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Radiology in Cyprus

Career Highlights - Prof. Alexander J. Kanakas

Each member of my family has been involved in the practice of medicine: Late father as a cardiologist and my mother as a microbiologist while my brother is a gynaecologist and sister a paediatric endocrinologist. After being accepted at the Athens Medical School I served in the army for two years then took up my studies. In 1978, I graduated medical school, got married and began a specialisation in radiology. At that time I was working in two hospitals in Athens, one in the morning and one in the afternoon and evening. In 1986, I decided to return to Cyprus to start my own private practice, and I was appointed as part-time director of the radiology department of the military hospital. This has continued until now. In 1986, I was a founding member of the Radiology Society of Cyprus and in 1988 I was elected President of the Society. In 1989, the Society was accepted as a full member of the European Association of Radiology (EAR, now ESR). I have been reelected President every three years since and currently hold the position.

In my department, I deal with conventional radiology, mammography, DEXA, panoramic & cephalometric exams, as well as 3D. Last year, a younger colleague joined the dept. and performs all ultrasound examinations. We also do ultrasound- guided core biopsies as well as stereotactic (ATEC SUROS) biopsies. The office uses CR for general radiology and direct digital for mammography and dental imaging. Thank God, everything is working very well.

Public Versus Private Radiology

In the Republic of Cyprus, both the private and public sectors for healthcare are completely separate. The public sector includes hospitals, outpatient department and rural health centres. They employ many radiologists and offer radiographers quite rewarding salaries and other benefits. I don't know how Cyprus compares in this respect to other European countries, but we reward our employees better than Greece and Eastern Europe. These institutes are equipped with general radiology, ultrasound, mammography, DEXA and CT with one MRI situated at Nicosia General Hospital. The private sector includes large clinics, private hospitals, private offices (like mine) and diagnostic centres where, again, the same range of imaging exams are performed – however, the private sector has many more CT and MRI units.

These private centres pose no competition for the public sector since the public sector offers services that cover almost 75 percent of the population, mostly for free – how can you compete with that? Also, the public sector now has big waiting lists of up to ten months for most of the modalities, and only rarely are services bought from the private sector. Private patients usually pay themselves or have private medical insurance coverage, although there are some medical funds, set up by, for example, the national electricity authority, telephone company, labour syndicates, etc. Teleradiology is performed in Cyprus with centres abroad on a "second opinion" basis.

Education & Training

Unfortunately, academic radiology is not that well developed here, since Cyprus does not have a medical school at the university and until the present moment, specialisation is not offered in the government hospitals. However, the Cypriot radiology society in collaboration with the medical association and local medical associations and other related societies, and also individual centres and public hospitals organise lectures on different subjects, by inviting speakers from abroad. The Society of Radiology also organised, in partnership with the Greek society, three Cypriot – Hellenic Congresses (2002, 2006, 2010) which were quite successful. In addition, many Cypriot radiologists attend foreign congresses like the European Congress of Radiology (ECR) and the annual RSNA.

Professional Challenges

In the public sector, I would say the leading professional challenge is the huge volume of work that awaits us as well as the extended waiting lists for imaging exams. Another hot point is the under-established communication and coordination between surgeons and interventional radiologists. In the private sector, the main problems are that we cannot find radiographers because the language – Greek – is not widespread, and when you are the only radiologists on staff you cannot easily drop your workload or to attend all the training and congresses you would like.

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