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## Does it make you crazy, too?

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Writing this column, I get to do a lot of divergent thinking and approach a few issues in a gonzo, atypical, slightly askew manner. I can ask the questions we all want to ask and not offend anyone, I hope. For example, if I suggested that we “whip on the [fill in the blank] with a 10-foot cane” to get appropriate clinical information, no one would take me too seriously, and we could all have a chuckle. Cool for me. And you should see the cane I have in my office. So, please remember that the following scenarios and any potential solutions to problems are a big joke.

I am getting a little crazy about the increasing number of fluoroscopically guided simple procedures we do. If there was a fluoroscopically guided IV, I bet we would do so many of them we’d put the hospital IV team out of business. My personal favorite? Fluoro-guided lumbar punctures. With few notable exceptions, I think the art of the LP has left the building, much like Elvis. “Did you all try?” “Uh, no. No one here is any good at it.” I actually heard this once: “The only person who is comfortable doing them is gone tonight.” I don’t mind doing the difficult or postop back, or the occasional very obese patient, but all of these skinny young folks with normal backs are not best served by larger bills and increased exposure. Are people afraid it’s going to hurt?

Ever found a patient—who was referred for an “urgent” study—in the cafeteria eating a cheeseburger and fries? Personally, I’ve done it twice. A colleague had that happen to him, and since the patient was eating, while supposed to be NPO, the examination had to wait until 2 AM until adequate time had elapsed for conscious sedation. Because, of course, it couldn’t wait

until the next morning. Why, that would be silly. It’s emergent, you annoying radiologist.

Is anyone else offended by the suggestion that we might render inappropriate medical care or purchase unnecessary medical equipment or systems that we wouldn’t use on our family or close friends because a vendor bought us lunch, or maybe dinner? Hello?! I’m not talking trips to Cancun, I’m talking roast beef. Or pens. Let’s see, that MR costs \$2 million, I’d hope to have it in the department for several years. I will be at the mercy of any clinical staff, hospital staff, and my own colleagues if it isn’t the best thing out there and makes great images, to say nothing of my constant fear of medicolegal investigation. But I might be swayed by sandwiches and potato chips, or a clipboard? Get real.

Is anyone else cognizant of how much our computer systems lag behind the video games that many of us, and almost all of our kids, play daily? Why doesn’t a video game company build a PACS or a RIS? I’ll bet you could stand in front of the monitor, put on some gloves, and have images float around your head. Some games are so intuitive, they almost play themselves. In the meantime, I have to use pull-down menus for everything, get mouse wrist, remember how to get to the image set I want, and wade through data, gaining only carpal tunnel pain for my effort. “Grand Theft Radiology”? Why not?

Okay, so maybe it’s not so big a joke. In my next column, I’d like to introduce “ask Mr. Know-a-Few-Things.” Questions for Mr. Know-a-Few-Things can be directed to me through this journal. Mr. Know-a-Few-Things looks forward to answering your questions. Seriously.

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