



Knowing and being in pediatric radiology

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“How can we know who we are and where we are going if we don’t know anything about where we have come from and what we have been through, the courage shown, the costs paid, to be where we are?” — David McCullough, *Brave Companions*

We pediatric radiologists stumble over many of the same obstacles that foment discontent and distress throughout the profession of medicine. Several respected colleagues work in departments where productivity, revenue generation and profits seem to trump curiosity and compassion. Others report steadily dwindling interactions with patients and families, reflecting an increased pace of practice and the substitution of other health professionals for physicians. Still others report that they are increasingly treated more like units of production than trusted health professionals.

As these examples attest, we are by no means immune from a variety of contemporary challenges besetting medicine and those who practice it. I know pediatric radiologists who worked so hard for so long that they exhausted themselves; who developed life-threatening diseases of overwork; who sank into despair and required months away to recover their psychological equilibrium; who struggled with alcoholism and substance abuse; who lost their jobs; whose marriages and families fell apart; who ended up in prison; who took their own lives. Pediatric radiology is no express ticket to happiness.

As time has been squeezed from our day, opportunities to share have become scarcer. Great cases receive less attention than they deserve. Insights gleaned from the real-world practice of radiology languish for diffusion. Above all, we omit to share the stories of the great men and women who preceded us

in this calling, thereby forfeiting opportunities to glimpse what pediatric radiology and pediatric radiologists do, and are, at their best. We become so focused on keeping our noses to the grindstone that we fail to look heavenward to the stars by which we should steer.

Some of us have come to focus so much on learning objectives, guidelines, algorithms and protocols that we forget what we are really here for. We begin pretending that everything worth knowing can be expressed as a rule or the stem of a multiple-choice question. We forget that becoming a pediatric radiologist is less about memorizing facts than about groping our way toward core principles, locating in each case the key considerations, developing an approach to learning, and above all distinguishing between what is essential to know and what can and should remain merely accessible.

To become and remain our best, we must avoid the pitfall of specialism. Pediatric radiology is no greater than any other medical specialty. We are all — physicians, nurses and a host of other health professionals — laboring for a common good. Insofar as pediatric radiologists excel, we are seeing, thinking about, and caring for something fundamentally human, the exclusive purview of no domain of expertise. This may be a bit easier to intuit when dealing with a precious child, but even so it is a fundamentally human thing, delimited by no inter-professional boundary.

We owe so much to our colleagues in other fields — general pediatricians, who detect the bruises, palpate the masses, and suffer right along with patients and families; pediatric oncologists, whose protocols carry patients and families up to toxicity’s very precipice; pediatric surgeons, who apply cold steel to tender flesh; the child abuse pediatricians, who bump right up against the limits of what even the most resilient human frame can bear; the pediatric nurses, who care for such desperately ill and injured children and families hour by hour and minute by minute, spreading hope and cheer.

May we pediatric radiologists never forget that each of us encompasses only a part of a larger whole! The whole truth is apparent to none, but each of us can contribute our own pieces of the puzzle. The question is never, “What is my story?” or

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“What is your story?” The question is always, “Of what larger story are we a part?” The key is to sustain our humility, which is to say our humanity. Even the little we are privileged to witness is far more than any of us can claim to deserve, and we should never omit to offer thanks.

It is all about the patient — not the disease classification code, not the procedural terminology, not the preauthorization, not the family’s insurance status or ability to pay, and not the revenue collection. It is not even about the imaging guidelines, the radiologic technique, the imaging findings, the differential diagnosis, the recommendations for further evaluation, the miss rate, the receiver operating characteristics curve, or the patient satisfaction score. It is about the child, each particular child, the one whose anatomy is displayed before us at this very moment.

Pediatric radiology is not primarily a body of knowledge, a set of skills, or a certification. It cannot be acquired in school.

Nor can it be purchased in other marketplaces of education. Instead it is a matter of character, of who we are as human beings, and even more the human beings that — at our best — we aspire to become. It is about the quest to know when knowing is not required, to find hope where none seems possible, and to care as much as we humanly can. It is about fighting the good fight and ensuring that we do right by each child, even when no one else will ever know.

Compliance with ethical standards

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