EDITORIAL

Diagnostic radiology and the primary health care approach

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Diagnostic radiologists may feel somewhat sidelined by the primary health care approach (PHCA) initiatives currently sweeping through the medical arena. We are told that this rather confusingly named approach integrates elements of preventative medicine, community health and primary, secondary and tertiary care into a comprehensive package. Ensuring added value at the tertiary end of the health care spectrum is self evident for Diagnostic Radiology, but are there roles for us in other parts of the referral chain?

Suggestions include the use of imaging in promoting health awareness drives - for example, chest radiographs of tuberculosis or MRI images of hepatoma to assist in conveying information to the public. Screening programs based on mammography, US of the prostate, abdominal aorta, carotid or renal arteries and CT scanning for colonic polyps or coronary artery calcification address specific population groupings and may have significant short term cost implications. It is unlikely that screening for hepatocellular carcinoma in the high risk cirrhotic and viral hepatitis groups will be introduced. Likewise US for hydatid disease, head CT for neurocysticercosis or mass fluoroscopic barium swallows for oesophageal cancer are remote possibilities. The HIV epidemic may however cause re-evaluation of mass radiographic screening for tuberculosis. Some of these screening programs may become viable with cheap digital imaging and well developed telemedicine infrastructures, although proving the effectiveness of these strategies could be difficult and costly.

Possibly our major role should be in facilitating the smooth, sequential and efficient flow of patients through the various levels of imaging encounters by ensuring that decentralised expertise and information is present, for example by appropriate staffing, publicising referral guidelines and increased use of telemedicine.

Along with expanded opportunities will come added responsibilities. Certain managed health implementations may see the role of the primary gatekeeper thrust on the radiologist. Where broader interests and those of specific groups coincide there should be little difficulty but where conflicts arise a carefully reasoned approach within the relevant context will be required.