"If something is worth saying, it is worth saying three times over."

—Steven Magee

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Normal STILL Means Normal

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Sure, Steven, but is it necessary? A few years ago, I got on a tirade about calling things normal; perhaps a few of you remember. Brief refresher: if you call something normal, it makes sense to most air-breathing, upright-walking human beings that there is nothing *bad* there. If you call a study normal, for god's sake, there isn't a tumor, a fracture, a hemorrhage. Right? At least nothing that you saw. I am not dealing with misses here. You looked. You looked twice. And you said it was normal.

Why is this a difficult concept? In a way, this is an already-lost argument. I have long ago knelt to the pressure of including negatives in my reports so that anyone who bothers to read them (and that isn't everyone, believe me) knows that although my impression was *normal*. I also went to the trouble of noting in there many things that go along with *normal*. (*There isn't an acute infarction or hemorrhage or fracture…on, and on, and on.*) So, why revisit this? Oh, you know exactly why. Because the list of things I need to spell out keeps growing. How long, oh lord? How long?

When I was in medical school, a wise attending showed me a technique for the "negative review of systems." At the VA I trained at, the intake form was a very lengthy, paper, system-by-system review of history (obviously way before the advent of tablet PCs, smart phones, or even a good PC interface to work with). If you hit a system that the patient wasn't complaining of (or many of them if it was truly a negative review), this attending showed me you could take your government issue black pen and just start drawing a line down the page, covering all the boxes. Saved time. It was self-explanatory. Nothing to see here. I now understand it was the visual impact of that straight line that was the deal. If you looked at it, you immediately understood that there wasn't anything there to further concern yourself with.

We need that straight line or something similar. Visual impact. We are radiologists, and radiologists are visual people. So, I had an idea. A thing that would allow someone reading your report to click on an icon if they wanted to further inquire. It would be pre-configured as you saw fit. They might think, "Hey, I wonder if they thought about sarcoidosis?" and they could click the icon and a text box would appear. They could type in, "hey, smarty pants radiologist, did you think about sarcoidosis?" and then a big red field would appear with the words, "YES I DID! AND THIS ISN'T SARCOID! IT'S NORMAL!" would flash up.

Okay, enough of this again. Keep doing that good work. Mahalo.

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