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Self-service radiology— Has the time come?

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Does anyone remember having your windshield washed while getting your gas tank filled? How about having your groceries taken to your car and carefully (emphasize carefully) arranged in the trunk? Lately, the easiest way to get out of the grocery store in a hurry is to not involve yourself with the check-out lines. Go the loner way. Use that price scanner (if you've read this column before, you can see where THIS is going), stand under the watchful eye of the check-out "superintendent" (I have no earthly idea what they call those people or what they do), ring yourself up, bag your own, and get thee out of there. Hmmmm. Could we take a line from this? Let's speed up things at the outpatient imaging center in a BIG way.

Just as the grocery stores didn't go full bore with self-checkout at first, I'd go easy at the outset. I'm thinking there is no reason why patients couldn't mix up their own gastrografin, put themselves in the head coil, get on the arm-board, put pads under their knees, and get their nasal cannula appropriately set. That's easy and might spare me an extra employee.

Then, when we have the place running smoothly, we start in with the more involved things. I'm sure equipment vendors could get us ready for the real, significant savings we could accrue by having patients scan themselves. Oh, I know. You're thinking we have highly trained professionals doing the whole thing, and that is the only way to do it. Well, just as computers got easier, and everything in the world got easier, medical imaging can too.

We'll have to use easy-to-understand instructions with big letters. "You have 3 minutes after pushing this button to be in the bore

of the magnet, with the lumbar spine coil over your lower back. Please position the arrows in the middle of your spine." Sweet. CT will be pretty easy, I think. Just set up a longer delay for the study. No worries about the scout images. Everyone knows we scan everything these days, anyway. I'd set the protocols up to scan from the top of the head to maybe the pelvis. Only problem there is the IV set-up. But, hey, if we're in for a penny, we're in for a pound. Self-start IV set-ups! "Just a little pinch, and your catheter will be freely flowing. Try not to lose too much blood on the floor. Handi-wipes are provided for potential spills." Please be sure to use a lot of tape. You can ask for help if you're a bit squeamish. Costs extra, naturally.

I did have a few unsettling feelings about occasional GI studies, so I will not go into that here. Interventional studies would require that next big leap of the self-service world—a trusted friend and companion. Someone else is going to have to blow up the balloon, I think. Bring your physician in, but wow, talk about adding costs to the system.

Whoa now, I need to put the brakes on this. Well, OK, maybe not. Community outreach is a huge thing these days, so, next we put the equipment in trucks (like those ice cream trucks!) and go around to neighborhoods. Park them in the lot at your local grocer. "Self-service CT and MR! This week only—do-it-yourself angioplasty. No more narrowed arteries! We have modern X-ray equipment. Get a free full-body radiograph just for stopping by."

Consumer-oriented healthcare may have met its limits. Back to the reading room.

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