

Our Society

As an Epilogue to this discussion I offer the following definitions I found in my Funk & Wagnalls:

Society—A body of persons associated for a *common purpose or object*.

Profession—An occupation that properly involves a liberal education or its equivalent, and mental rather than manual labor; especially one of the three learned professions, law, medicine, and theology; hence, any calling or occupation other than commercial, manual, etc., involving special attainments or discipline, as editing, music, teaching, etc.

Technology—The application of science to the arts.

Technologist—One who applies science to the arts.

Technician—One skilled in the handling of instruments or in the performance of tasks requiring specialized training.

In the light of these definitions, let us cast an eye at our occupation and Society. We have, as a Society, a common purpose or objective—a continual upgrading of patient care via any and all means available to us. Our occupation is certainly an application of science to the art of medicine (one of the three learned professions) and, in most instances, more mental than manual labor is involved. Rationally, then, we can assume that our occupation is a technology and at least capable of being a profession.

The Society as a professional society (that is, a body of persons associated for any calling or occupation other than commercial, manual, etc.) makes certain implications or assumptions. First, practice of the Technology is a profession. Second, a role of leadership or guidance in the Technology by the Society is implied. Third, members of the Society are considered professional people. Are these valid assumptions concerning AmSECT?

Let us look at our Society and our "profession" in an attempt to develop the philosophies upon which they stand. When AmSECT was formed in 1964, it was a sort of fraternal group who met to discuss common problems (primarily of a technical nature) and share information among technicians. In order to be better technicians, it was desired to learn more about the machinery from the designers and manufacturers and to learn more about the physiology and medical applications of the machinery from the doctors. Thus, it was to establish a medium of exchange, a dialogue among these three contributing factions.

Primary to the technician is the operation of equipment, of machinery. Secondary to him is knowing its mechanical capabilities as learned from the manufacturer and knowing its medical capabilities as learned from the doctor. Is this all there is to being a technician? A technologist, one

would assume, must be capable of some value judgments in addition to the mere operation of the equipment. A technologist should be someone who can think as a part of the team, acting and reacting for the good of the patient according to the shifting parameters of the particular medical situation.

A profession is usually considered to be a man's life work and he is expected to add something to the profession; something original, something of himself. What can a technician or technologist give of himself? Contributions to the literature? Or are his contributions a mere paraphrasing of someone else's concepts or work? Actually, this could be a valid contribution if he were sufficiently knowledgeable to reach his own conclusions from the work or concept he has paraphrased.

Since the doctor is primarily interested in treating patients and the institution is primarily interested in the efficient function of the facility, who is primarily interested in the Technology? Should it not be the technicians and technologists? Or is the leadership of the Technology a composite role filled by the doctor, the administrator, the technician and technologist? Even if it is, someone still has to "carry the ball". Is this still not the responsibility of the technicians and the technologists?

Can this leadership of the Technology be exercised in any other manner than via the framework of a professional society? Leadership implies organized effort and organized effort implies a society composed of concerned professionals.

Certain questions come to mind that each technician or technologist must answer for himself. But the answers to these questions are basic to the philosophy upon which we base the future endeavors of the Society.

The first of these questions is: Why did you join AmSECT? What do you expect the Society to do for you? What do you want from the Society for your membership? What should your contribution be to the Society and the Technology?

Obviously, part of the answer will be the desire to belong to a functional organization with a Journal and meetings. What, in addition to Journals and meetings, is desired? Do you want your Society to provide leadership and direction for the Technology? How do you envision this as being done?

What steps are open to the Society to provide the members with the services they desire? First, the Society can unite the individuals involved with the Technology into a single group. The second step is to provide information via Journals, newsletters, meetings, etc. Now, the third

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step, that of providing leadership for the Technology, involves 1) liaison with other medical professional societies to establish a dialogue for mutual benefit and set minimum standards of practice; 2) an educational program to meet and maintain these standards; and 3) a certification program to prove that these standards have been met. When this point is reached, via the dialogue established with the liaison program, the Society is then capable of acting as spokesman for the Technology.

To accomplish all facets of the certification and education program, to bring the program to a fully and completely implemented entity, is going to take time. In fact, an estimate of at least three, and possibly, five years may be involved in doing a workman-like job. There are many steps.

First, we must obtain what information there is available to justify and guide all that is to follow. We must collect facts rather than opinion in order to have a firm base upon which to build. It is at this point that our professional liaison program begins in parallel with the educational program.

Second, after the collection, processing, and publication of the data obtained, we must then evaluate all facets of the Technology in order to develop the curriculum for each. Of course, minimum standards will also have to be established at this time to govern the depth of the curricula.

Third, the process of measuring the knowledge, abilities, and capabilities is then begun to establish the common denominator which all technicians and technologists must meet. Because this "certification" has been developed in cooperation with the rest of the medical profession with the assistance and approval of the federal government, it will be of recognized value rather than a stop-gap, unilateral testing program hastily developed by the Society alone.

Liaison is vitally necessary, not only with the medical and para-medical societies but with the educational community and federal government as well. But an effective professional liaison program cannot be implemented with any group until our Society can tell them exactly what it needs and expects from them as well as what our Society is going to do. This cannot be done fully until the results of our initial study are known.

To summarize, the basic objective constitutes the continual upgrading of patient care. This is to be accomplished through the dissemination of information, certification and continuing education assisted by an effective liaison with the medical and education communities. It is necessary to establish, as well, a membership of sufficient numbers of interested, dedicated, and concerned individuals to bring about these accomplishments. We cannot settle for half a loaf. Our Technology is evolving at such a rapid rate that we must do it right, do it completely, the first time. Your support and participation are not only desired but necessary.

Ed Berger

A New Test for Hepatitis

Some blood banks have begun using a new test that shows promise of screening hepatitis in donor blood. About 5,000 cases of hepatitis are reported annually to the National Communicable Disease Center in Atlanta.

The new test, which is still in the experimental stage, detects the presence in blood of a foreign material originally called Australian antigen, but also known as hepatitis or serum antigen. The test involves a simple procedure in which the donor's blood is matched with the blood of an individual believed to have developed antigens against hepatitis. The two blood samples diffuse in such a way so that if the antigenic material is present in the donor sample, a visible precipitation takes place.

The antigen test was discovered in 1963 by researchers at the Philadelphia Institute for Cancer Research while looking for genetic variations between different people in their

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