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Imaging Coronary Artery Diseases

Have you ever wondered how the same issue looks from different perspectives? Screening for coronary artery disease processes large volumes of images, using skills across different departments. In this issue we look at the challenges in this process from the viewpoint of three key decision-makers: the radiologist; the cardiologist; and the hospital manager. Each has a unique set of problems to resolve and each has to work with the others to manage these.

Our authors show how the issues of rising demand, turf battles and staffing and budget constraints can only be resolved by teamwork across the different disciplines. They draw from their experience of involvement in successful cardiovascular imaging programmes programmes in Basle and in Hamburg to show how these issues can be overcome to provide high-quality, patient-focused care – reaching for the high standard that we all hope to achieve.

Increasing patient demand for imaging impacts not only cardioradiologists but also clinicians from a wide range of other sub-specialities. We feature the special considerations that urological department managers have to take into account. Men's health has, until recently, received far less media attention than the more publicised cancer-screening issues in women's health. Dr Richard Clements, of Royal Gwent Hospital in the UK explains how he manages a service that takes into account the needs of an aging male population that is increasingly aware of the need for screening for prostate cancer and other conditions.

This issue's country focus continues in the UK, giving an overview of its health system, the National Health Service, as well as the two central associations that support radiologists in their work. In a system that is almost unique in providing universal care that is free at the point of delivery, the consequent provision of healthcare services to an entire national population demands rigorous organisation. We also have insights into the key issues of costing and workload management from Dr Paul Dubbins and Dr Giles Maskell, clinicians that draw on their experience from their day to day hospital workloads and also from their very active involvement in their radiologists' association in the UK.

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