

Editorial Comment

"Ask not what your country (Society) can do for you. Ask, instead, what you can do for your country (Society)." John F. Kennedy

The Society, as a representative body of technologists, doctors, administrators, and manufacturers involved with the development and application of the Technology, should attain and maintain the position of leadership within the Technology. All of the various types of individuals who make up our Society have knowledge pertinent to their special areas but lack, of necessity, the total view, the overall picture.

With our highly diversified membership—technologists, doctors, administrators, engineers, and manufacturers whose interests encompass dialysis, hemodynamics, organs and tissues (both grafts and prosthetics), oxygenation, and research—we should be able to promote progress today and formulate the solutions for the needs of tomorrow as can no other singular group.

An example of the type of leadership we should be giving is dramatically illustrated in the article on dialysis reprinted from the Wall Street Journal. There is no doubt that there is a need for chronic dialysis programs what with 10,000 candidates in the United States. Studies show that there are 400 new candidates each year in Minnesota alone.

Because of the loss of Federal funds must this service of the Technology be curtailed? Must we allow people to die when the Technology is capable of keeping them alive? The answer, the solution to the dilemma, will not be simple and clear-cut. But, could not the technologists, doctors, administrators, engineers, and manufacturers involved with chronic dialysis discuss what could be done within the limitations of the expertise of each individual to bring this lifesaving treatment to *all* of those who need it, and at a reasonable expense? The answer is YES! They can and should. This is one of several topics that are planned for discussion at the National Meeting in Detroit.

We cannot believe that the situation is as hopeless as the picture painted by Jim Hyatt's article. Must an entire

segment of the Technology with an established need become a white elephant before it has reached its fullest lifesaving capabilities?

Another illustration in the area of oxygenation will soon be apparent but, in this case, we have a little more time to prepare for it. This is the use of pump-oxygenator support for cardiac patients on a long-term basis—eight to seventy-two hours. Problems can be foreseen in relation to staffing each shift, record keeping, liability (a doctor will probably not be in constant attendance during the longer support periods), the responsibilities of the technologist in this situation as compared with an elective, comparatively short surgical case, etc.

Solutions to these questions, to be efficiently utilized, must be developed prior to the equipment that will sustain a patient for seventy-two hours. This day is not far off—oxygenation equipment presently available has seen use for as long as fifteen hours (or possibly longer).

It has been our goal this month, in each of the specialty departments, to raise questions concerning each facet of the Technology and how it can progress in efficiency, safety, and service to the patient. Because, if the Technology, or any portion thereof, cannot ultimately serve the patient, then we, as practitioners of the Technology, have no profession!

During our workshop sessions, in Detroit, there will be ample opportunity to discuss these questions concerning each specialty area. Individual meeting rooms to accommodate small groups to promote such discussion have been assigned to each specialty area. Every individual having an interest in these areas is invited to attend the discussion of his choice and freely contribute his ideas for the improved service to mankind, the betterment of the profession, and the advancement of the Technology.

Ed Berger