Editorial

All together for the Nuclear Medicine分级
Todos unidos por la Medicina Nuclear

Two years ago I wrote the traditional editorial of the President under the title of: “A passionate period; the best is yet to come”. In the article I spoke about my concern with the global economic and financial crisis in which we were immersed and how it would have repercussions in our National Health System and, moreover, in Nuclear Medicine. It is evident that I did not go far enough and my optimism was disproportionate in stating that the best was yet to come.

The crisis and the measures adopted have produced a deterioration of all the system and, in particular, things have not gotten better in Nuclear Medicine. Among many other things, there have been dismissals, vacant positions due to retirement have been eliminated, new positions are not created, there are breaches in the payments to suppliers, cuts in maintenance contracts, investments in high technology are at a minimum, etc. Consequently, the few public tenders made for equipment and radiotracers have sought the variable of price with a weight of at least 80% in almost all for being awarded, taking into little account other factors which we all consider essential such as adequacy for the center, quality, benefits and improvements, to not name a list of aspects which should be taken into account if we wish to achieve maximum performance with greatest efficiency. Everything is grim, but moreover, the lack of equipment renovation carries with it a worrying aging of our tools, an increase in break downs and the lack of updating and benefits which should be provided to the patients. More importantly, it is not even recognized that these are obligatory measures; to the contrary, it is stated that all these measures will lead to improvement and the sustainability of our health care system.

Those of us who work in hospitals or other centers know that this is not real, and if we say anything we are accused of being alarmists, portending bad omens or obstructionists.

I have deliberately drawn an alarming panorama, although it unfortunately represents the reality of the health care cuts which have been very striking in public health. I am neither a politician nor an economist, but this necessity to save to reduce the deficit, no matter what, is going to lead to our development falling far behind. For 5 years we have been assured that these measures are being made to guarantee our health care system, and I simply do not believe it, and I wonder: At this rate of public health cuts what type of guaranteed public health care will we have in 5 more years? We are at the forefront of this and can see where it is leading and what will finally happen.

I am not a prophet of doom, but rather I would define myself as an optimist, a fighter and enterprising, but what I have seen makes me think about all the questions made previously. I am very anxious and deeply concerned and, therefore, have the moral and ethical obligation of asking all of you to be united and fight with all we have to help redirect the situation.

Nuclear Medicine as a collective of professionals has traditionally been collaborative and implicated in helping improve all the processes in the enterprises in which we are present, whether public or private. Lately there have been alarming events with respect to the lack of participation and consideration in different guidelines of key processes: the breast, prostate, etc. Moreover, when called, it is to present a document which seems to be more of a political decision than a process elaborated from clinical and scientific evidence. We have many arms which we may sometimes not be aware of and may underestimate. I would therefore ask you to use these arms to avoid any lack of consideration and take advantage of our Scientific Society as an organ of expression and common representation.

I would have liked to start this editorial in another way, but the circumstances have made me start in this way. From now on I will be stricter in following the lines used by my predecessors. Along this line, I will review the principle actions taken from June 2011 to June 2013 following the content of the editorial of 2011.

During this period relevant changes in the Statutes of the SEMNIM and in the Regulations for Congress have been elaborated and presented before the General Assembly held in Cádiz during the XXXII National Congress in 2012, and were approved by a majority vote by the members present in the Assembly. I believe that these changes correspond to a necessary update of the same to the current situation of the society, and I hope they will help in the future development of the SEMNIM.

The relationship between the Industry and SEMNIM continues to be excellent, and we have attempted to intensify it with more meetings with the collective of the corporative members and their representatives as well as in an individualized manner with each. All of this has allowed us to share our concerns and attempt to find solutions to these, even when, at times, the points of view are not the same. It is evident that under the premise “Nuclear Medicine includes us all” since we all sail on the same ship, the level of understanding has been very good, although this does not mean that we share the criteria of the enterprises. They have also implemented important cuts in relation to support for congresses, courses, symposiums, and the Revista Española de Medicina Nuclear e Imagen Molecular (REMNIM), among others. In addition, meetings with the executives of FENIN and Farmaindustria have been held in search of greater understanding. In any case, within the traditional atmosphere of collaboration the Institutional Session was organized in the Board Meeting of the SEMNIM during the XXXII SEMNIM Congress in Cadiz in June 2012 with the objective of knowing the Perspectives of Spanish Nuclear Medicine from different points of view and with the participation of the SEMNIM, the FENIN and the representative of the corporative members. In this meeting the concerns, problems, some solutions and points of cohesion were discussed.

Another important aspect is the Secretariat of the SEMNIM (Secretaría de la SEMNIM) and the Secretariat of Congresses and Meeting of the SEMNIM (Secretaría de Congresos y Reuniones de la SEMNIM), which, as you all know have been joined, with the Department of

Please cite this article as: Soriano Castrejón Á.M., Todos unidos por la Medicina Nuclear. 2013;32:211–213.

2253-8089/5 – see front matter © 2013 Elsevier España, S.L. and SEMNIM. All rights reserved.
Societies and Congresses of «El Corte Inglés» having taken over the management since July 2011. My overall evaluation is positive and I am sure that, with mutual knowledge and the help and comprehension of all the members of the SEMNIM, the workings between the two will improve and be more positive.

We have actively participated in 2 projects launched by the previous Ministry of Health: the Health Care Units of Diagnosis and Treatment by Imaging (Unidades Asistenciales de Diagnóstico y Tratamiento por la Imagen) and Health Care Units of the Area of Cancer (Unidades Asistenciales del Área del Cáncer). In the first, the objective was to elaborate a reference document including minimum criteria within a supposed integration, not fusion, of the Departments of Nuclear Medicine and Radiology. In the field, a consensus document was made among SEMNIM, SERAM, the Industry and the Administration in the autumn of 2012. This document described the minimum or basic standards of quality and management which these units should have. The document in question has not come out for different reasons, the most important being the change in the government at the end of 2012. The second document of the Health Care Units of the Area of Cancer underwent the same fate.

Recently, at the end of April this year, we also held a meeting called by the General Secretary of the Ministry of Health together with most of the Spanish scientific societies in which we were asked to participate and collaborate to obtain global commitment to quality on behalf of all. We will, evidently, collaborate and work to this end.

Also in relation to the institutional subject, in the summer/autumn of 2011 the Health Care Councils and Services of the Autonomous Communities (Consejerías y Servicios de Salud de las Comunidades Autónomas) were approached with the request that they have meetings with the leaders and/or executives. The response was less than expected but meetings were held in Castilla and Leon, Catalonia, the Valencian Community and Castilla-La Mancha, with meetings in the Community of Navarra and Andalucía pending. The objective was to discuss the needs of Nuclear Medicine and the projects that the autonomous communities have with our specialty.

There have been no conflicts with the Spanish Agency of Drugs and Health Care Products (Agencia Española del Medicamento y Productos Sanitarios).

Neither has anything untoward been encountered with respect to the relations with the Council of Nuclear Safety (Consejo de Seguridad Nuclear), and the collaboration has been smooth and with participation in different reports such as, for example, in the study of dosing in studies in nuclear medicine (DOMNES).

Along another line, I would like to point out the work of the 5 Working Groups (WG) (Grupos de Trabajo – GT): Cardiology, PET-Oncology, Endocrinology, Radioguided surgery and Neuroimaging, as well as the Assessment Committees of the Executive Committee (EC) of our society (Teaching, Formation, Cataloging, Management, Core Training, Auditing and Quality), since they have given our society very important scientific and organizational support, which I am sure will be even greater in the next years. From here I would like to congratulate the presidents, spokespersons and members of each. I believe that we should follow the line of increasing the number of WG. With the support and sponsorship of the SEMNIM through these groups and Commissions we have to publish the greatest number of scientific documents demonstrating what we do, officially, with the support of a publication through our REMNIM2 or through the website. I ask you all to make an effort to achieve this.

As a scientific society work has been carried out to increase education in the REMNIM and in the annual congresses. Moreover, in the last months this is being promoted with the preparation of online courses through a Virtual Classroom of Education of the SEMNIM in collaboration with the company IPEM/Editrain, and we hope that in the near future we will see a course organized by each WG and the Committees of Quality and Auditing and Management.

The REMNIM boasts an excellent scientific health, increasing its impact factor year by year and is very attractive for the scientific community of national and international nuclear physicians. Indeed, the number of articles sent by authors outside Spain is increasingly important. It is clear that the work done by Dr. Ignacio Banzo and the Editorial Board is excellent. In relation to the editorial Elsevier, its work is professional according to a publisher of such prestige. At present, we are negotiating the renewal of the contract with them since this terminates in January 2014, and it is critical to reduce the costs we presently have in this regard.

Collaboration with other scientific societies such as SEOR, SEOM, SEPAR, SESPM, SERFA, SEN and SENEC has also been promoted during these last 2 years. I am sure that if we follow in this line there will be important benefits for all concerned.

The relationship with EANM is excellent, with an important presence by not only its delegates but also by the incorporation of Spanish nuclear physicians in different WG, the European School of Nuclear Medicine, UEMS/EANM, etc.

As you all know we are part of the ALASBINM and WFNMB and maintain a close relationship with them. Closer relations are being promoted with the IAEA to collaborate in the formation of physicians from developing countries. The great advantage of being a Spanish-speaking country is not in vain and allows the formation of Latin American physicians in different sections of our specialty because of the absence of a language barrier.

I cannot complete this editorial without naming the project of core training initiated more than 10 years ago. None of the successive Ministries of Health, at least 4, has been able to elaborate a document covering the needs of the different specialties, medical specialists, National Commissions and, most importantly, the physicians in training. The idea that the SEMNIM maintains is concise and was perfectly defined by Dr. Pons in REMNIM3 and in the Diario Médico, in which she left it clear that Nuclear Medicine as a whole, SEMNIM and the National Commission of the specialty maintain a united posture which may be quoted in the headline of the interview with Dr. Carreras "Core training. Yes but not in this way". Nonetheless, we have to keep working along the line of increasing the competences of our specialty, helping and collaborating with the National Commission of the Specialty. In relation to the latter, in a recent article of opinion and debate in REMNIM, Dr. S. Mahmood and Dr. S. Rodríguez Martínez de Llano,4 discussed the problems which specialists in Nuclear Medicine have in finding their first work place in the United States precisely due to what we all consider as a challenge and opportunity for the future in its beginnings: the multimodality SPECT-CT and PET-CT equipment.

I believe that we have to work to obtain the most complete training for our residents which is appropriate to the times we are in and to achieve the broadest competence possible. The core training in Europe is a trend which has already gained body and is being produced in different countries such as German, Austria, Switzerland and the Netherlands, among others.

I would like to thank you for the opportunity which you gave me to be the President of the SEMNIM and the help you have given me during these 2 years, which have gone by quickly. I hope you have perceived the work done and the enthusiasm put into each of the actions of the Executive Committee.

Lastly, I would like to thank my co-workers and, particularly, the friends with whom I have had the pleasure to work with on the Executive Committee and Board of Directors for their commitment and help and to whom we owe everything good that has been done during this period.

I encourage you to continue working together and raise our sense of belonging to a collective which is represented by the
SEMNIIM, since this is the only way of achieving short, medium and long term results.

References


Á.M. Soriano Castrejón
Presidente de la SEMNIIM 2011–2013
E-mail address: asoriano@sescam.org