pulmonologist on a thoracic surgical service would be
sufficient, or a period of additional formal supervised
training could be incorporated into, or added to, a
pulmonary fellowship.

I suspect that the internists/pulmonologists involved
in this procedure will be a minority. I think everyone
realizes that the performance of a procedure with
relatively low frequency allows an inefficient use of
time and a relatively high rate of complications.
Perhaps designated individuals or centers could pro-
vide this service for their colleagues, similar to the
use of endobronchial laser bronchoscopy.

Charles A. Riley, M.D., F.C.C.P.
(Pulmonary Disease)
Santa Fe, New Mexico

To the Editor:

I am writing to you because of policy statements
made by the Society of Thoracic Surgeons and the
American Association of Thoracic Surgery. Both have
expressed opinions that only thoracic surgeons are
qualified to perform thoracoscopy. I feel that their
statements are self-serving and threaten the profes-
sional growth and integrity of all pulmonologists.
Certainly, this is a technique that is actually new to
thoracic surgeons as well. I do not think that it is
appropriate for professional societies related to tho-
racic surgery to preempt and preclude pulmonologists
from performing thoracoscopy.

I would also like to point out that I think there is
ample precedent in other similar clinical situations.
When cardiologists perform potentially life-threaten-
ing procedures, in the form of angioplasty, they have a
cardiac surgeon back them up in the event of a
complication. It is obvious that cardiologists cannot
deal with the possible complications, yet they have
shown that they are able to perform these procedures
in an effective manner.

I feel that the American College of Chest Physicians
should develop guidelines rapidly that allow pulmo-
ologists to become skilled and experienced in thor-
acoscopy.

I exhort you to look at this matter urgently.

Robert S. Wright, M.D., F.C.C.P.,
Division of Pulmonary and Critical Care Medicine,
Santa Barbara Medical Foundation Clinic,
Santa Barbara, California

To the Editor:

I do not perform thoracoscopy and have no financial
motivations for what I say. In our area, thoracoscopy
was introduced by internists and is still being done by
some. I object to the arrogant, self-serving aspect of
our profession that allows any group of physicians to
announce that they, and only they, have the skills to
do something.

I have watched thoracoscopy develop and consider
it a good example of a diagnostic procedure appropriate
for internists, in the genre of colonoscopy and bron-
choscopy. (Do we remember the attempt to arrogate
fiberoptic bronchoscopy when it was new to us?)

N. Ralph Frankel, M.D., F.C.C.P.
(Pulmonary Diseases)
North Miami Beach, Florida