

## Editorial Comment

*“Which is the most important leg of a three-legged stool?”*

Our Technology is geared primarily to comprehensive programs within the institution that rally all of the forces, albeit talent or equipment, within that medical service team to provide the patient with the most effective care necessary for his well-being. These programs may differ widely with variations in the rationale of each protocol, but they all have certain basic similarities.

First, the care of the patient to the utmost limits of the medical service team's capabilities is basic. Secondly, the availability of a doctor or a group of doctors specially trained and experienced in this particular facet of the Technology is basic. Thirdly, the availability of specially trained and experienced technological personnel is also basic, fourthly, to the operation of the highly sophisticated equipment which is necessary. Finally, the availability of support personnel—nurses, chemists, therapists, radiology technicians, and the like—acquainted with their role in the program is basic, too.

We are saying, then, that our technological program, whether it be acute or chronic dialysis, cardiac catheterization and/or open-heart surgery, or research, or whatever, touches various departments and diverse, as well as specialized, personnel throughout the institution. These individuals whose work affects or is affected by the technological program comprise the “Team”.

Let us examine the inter-relationship of the members of this “Team”. The doctors, of course, are the prime movers, the more effective force within the program. It is the doctor who examines, prescribes, and evaluates. But, dictated by the needs of the patient, what he prescribes may be more than drugs. It may be a service to the patient, a service to relieve or replace the function of an errant organ or group of organs.

It is understood by all, and proclaimed no less loudly by the doctors themselves, that it is impossible and impractical for a doctor to function in all capacities, to fulfill all of the roles within the program. So other personnel, familiar with this highly sophisticated machinery by virtue of their specialized training and experience, are requested to assist the doctor in providing the service so vital to the life and well-being of the patient.

Needless to say, without these specialized technologists the equipment is worthless and the service is unavailable. In the same vein, without the properly oriented medical/surgical staff and without the trained support personnel the equipment is just as worthless, the service is just as unavailable, and the technologist is absolutely unnecessary.

Our technological era has the doctor groping for assistance to accomplish procedures that were unheard of a decade or two ago. His direct involvement with the care of the patient is less and less a matter of his own activity but more and more a matter of his dependence upon others to carry out faithfully what he cannot do personally. He is the first to realize that without the practitioners of the Technology and their support personnel he is severely impaired in the total care of his patients, in research as well as clinical practice.

It is *now* for our technologists and support personnel to realize this dependence expressed by the patients and doctors and to remove from their minds the blinders, the fetters of the paranoia of subservience with which many are afflicted. You must realize the value of your position in the program, as a vital cog on the gear, and open your mind to think freely and openly. It is necessary for improved patient service and the healthy growth of the Technology that a free and close interchange of ideas from the relationship of the doctors, technologists, manufacturers, administration, and support personnel be engendered.

*Ed Berger*