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### Luxembourg Edition: Professional Challenges for Radiology

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**IMAGING Management spoke to President of the Luxembourg Society of Radiology, Dr. Rémy Demuth, about his take on the professional challenges experienced by radiologists in Luxembourg. Though professionally based in Luxembourg during his career, he is increasingly drawn to the European stage, recently as President of the radiology section of the Union Européenne des Médecins Spécialistes (UEMS / European Union of Medical Specialists). Here, we talk about his belief in the vital role played by multidisciplinary teamwork, the need for greater connection between the radiologist and their patient, and the possible growth of the private sector due to sluggish investment in public radiology services.**

#### **My Interest in Radiology was Sparked by an Early Meeting with My Future Wife.**

During my first year in medical studies at the Leopold-Franzens-Universität Innsbruck in Austria, a female co-student showed her cervical spine x-rays to the teacher after our anatomy course. As time passed my interest in radiology grew, and I entered postgraduate training in the radiological department of the University Hospital for Internal Medicine in Innsbruck. Happily, the young lady in question became my wife! This was the beginning of a lifelong interest in a profession that could not have suited me better: We cannot stand still in this specialty, where the speed of technical developments defines the term fast-paced. Thus the necessity of lifelong learning is a vocation that goes hand in hand with the practice of medical imaging, and it promotes a sort of dynamism that is inherent to the profession of radiologist.

#### **Getting Involved in Radiology at a European Level has Proven How Effective the Right Alliances can be in Promoting Change.**

During the development of my career, I made new friends at a European level, with whom new ideas could become reality through joint action, and political fights could be successfully fought. As one success story, the "Alliance for MRI" initiative was successful in provoking changes to a European Directive. This was one example of effective lobbying, working directly towards patient care and for the future needs of a very important diagnostic tool. It also demonstrated that cooperation between different professional bodies such as the Union Européenne des Médecins Spécialistes (UEMS / European Union of Medical Specialists) and the European Society of Radiology (ESR) can achieve high aims.

#### **I Work in Luxembourg's Largest Hospital Structure, a Merger of Three Local Hospitals.**

I work in the largest hospital structure in Luxembourg, the Centre Hospitalier Emile Mayrisch, which merged three local hospitals between 2004 and 2008, for a total of 640 beds, over 200 doctors and 1,700 employees, with a three-site location in southern Luxembourg. The radiology department delivers some 135,000 exams (24/24h -7/7 basis at two sites) a year. Included are some 15,000 MRI and 2,000 nuclear medicine exams. Working as a radiologist in the healthcare system in Luxembourg means dealing mainly, if not exclusively, with clinical radiologic activity, as academic activity in medicine is rare in our specialty here. As the hospital environment changed greatly during the last decade following economic developments and needs, the flexibility of radiologists was an important condition. Subspecialisation is the new trend, but good qualifications in general radiology are essential for the on-duty part of our job.

#### **The UEMS is Europe's Oldest International Professional Medical Union.**

The work done by my predecessors in the UEMS has been impressive, and I hope to be a worthy successor, given the enormous development of the UEMS as the oldest European medical union. From its origins in 1958 by six founding member organisations (Belgium, France, Germany, Italy, Luxembourg and The Netherlands) it now represents more than 1.4 million medical specialists in 38 specialty sections coming from 30 national member organisations. The enormous work that has already been done is a very strong guarantee for the quality of medical care in Europe: the sections are defining the curricula of training, the European Accreditation Council for CME is accrediting meetings and other CME/CPD events according to high level criteria and consulting activities to the European Parliament and Commission are continuous processes..

#### **Luxembourg's Small, Local Needs, do Not Lend Themselves to a High Level of Subspecialisation.**

The educational needs of young radiologists in training have to be met abroad as there is no medical training curriculum in Luxembourg. For the future development of subspecialisation we must acknowledge that with the localised population and level of clinical activity in Luxembourg, we cannot expect a complete high-level team of subspecialists in every hospital! No one could cover the expense of such a sophisticated service in a half-a-million inhabitant state. From the other point of view, those subspecialists could not live on their income. The second major problem is that the basic 24/24h on-duty rosters mean that each radiologist has to have excellent knowledge in general radiology.

Medical demography in Luxembourg translates to the same problems here as in most European countries; access to medical studies and, even more, to specialist training is getting more and more difficult, our students are facing greater access problems to the curricula, but nevertheless, radiology remains a very attractive medical specialty here for those who can find their way to clinical work.

#### **Access to Lifelong Learning is a Challenge for Radiologists in a Fast-Paced Technological Profession, Working in a Small Country.**

In my opinion, the main challenges for radiology in Luxembourg are the rapid technological developments and thus the need for continued education and certification in a lifelong learning context. Equally, there is a corresponding financial challenge that exists in our healthcare system: demographic changes leading to an aging and elderly population on a large scale will inevitably increase pressure on the system. So, the part of productive life years in proportion to the overall extended lifetime is shrinking at the same time, and if the legal and social framework does not change, the economic balance of the healthcare system will no longer be guaranteed.

Other challenges are similar to those that affect other European countries: investment in the latest technologies, learning vital management and economic skills to bring to our profession and interdisciplinary turf battles. Our presence near the patient should be improved, and the added value of a well-trained radiologist to the clinical pathways of many a disease should be more known. A real quality-based radiological performance with best patient and referrer contact and outcome will give us the best return-on-invest, ensuring our credibility and access to technology in the long-term.

For such an ambitious aim we need not only best knowledge acquisition, with first-class professional skills, but also the right professional mind, led by ethical convictions and social consciousness. There is neither time nor money for quantity-only centred radiological work, which would be very counterproductive in the long run!

Our cooperation with clinical colleagues has to be very well structured, in order to prevent time-consuming meetings with poor outcomes. The needed resources have to be guaranteed by those in charge to make multidisciplinary teams a very constructive and productive tool for all of the required participants. Without the right tools, demotivation would be a great danger, breaking down vitally needed dynamism.

#### **INSERT - Different Color**

##### **Top Management Challenges For Radiology in Luxembourg**

- Motivating colleagues to get involved in professional activities outside the department such as interdisciplinary team meetings, CME/CPD events, and responding to extended corporate and professional needs.
- Getting the right investment resources for longterm planning and timely integration of new technologies.
- Ensuring young radiologists in training in our country have access to ongoing education and clinical practice
- Staying up to date in an ever changing technological vista

#### **Waiting Lists are Not a Great Burden in Our Country.**

Fortunately our radiological modalities serve patients well. So, the waiting time for routine exams are very short, both for in- and outpatient schedules, even by European comparison. However, continuing investment remains a priority, as technological progress is much faster than our actual investment policy can afford. On this point our healthcare system absolutely needs an urgent evolution! As the management of the modalities' uptimes is driven, or at least controlled by radiologists, and as we are working inside a public/private partnership, personal incentives are self-explanatory. On the other hand hospital staff have small incentives and responsibilities in the management of waiting lists, as their salary and job safety is not dependent on the customer.

#### **At the Moment, Radiology is Largely Provided for in the Public Sector But its Shortcomings May Usher in a New Era of Private Services.**

Until the present, radiological activity is exclusively performed within public or private hospitals, but concerning private, self-employed radiologists, the situation is somewhat particular in Luxembourg. Investment in expensive modalities is very regulated, and the shortcomings of the healthcare budget are not in favour of fast developments or reactions. Radiological services are at risk in the same measure as other cost-intensive clinical departments where shortages will represent a dramatic side effect.

#### **Auditing is Very Widespread in Europe and This is a Pattern Repeated in Our Country.**

Auditing is a very widespread aim of healthcare policy throughout Europe now, and it is even more fixed within European legal framework, as the cross-border Healthcare Directive (2011/24/EU) emphasises health technology assessment. National laws reflect the same development: As part of the hospital enterprise, the radiology department is under the same budgeting constraints. High quality control and sound management

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are mandatory to generate maximum allocations. As we deal in general with fairly specific and predictable risks in clinical imaging (e.g. ionising and non-ionising radiation, diagnostic pharmaceutical products, etc.), the healthcare insurance and public health authorities have quite clear parameters to monitor.

**The National Society of Radiology Plays a Strong Role in Education But Each Radiologist Must Take Responsibility for His or Her Own Skill Level.**

The "Société Luxembourgeoise de Radiologie" plays a role as promoter and provider of educational and training events. Our accreditation was recently extended in this area by the "Luxembourg Institute for Continuous Medical Training" (ILFMC). However, the responsibility lies with each individual to plan his or her own professional career and curriculum. The radiological society assists each member, by disseminating the most relevant information on educational events in the different surrounding countries, but also throughout Europe. As everyone has personal taste and preferences for this or that country-specific educational system or the language in which the events are held, our society tries to share the most complete possible agenda by means of our newly designed website.

**Radiographers' Autonomy is in General, Fairly Limited in Luxembourg, But Radiologists have Discretion as to Which Responsibilities They May Take on.**

In our relatively old-fashioned legislative framework medical activity is the privilege of the physician, who has to fulfil their legal requirements for qualification and registration. As medical activity is defined as "establishing a diagnosis" in current national law, a radiographer can only assist the radiologist or another physician, and to allow them the performance of a diagnostic procedure, or writing of a report would represent an illegal practice here. The individual level of personal professional expertise is very heterogeneous in our small country, with many clinical staff coming from abroad. In the main part, it is a very individual and personal decision to take for the radiologist in charge, how far he or she will allow each individual radiographer to take their own responsibilities. In my opinion, the biggest limiting factors for increased autonomy for radiographers are those personal mutual confidences and professional credibility that should develop when colleagues work together and establish trust.



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