Editorial

Time to Reach for Your Sunglasses

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We have nothing to fear but fear itself.

—Franklin D. Roosevelt

The future's so bright, I gotta wear shades...

—Timbuk 3

I was recently at an advisory board meeting for one of the interventional radiology device manufacturers, and had a couple of epiphanies. These realizations, along with a comment I read from an attendee of a recent scientific meeting, made me reflect on the status of our field.

The first issue that struck me about the advisory board meeting was who was in attendance. This particular meeting had approximately 10 individual practicing physicians in attendance; although most were practicing interventionalists, there were also several surgical and radiation oncologists involved in the meeting. What struck me most about this distribution was that the interventionalists clearly were the experts in the specific field being discussed—not experts in the *procedures* being discussed, but experts in the *field* being discussed. They (myself largely excluded, apologetically) knew as much or more about the disease process, the non-IR options for this particular process, and the current state of the literature regarding the diagnosis and treatment options for this patient population than anyone else sitting around the table. This entailed knowledge about everything—not just the IR-specific issues. It was refreshing to see the IRs in attendance dominate the discussion rather than defer to the “clinicians” in attendance.

Second, during this meeting there was plenty of lively discussion centered on the current state of affairs for this disease process. This by itself is not unusual because most individuals invited to these meetings are fairly progressive and strong willed; what was unusual, however, was that the arguments for one procedure over another were nearly all evidence based rather than anecdotal. This is, I think, a significant change in our field; we have taken the charge to prove our worth seriously, and have been tremendously successful in doing so. No longer, we are appropriately being told, will we be able to perform procedures just because we

know how. We know that, referring providers know that, third-party payers know that—and now it is quickly becoming a moot point. I suspect that current trainees most likely will not even understand (or care about) the past when we desperately needed data to prove the value that we add to the health care enterprise. Those days have arrived, and we are better for it.

Finally, one of the surgeons at this meeting mentioned how often he is “...bailed out by my IRs.” That is a significant change for those of us old enough to remember the era of surgeons bailing us out, not the other way around. The other surgeon in attendance recently changed jobs, and did so only after he was convinced that the health care system he was going to would provide a progressive IR service; without that in place, he claimed that his job would be impossible to perform well, if at all. We have become, in a word, indispensable to health care systems, and that knowledge is becoming increasingly widespread.

The comment I read from an attendee to an IR scientific annual meeting was that the meeting needs to have a less negative feel to it. I do not really see the negativism at the meetings that this individual did, but if that was his impression then I could not agree more with his conclusion. How can we possibly feel negatively about our field? Every storm that we have predicted along the way—the end of IR as a field with the advent of cross-sectional vascular imaging, interventional vascular surgeons/cardiologists/nephrologists/whoever stealing “our” procedures, impending divorce with diagnostic radiology, and so on—has either come and gone or proved to be far less of a threat than initially predicted. While we will, and should, continue to prepare for future changes to our field, perhaps it is time to allow ourselves to look at these changes as the opportunities they really are rather than the threats we perceive them to be.

As practicing interventionalists we are in the most exciting field in all of medicine. We are also stronger than we think we are, and should at some point—now would be good—recognize our own worth, lose some degree of the humility we all share, and look forward with anticipation and excitement to what is around the next corner.

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