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LETTER TO THE EDITOR

Extolling “palliative radiology” in the frail and elderly: each drop makes an ocean!

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(The Editors do not hold themselves responsible for opinions expressed by correspondents)

To the Editor,

Having read the article “Pitfalls in imaging the frail elderly” by Fawcett and McCoubrie¹ in a recent issue of the *BJR*, the following quote comes to my mind: “If I were given one hour to save the planet, I would spend 59 minutes defining the problem and one minute resolving it”, which arguably Albert Einstein is quoted as having said. I would like to congratulate the authors on raking up the attention of the readers to this critical issue and shedding light on the pathway of “palliative radiology”, urging the use of a minimum number of minimally invasive investigations aimed at improving the quality of life, maximizing comfort and maintaining function in frail and elderly patients. Indeed, the authors have taken a step, sufficiently well, of rigorously defining the problem that every single one of us should collectively endeavour to address. The subject matter, although seemingly elementary, is of immense importance and indubitably merits better understanding, not only by radiologists but also by the medical profession at large. Certainly, different aspects of this multifaceted subject have to be appraised and understood as it does constitute an emerging conundrum.

Given the paucity of evidence to guide the rational use of radiological investigations, but conjoined with increasing literature extolling the judicious use of imaging tests in the geriatric population,^{2,3} it is unto us, the radiologists, to create awareness about the inappropriateness and unavailingness of imaging studies in this set of patients. One of the ways is to create global awareness and

inspire physicians to adopt a more reasonable and humanistic approach to medicine “focusing on patients”, rather than on excluding “potential” disorders. While not dissuading the clinicians from ordering radiological tests, it is important to underscore that more and more imaging tests are being ordered to make sure that the disorder is “absent”, rather than to confirm or evaluate in detail an actually expected disorder. It is vital to understand that unnecessary radiological tests not only carry with them biological risks but also cause patient discomfort and apprehension. Moreover, they contribute to additional healthcare costs, thus affecting the society at large. Therefore, the education of medical students, residents and junior doctors regarding the consequences of unwarranted imaging studies in the elderly can help preclude redundant examinations, at least by the future generation.⁴ Also, they should be educated about the difficulties and added burden that radiographers, nurses and attendants/carers bear while these frail patients are subjected to immoderate radiological tests. Furthermore, recently as part of the “Choosing Wisely” campaign, various professional societies in order to curtail healthcare costs and improve patient care have laid down their recommendations by identifying the “top five tests” or “treatments” in their speciality that are being used too frequently and/or inappropriately.^{5,6} Following their footsteps, it would be worthwhile if radiological societies somewhere down the road can work towards establishing guidelines and drafting recommendations for “choosing wisely” in the geriatric population.

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