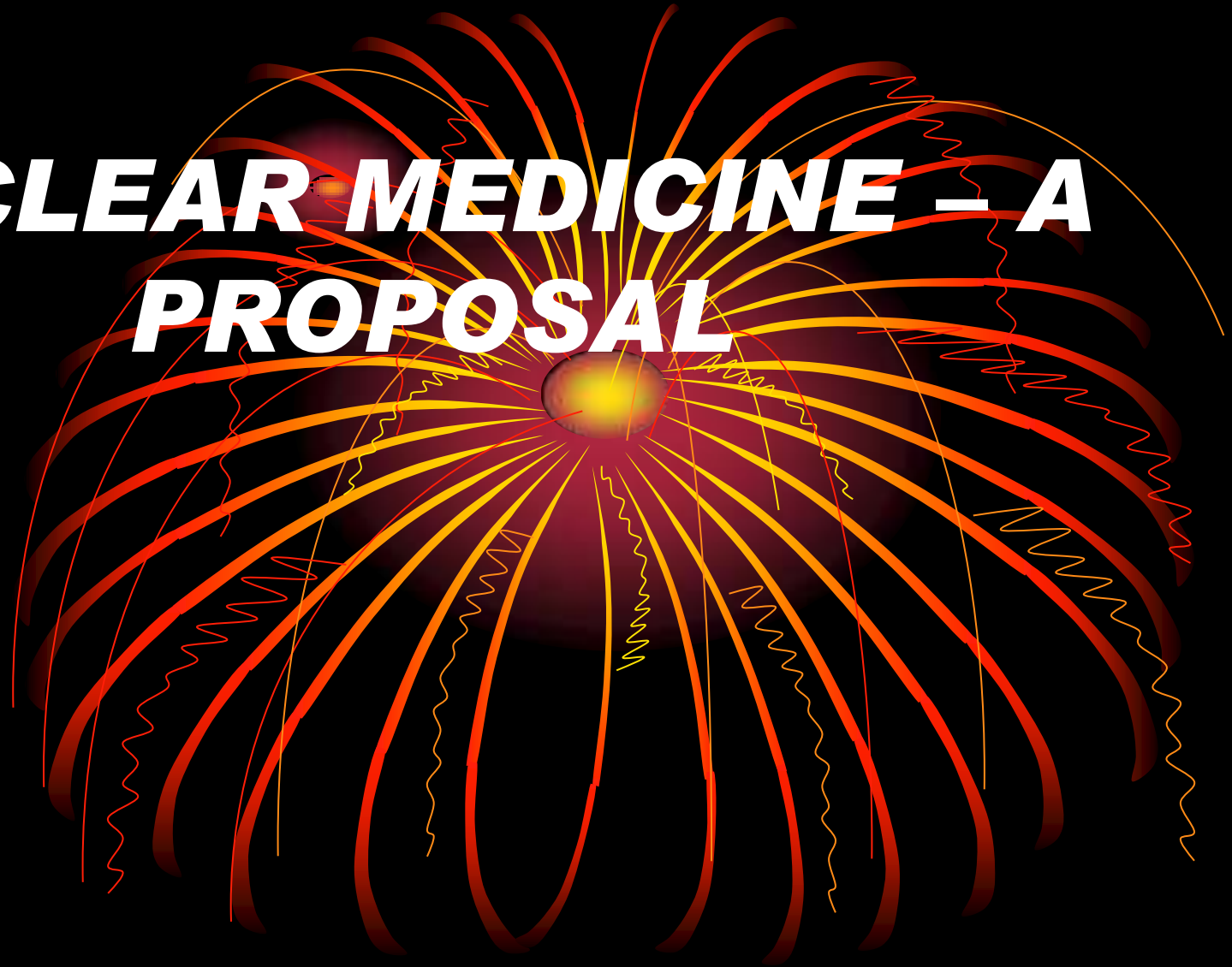
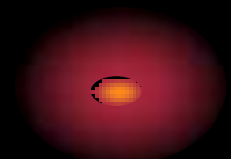
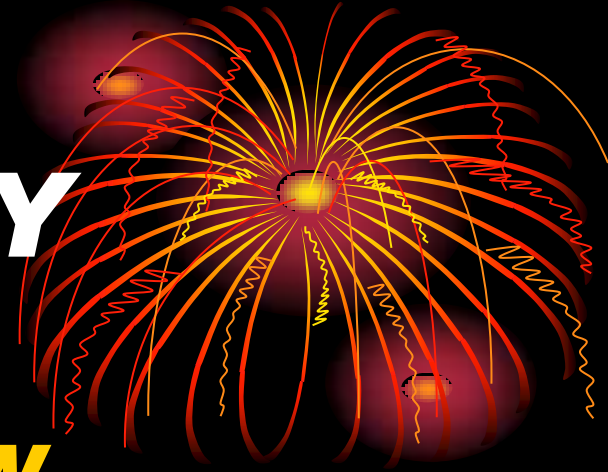


# ***NUCLEAR MEDICINE - A PROPOSAL***



# ***A SHORT HISTORY***

- ***EVERYTHING WAS NEW***
- ***THERE WERE NO EXPERTS***
- ***EQUIPMENT WAS INSENSITIVE AND BULKY***
- ***A TIME OF LEARNING***



# ***A SHORT HISTORY***

- ***SELECT THE PATIENT***
- ***DETERMINE THE DOSE***
- ***INTERPRET THE RESULTS***



# ***SOME SIDE LIGHTS***

- ***Selecting the patient did not mean that the licensed user physician examined the patient.***
- ***Determining the dose allowed for variations caused by decay or production.***



# ***SOME SIDE LIGHTS***

- ***The interpreting of the results did not prohibit other physicians from making their own interpretations.***

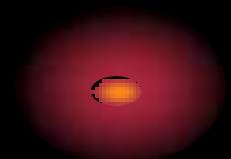


# ***CURRENT PRACTICE - THERAPY***



## ***The authorized user:***

- ***Selects the patient***
- ***Determines the radiation dose***
- ***Interprets the results.***



# ***CURRENT PRACTICE - DIAGNOSTIC***



- ***The patients are selected by "referring" physicians following the guidance of the authorized users who never questions any referral***
- ***The dose is determined by "standing orders"***

# ***CURRENT PRACTICE - DIAGNOSTIC***



- ***The results are determined by the referring physician***

***NOTE: The only physician whose training and experience has been reviewed is an “authorized user,” who is 500 miles away, out of state.***

# ***THE PROBLEM***



- ***We call the named physicians on either a diagnostic or therapy license – “Authorized User”.***

***This will lead to confusion and invites problems in civil cases.***

# **PROPOSED SOLUTION**



- ***Since currently any, physician can order x-ray diagnostic exposures of over 2 Gray, allow any physician select patients for any nuclear medicine examination that has a TEDE of 0.01 Sievert or less.***

# ***HOW WOULD IT WORK?***



- ***Continue the present practice for “Authorized Users” for all therapy and apply these same usage requirements for the diagnostic procedures which the TEDE would exceed the 0.01 Sievert exposure to a patient if the patient were not ill.***

# ***HOW WOULD IT WORK?***



- ***For all procedures which would expose a healthy patient to 0.01 Sievert or less TEDE, allow any physician with prescribing privileges, to:***
  - ***Select the patient***
  - ***Interpret the results***

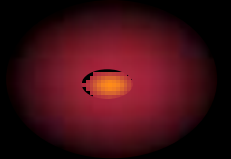
# ***HOW WOULD IT WORK?***



- ***The dose would be determined by the new positions “Medical Director” or “Alternate Medical Director.” This replaces the current “Authorized User.”***

# ***MEDICAL DIRECTOR***



- 1. Approves all the diagnostic procedures for a licensee including the setting of radioactive material dose or dose ranges for each procedure.***
- 

# ***MEDICAL DIRECTOR***



***2. Approves any deviations of any specific patient dose that is proposed not to be within the dose ranges for the licensee.***

***3. Available to interpret any data produced by the licensee's service.***

# ***MEDICAL DIRECTOR***

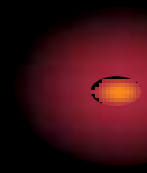


***4. Participate on any Licensee Radiation Safety Committee.***

***NOTE: Items 2. through 4. may be performed by an “Alternate Medical Director.”***

# ***MEDICAL DIRECTOR***

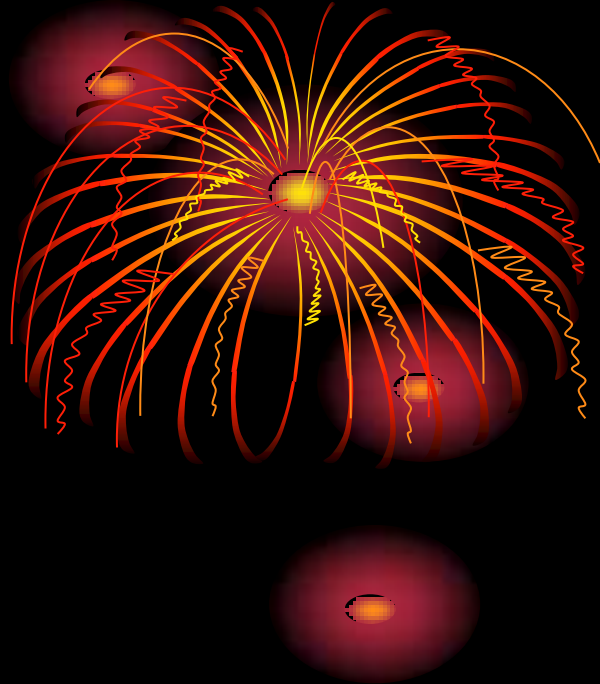


- ***The training and experience for the “Medical Director” or “Alternate Medical Director” would be the same as currently used for approving “Authorized Users.”***
- 

# ***MEDICAL DIRECTOR***



- ***Prescriptions to the nuclear pharmacies would show the Medical Director or an Alternate and the requesting or referring physician.***



***QUESTIONS***