

Medical Radiation Treatment Safeguards Pledged

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Credit: Dept. of the Navy

CT scans and medical radiation treatments were the main focus of Friday's hearing of the House Subcommittee on Health on Capitol Hill.

Experts called for the adoption of new credentials for the medical physicists who share responsibilities for these activities with their physician colleagues and for the technologists who operate these machines.

"Of course, no [medical intervention](#) is 100 percent safe," said Rep. Henry A. Waxman, D-Calif., chair of the Energy and Commerce Committee. He referenced recent reports and studies that raise questions about the "risks and hazards from [radiation treatment](#) that would appear

to be preventable."

A dozen witnesses representing a cross-section of the radiation industry -- doctors, professors, manufacturers, radiologists, medical physicists and patients -- testified before a bipartisan assemblage of subcommittee members in a packed hearing room.

"We often forget the fact that we are dealing with something that is toxic to the human body," said subcommittee chairman Rep. Frank Pallone Jr., D-N.J. "A procedure with a small margin of error should be stringently overseen and monitored, but these critical steps appear to be sorely lacking."

"A properly educated and qualified individual that follows consensus nationally practiced guidelines will provide the highest quality and safest care," said Michael G. Herman, president of the American Association of Physicists in Medicine.

Herman advocated that medical physicists be required to obtain the AAPM Qualified Medical Physicist credential -- which requires graduate school, clinical residency and board certification in medical physics -- before practicing in radiation clinics. National credentials would set a high bar for competence, said Herman, which combined with following established national guidelines would increase the efficacy of care and patient safety.

"Medical physicists are the vital interface between the physician's orders and the eventual treatment," said Eric K. Klein, a 28-year clinical medical physicist and professor of radiation oncology at Washington University in St. Louis. "But, having the intuition and wisdom to detect a potential or underlying problem only occurs with rigorous residency training."

A national data collection system that records actual and/or potential errors in the use of radiation is also important, Herman said. He envisions a cooperative partnership between medical staff, manufacturers, users, and government to report radiation usage mistakes in a consistent manner.

To enhance radiation machine quality and application, Herman wants to work with the Food and Drug Administration during the review process prior to clinical use. Earlier this month, the FDA announced that it would take steps to tighten the safety requirements on the most widely-used medical radiation technologies.

Herman "feels optimistic" that pending legislation, the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy Act, will gain momentum during this session of Congress.

Rep. John Barrow, D-Ga., is the lead sponsor of the CARE Act, which he believes will make medical imaging examinations and radiation therapy treatments safer, more accurate and less costly by requiring medical radiation team members to have a consistent and sufficient level of education and training. The bill now has 27 co-sponsors.

"Medicine is an art form but it must be practiced from the book," said Barrow.

Source: Inside Science News Service

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