

How I Became Interested in Nuclear Medicine

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My very first rotation of my radiology residency was nuclear medicine.

I started my radiology residency at University of California, San Diego, in July, 1968. The medical school was brand new; the new chairman of Radiology, Elliot Lasser, had just arrived at UCSD at the same time that I started in the residency program. The new radiology faculty consisted of 3 young attendings who the new chairman brought with him from University of Pittsburgh and 2 others, one of whom was Bill Ashburn, who had just finished 6 years in the public health service at the NIH. Bill had completed radiology residency at the NIH, and later ran nuclear medicine there. He accepted the position as head of the new UCSD division of nuclear medicine.

I liked nuclear medicine, including the following: the challenges and complexities of the imaging, the quantitative nature of everything done in nuclear medicine, the fact that referring physicians seemed not to have the slightest inkling about nuclear medicine and needed everything we did and found explained to them. When I presented a finding from a nuclear medicine study at a conference, I found that the audience would be attentive and amazed to learn what the nuclear medicine study showed and how the procedure worked. Everything about nuclear medicine was new to everyone. We were imaging physiology and pathophysiology and had the ability to image sequentially over time. This was groundbreaking stuff!

About a year later, Bill asked me if I would like to do a year in nuclear medicine. My thought when I decided

to do radiology residency was that I would ultimately become a pediatric radiologist. But, there was no pediatric radiology fellowship possibility in San Diego; commuting to Los Angeles was not feasible for me at that time. So, although I liked nuclear medicine, I never thought of myself as particularly talented in mathematics, physics or chemistry. How would I manage in nuclear medicine, a field which, to my mind, depends on those sciences? Bill Ashburn assured me that the clinical component of nuclear medicine was the dominant aspect of nuclear medicine and I was quite knowledgeable in that area and that's what mattered most. I believed him. Indeed, I found that I could learn the physics and chemistry that I needed to a level sufficient for functioning well in clinical nuclear medicine. I am grateful to Bill for having recruited me into nuclear medicine.

Another important aspect of nuclear medicine that I particularly liked was the patient interaction. Primarily for therapy procedures, I found the patient interactions very rewarding. Patients were generally grateful for the simplicity of the therapy and the anticipated resulting relief.

Forty-nine years later, retired after a 44 year career in nuclear medicine, I find myself still interested in keeping in contact with the field, attending some meetings and even participating in some authoring. One more big bonus (my thinking): the nicest people in medicine are in pediatrics and nuclear medicine.