in the delivery rooms of most of our service hospitals, though the T-piece resuscitator is now available in all zonal and bigger hospitals. Having this facility is the need of the hour so that we can effectively use the T-piece resuscitator to administer positive pressure ventilation to newborn babies.

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Letter to the Editor

Technology acquisition in radiodiagnosis: Pros and cons

Dear Editor,

I read with extreme interest the original article titled “Life cycle costing as a decision making tool for technology acquisition in radiodiagnosis” by Chakravarty et al published in *Med J Armed Forces India* 2015; 71:38–42.¹

I must complement the authors who have brought out an important concept about technology acquisition in health care settings. The authors have passably and rationally elucidated that upgradation of an existing 1.5 T MRI to a state of art improved version along with increase in life cycle is an attractive alternative option to buying a brand new 3 T machine.

However, while agreeing with most of the viewpoints given by the authors, I must mention here that, the choice of newer version machines with large capital investment is not only governed by the break even economics but also is based on the progressive clinical settings and scientific expectations brought in by the evidence based practice and scientific quest. As the technology sector and health care delivery are considered areas of highly dynamic progression, the choice between complete replacement and upgradation on existing platform will remain a challenge in most health care providers in both governmental and corporate settings.

The rationale behind the huge investment on a newer 3 T MRI machine will be dictated by the clientele specialties/super-specialties demand. It is expected that the demand for the highly refined MRI machines with greater magnetic field strength especially in structural and functional neuro-imaging is going to be persistently high. Such requirements as well as tremendous research potential needs to be considered particularly in the institutional practice which would be an important factor justifying complete replacement to higher technology platform.

Change in hardware elements like magnet strength, increasing aperture diameter to partially reduce claustrophobia with cohesive in built software and acquiring faster sequences, are other important parameters which need to be examined in detail before making a decision for such a technology acquisition.

REFERENCE

1. Chakravarty A, Debnath J. Life cycle costing as a decision making tool for technology acquisition in radiodiagnosis. *Med J Armed Forces India*. 2015;71:38–42.

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Reply

Dear Editor,

The authors thank the reader for showing interest in the article and for the critical, constructive and pertinent issues raised in the letter.

The authors agree that health-care organizations, at any point of time, cannot ignore various progresses being made in technology evolution and up-gradation. It also merits consideration at this point that all claims for the “Latest and the