

Chair's Message



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Normally this editorial reflects features in this newsletter, but the appearance of the COVID-19 pandemic necessitated a last minute change. Radiology's central clinical role, while clear to us, has become more evident to others, including patients. We are more front-line with daily patient contacts (about 1500/day) than is generally recognized. Our excellent diagnostic services offer ill patients continued access, and our IR services provide needed treatment, all while taking COVID-19 precautions into consideration. The Department, being well organized, has mounted rapid, appropriate responses as a team of faculty, trainees, professional staff, and administrative staff. Radiology being deeply steeped in technology, both in knowledge and infrastructure, has used these distinct advantages to enable multiple forms of adapting on a person-person level, as well as "working at a distance."

Distributed workflows, long a feature of PACS, allow us to work at safe physical distances, including from home. Our IR culture of primacy of patient care has served us extremely well by providing essential treatments while scaling down procedures that could be safely delayed. Our Department has responded appropriately, aggressively, and with aplomb in balancing the safety of our healthcare teams with our patient's needs, which while having been prioritized differently, nevertheless do remain.

Some perspectives on change are interesting. While one may view the COVID-19 crisis as a wave washing over us, that thinking suggests that once it recedes we will return to the pre-COVID 19 world. That is unlikely. Even when the term "new normal" is used the underlying assumption often is that this is somewhat temporary, and we will subsequently return back to the real "normal." As I noted in an article entitled "The Nature of Change"

(JACR, May 5, 2014), complex systems exhibit an interesting stepwise pattern of change termed "punctuated equilibrium." That stepped pattern features long periods of equilibrium (the horizontal portion of a step) that are interrupted by abrupt shorter periods of rapid change, the punctuation (the vertical portion of a step). The vertical height represents the proportional amount of change in the system. Once the vertical step has formed, it ends at a new, "horizontal" portion, i.e., the "new normal." The vertical step consists of a concatenation and superimposition of numerous sigmoid-shaped diffusion of innovation curves concentrated in time. The incorporation of AI into radiology was already forming an on-going punctuation. COVID-19 is a sudden, new "high-octane" curve, which when added to the ongoing punctuation, will result in an even bigger ultimate punctuation changing radiology forever, and probably even more rapidly than anticipated. 