credits, I should not be allowed to do this, even though I also am a RT in Radiology as well, but I am not active, and have not been since I graduated in 1965 from a Clinical Laboratory Nuclear Medicine Program.

So you see, the problems begin at the beginning and run thru the total Nuclear Medicine Picture.

HOW DO WE TRY TO STOP THIS:

We must begin with Education, and begin setting regulations once again, and sticking to them.

To have a form of punishment for the Technologist and the Physicians who practice poor Nuclear Medicine. A suspension of license for several month's should prove you mean business.

To instill in our future Technologist the virtues of Responsibility to the Patient, to the Commission and to above all else Yourself.

To instill Dependability, and remember the Oaths we take and forever keep them close to our memory.

To instil loyalty, loyalty to the patient, and to ourselves.

Instill these virtues again, and you will have solved your problem. The responsible, dependable, loyal individual does not see the dollar sign, but see's the patient, and remembers that that could be his mother or father, and therefore this patient regardless of colour, creed, religion, nationality deserves our very best.

After all is this not why we all went into Medicine in the first place?

My Radiologist, John Kathe, M.D. the director of Nuclear Medicine, and the other 4 Radiologist, all accept only the best from us. They know what we can do, and nothing but excellence will ever be accepted. This is how our Department runs, and we are very proud of this, we have set our Standards HIGH, and we maintain them HIGH, because we love our profession, but most of all, we see ourselves in each patient's face, so we give to them what we would want given to us, and that is very simply the best quality examination and the best care, administered by people who love their profession.

I hope I have given you insight into this problem, and I do hope you read carefully and consider what I have said. If I can ever be of any service to you please feel free to call upon me either at work or at home.

Respectfully,



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