

## Conclusion

Administering ICM to any patient comes with risks. Although reactions are largely unpredictable, a thorough patient assessment can alert any treating doctor to those patients at a higher risk, and therefore informed decisions can be made as to whether the planned ICM administration should go ahead or an alternative imaging test or protocol be substituted. It is imperative that all staff who administer ICM are proficient at identifying physiological changes in the patient during administration and are skilled at emergency care. Although not widely practised, administration of a pre-medication as a prophylactic treatment prior to ICM administration should require anaesthetist involvement. Consensus remains that early identification and management of the 'at risk' patient is, however, essential.

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*\*This article is 2 of a 3 part discussion. The next edition of Inside News will discuss contrast medium reactions and emergency care.*

## Strength in unity



*Radiology has a lot to gain by raising its profile, especially at this time.*

*Pattie Beerens, CEO of ADIA for the past eight years, shares her thoughts on how it can be done – and why.*

**Pattie, how would you judge radiology's profile at the moment?**

It's undeniable that diagnostic imaging is now a vital – a truly central – part of our health system but I don't think that's recognised. I don't think the expertise and value of radiologists is recognised. All too often I have to distinguish radiology from pathology and explain that a diagnostic imaging service does much more than "take pictures". This is a real problem.

**How so?**

I've been speaking to policymakers for a long time, and if they don't see diagnostic imaging as pivotal, if they don't recognise the specialist role of radiologists, they won't give us the attention we need. Australia's Big Four banks are considered too big to fail – and are treated that way. ADIA's very strong belief is that diagnostic imaging is in a similar position; it is now crucial for so many conditions that it deserves a degree of special attention.

**So how can diagnostic imaging lift its profile?**

Experience shows clearly that we need to work strategically, not just make demands. We need ADIA to have a strong representative membership, to ensure we have credibility with the government. The bigger we are, the bigger our voice. Part of that is continuing to grow our credibility with radiologists.

We need to ensure the messages the government receives from ADIA, RANZCR and other stakeholders are aligned, for maximum impact. And we need to give the government well-considered solutions which fit their goals as well as ours. Since the new government was sworn in, ADIA has been pushing hard to raise the profile of diagnostic imaging along with our members' needs and concerns – rebates, indexation, competitive neutrality, a quality framework etc.

**Why is timing so important?**

There are opportunities to seize right now, because many ADIA policies are supported by this government. But eight years has taught me that policy, especially funding policy, is very complex and can easily deliver unintended consequences. So we must be front and centre, helping to guide policy decisions.

**What needs to be done?**

We have to put forward our unified plan and push it as hard as we can. ADIA has members big and small, corporate and independent, and I speak to them all to make sure our policy suggestions will move the entire industry forward – not just a segment. It's a win-win plan and we have to work hard to help turn it into government policy. The greater the membership, the more muscles ADIA has – the more private practices we speak for – the better our chances of success. While ADIA represents radiology practices, it is radiologist led and is committed to continuing its work with RANZCR. ADIA prides itself on being transparent, communicative, prepared and nimble. Your organisation, through its membership, can play a pivotal role.

The views expressed are those of ADIA and publication of this article does not in any way constitute an endorsement by The Royal Australian and New Zealand College of Radiologists.