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Singing Out of Our Range

At the annual meeting of the Council of Biology Editors, the hottest topic of conversation was an article in the May 13th issue of *Fortune* by Andy Grove, CEO of Intel. Mr Grove was diagnosed as having prostate cancer. Naturally, he consulted his urologist. The urologist recommended surgery, reassuring Mr Grove that all the complications inherent to the procedure could be handled. Being a creature of the modern age, Mr Grove began searching the Internet and found a posting on a prostate cancer forum by someone "who had undergone this surgery and was bitter beyond words. He claimed that it cost him his health, his job, and his marriage, and that it ruined his life. It was all very depressing."

Mr Grove decided to use the many available resources to do his own research into the treatment options for prostate cancer. He read voraciously, comparing the data of many studies. He noted that each medical specialty involved in the treatment of prostate cancer "favored its own approach." He astutely observed that "the tenors always sang tenor, the baritones, baritone, and the basses, bass." Apparently the most valuable paper he came across was one that looked at 10-year results after surgery on 700 patients, who were grouped by clinical findings and treatment. He also delved into cryosurgery and various forms of radiation therapy. Although he consulted several well-known surgeons who "ferociously opposed" any form of radiation therapy, he ultimately opted for a combination of external beam radiation and implanted radioactive seeds. As he states, "I decided to bet on my own charts."

When he confronted surgeons with his decision to choose the radiation treatment, they argued that no one knew what the results of the combined radiation therapy were beyond 10 years. Mr Grove counters, "I have a rule in my business: To see what can happen in the next 10 years look at what has happened in the last 10 years. PSA happened in the last 10 years, and it is transforming the diagnosis and treatment of prostate cancer. Big things, I reasoned, could happen in the next 10 years."

What lessons can neuroradiologists learn from Mr Grove's detailed account of his experience? First is a point Mr Grove made about physicians, who with all good intentions tend to espouse the treatments with which they are most familiar and for which they are the providers. It reminded me of the statement by the late Professor Abraham Maslow: "If the only tool you have is a hammer, you tend to see every problem as a nail."

Second, Mr Grove's article made it clear that, in the age of electronic information, we as physicians are no longer talking only to each other. What we publish in our peer-reviewed scientific journals is readily available to the lay person. We cannot underestimate the impact of what appears in our journals, particularly articles that compare a range of diagnostic and therapeutic options, and discuss how they affect not only length but also quality of life. The *American Journal of Neuroradiology* continues to encourage the submission of such articles.

Radiologists, particularly neuroradiologists, are in a unique position: not only do we provide diagnostic services, but in many instances we also offer therapies. Since the clinical diagnosis is often made by the radiologist, and since patients perceive diagnostic radiologists to have no particular agenda in regard to treatment, it is common for patients to seek the recommendation of the radiologist about therapeutic options. (I can no longer count the times I have been asked by friends, relatives, and people I just happen to meet to evaluate the appropriateness of a planned operation. I am certain my experience is not uncommon.) Neuroradiologists work closely with neurosurgeons, neurologists, orthopedic surgeons, cardiovascular surgeons, radiation and medical oncologists, otolaryngologists, and ophthalmologists. While we may not be able to decide what therapy is best, we read the neuroradiologic literature and that of allied, and often of un-allied, disciplines. We know the hazards of the procedures we perform, and our viewboxes often contain graphic evidence of the complications of medical procedures. There are clearly "acts of God" in appropriate surgery, but often there are alternative, less hazardous, and equally effective treatments.

I suspect that, more and more, intelligent medical consumers like Mr Grove will have strong opinions about the medical options

available to them, and we may find that in limited areas, their extensive reading may make them more knowledgeable than us. Mr Grove's article presents a smattering of the research that he did on options for the treatment of prostate cancer. I doubt that many people involved in the treatment of this disease have read as widely on the topic as he has.

We neuroradiologists should begin to think about our own responses when a patient questions us about the options for extracranial carotid arterial disease or vascular malformations and tumors. We too should not see every problem as a nail. We must encourage patients to investigate all options and tell them what questions to ask. We must do so regardless of who has referred the patient and regardless of whether these options would steer them away from that physician, from the services that we offer, from the institution or practice group with which we are affiliated, or even toward therapies that are administered by non-MDs.

I had the opportunity to hear Luciano Pavarotti sing his first *Othello*. The role was a bit removed from his usual vocal range. In spite of a courageous attempt, the critics panned him. Yet few would deny that he is still the greatest tenor of our time. Mr Grove has suggested that we physicians gain the courage to sing beyond our usual range. The less attractive alternative would be not to tell the whole truth.

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