

Opinion Article / Artigo de Opinião

Interventional Radiology in Portugal: towards a subspecialty?

Radiologia de Intervenção em Portugal: a caminho da subespecialidade?

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The evolution of Medicine and the required levels of knowledge it demands, according to the best practices, led to the establishment of different specialties and, more recently, to medical subspecialties. Currently, there are 50 specialties and 21 medical subspecialties, recognized by the Portuguese College of Medicine. If we look closely at the different types of medical subspecialties, we can see that in their genesis different prerequisites were present: very unique areas within a particular specialty that was too comprehensive; complex procedures or techniques - requiring targeted certification to ensure competence; specific approach in pediatrics of different specialties (10 subspecialties are pediatric); fusion of valences among different specialties (for example dermatology and pathological anatomy or between neurology and pathological anatomy). In most cases, the subspecialties have “restricted access”, that is, only one specialty allows access to that subspecialty. However, in other cases, and depending on the reasons that led to its creation, two or more medical specialties may give access to a certain subspecialty. This scope of access to subspecialization crossing knowledge and skills of different medical specialties is still the exception to the rule. Regarding most pediatric subspecialties, access is restricted to non-pediatric specialties, allowing to certify physicians of different non-pediatric specialties in this very specific age group. It turns out that some of the most comprehensive specialties - Internal Medicine, General Surgery, Pediatrics or General and Family Medicine - have not taken the path of subspecialization. However, in the opposite direction, less generalist specialties but with very technical skills - Cardiology, Gynecology and Obstetrics and Gastroenterology - were pioneers in subspecialization and lead this process. So, one cannot help but raise the question - what are the reasons and potential benefits of this “over-specialization” approach?

The rationale for this option can be seen, first of all, from the perspective of the patients, allowing a targeted and optimized treatment, according to the best clinical practice, and combining the best that evidence-based medicine and personalized medicine can offer. The complexity of

knowledge and technical skills to achieve this level of healthcare requires, in fact, a high subspecialization or specialization within the specialization. Secondly, this option can be seen from the perspective of physicians. In fact, it allows to assure and certify the quality, helping to circumscribe the territorial limits in the functioning on who and when to treat certain pathologies or perform certain procedures. All of us, as doctors, have already faced areas of medicine in which certain pathologies or procedures/surgeries can or should be ensured by more than one medical specialty, given their complexity. This is not a problem when the different medical specialties work as a team for the common good of patients, as has been a prerogative in the multidisciplinary oncological approach. However, in some areas of Medicine, this work in multidisciplinary teams has not unfortunately been established yet. In these cases, one can reach the extreme of having two or more different specialties treating the same type of patients and performing the same type of procedures or surgeries without any type of interconnection, leading to a waste of human and material resources and consequent increase in expenditure, whilst bringing no benefit or added value to the patient. Thus, we ask ourselves whether subspecialization, caused by innovation, should not open the door to the fusion of knowledge and expertise from different specialties, optimizing the resources spent on treating patients, without neglecting the competence, quality and level of care. The consequence of this option would be that, due to the specificities of daily clinical work - medical praxis, clinicians of different specialties could come to work together, as a team, and have more in common, that is, a greater professional affinity than with colleagues of their own specialty. This would not, eventually, be exempt from causing imbalances to the normal functioning of physicians within each specialty. However, in most health units, the organization of physicians is based on the specialty of origin, belonging to the cost center of the specialty. It is important to keep in mind, however, that certain physicians may have a greater vocation or propensity for certain pathologies or procedures/surgeries of a more

specific nature that may not be seen as priorities within the functioning of the original specialty, although they are recognized as essential for the provision of healthcare and valued by many other specialties. Now, this is likely to lead to situations of potential conflict inside and outside the specialty.

Therefore, focusing on the concrete example that motivated this article, it is important to recognize that the creation of interventional radiology is not a new topic, but it has always been controversial. It appears that, within the radiology specialty, interventional radiology is often seen as a non-priority given the long waiting lists for diagnostic examinations that need to be answered. Outside radiology, it is seen as a competition, as different specialties want to carry out the procedures and techniques implemented by interventional radiology. It seems difficult to deny the evidence that, being interventional radiology coveted by other specialties, it is certainly because it is very relevant and a priority in promoting health and wellbeing to patients. Therefore, the logical consequence of what we have just exposed, would be that the managers of the different radiology services consider interventional radiology as a priority, given the enormous impact on the healthcare assistance and the imminent risk of abandoning radiology. Thus, the question must be raised: do you prefer the extinction of interventional radiology, being diluted in the other specialties, or embrace and defend interventional radiology as an icon of radiology and an area of innovation that challenges everyday life? The creation of the subspecialty - interventional radiology - would have a double purpose: to guarantee the resources and means for the interventional radiology to be implemented in all hospitals, avoiding conflicts inside and outside radiology; ensure that patients treated by interventional radiologists are treated in an exemplary and excellent manner.

For this purpose, in February 2018 a document was given to the Portuguese Society of Radiology and Nuclear Medicine (SPRMN), produced by the Interventional Radiology section, proposing the creation of the

Interventional Radiology Subspecialty within the scope of the College of Radiology of the Portuguese College of Medicine. This document was approved and officially sent by SPRMN to the College of Radiology of the Portuguese College of Medicine on July 12, 2019. This document specifies: the scope of the creation of the Interventional Radiology Subspecialty; the Mission and Purpose of the Interventional Radiology Training Program; the Target Physicians and Institutions; the Criteria for obtaining the Interventional Radiology Subspecialty; the Section of the Interventional Radiology Subspecialty of the College of Radiology Specialty of the Portuguese College of Medicine and the Training Program of the Interventional Radiology Subspecialty. This process has not had, until today, any development within the structure of the College of Radiology of the Portuguese College of Medicine. As it turns out, it will soon be 3 years since the document was created, having had no impact so far. This type of passivity and slowness in managing processes that are central to the defense of patients, radiology and radiologists, only harms the specialty itself. It is urgent that Radiology, in this matter, awakens from the state of lethargy and stops passively watching other specialties claim it as its valences and competences when they were exemplarily assured by innovative radiologists. We owe it to our predecessors, radiologists - who had the courage to challenge daily life - we owe it to our current medical colleagues, we owe it to future medical doctors and, above all, we owe it to patients, because differentiated radiologists allow to optimize medical care and provide excellent healthcare. Interventional radiology is at the forefront of this process, having drawn up a subspecialization plan that has been on the desk of the College of Radiology of the Portuguese College of Medicine since July 12, 2019. It remains for the Radiologists who represent us in the Portuguese College of Medicine to successfully take this project to conclusion. We hope this task is fulfilled!