



53. Imaging results – Do they go to the physician, the patient or both?

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Background

The Israel Radiological Association presented a question to the Ethics Boards regarding the daily work of every radiologist. The various imaging tests, including X-rays, CT, MRI, PET CT, isotope scintigraphy, coronary angiograms, etc. are meant to help physicians confirm a diagnosis, similar to lab tests such as blood tests or pathology. Lately, healthcare culture has changed so that patients receive lab and imaging results directly, usually via the Internet, with a personal code that allows them to see results on a website, sometimes before the treating physician has time to see them. In some cases, the results are mailed to patients.

This conduct ostensibly protects the autonomy of patients and allows them to do as they see fit with information regarding their medical condition, including receiving another opinion from a different physician. People have their own interests at heart, so they will usually make sure to continue treatment without delay.

But here's the rub. This information could include difficult news or indications of sound medical condition, and in both cases, patients may misunderstand the results. Without a face-to-face meeting between patient and physician and a proper explanation, patients may suffer from unnecessary anxiety, depression, and distress, or conversely, set the results aside without receiving appropriate treatment.

Psychiatrists who are members of the Ethics Board did not point to indications that bad news leads to self-harm where there were no previous suicidal tendencies.

But still, there is a dilemma: To whom does the information belong? Who should receive the imaging results? Perhaps maintaining the autonomy of patients actually requires that the results be given to them during a conversation with the treating physician, explaining and processing the information into a diagnosis and treatment decisions?

We should also mention the technical difficulty in the healthcare system, since sometimes radiologists don't know who the family physician is, which physician referred the patient to get tested and/or who's in charge of continued treatment.

The problem is exacerbated during screening tests, such as mammograms. Where should we send the results? Regarding tests that require further radiological analysis – should we always wait for the treating physician's response or should we notify and call in the patient directly, in order to save time and reach a clear diagnosis quickly, even if "only" to decrease anxiety?

When there are findings in imaging that indicate immediate life-threatening danger to the patient, such as a suspected pulmonary embolism, a bowel obstruction, etc., there



is no doubt that the imaging physician must directly inform the treating physician and, if the latter is absent, inform the patient and refer him urgently to continued treatment. However, most cases do not fall under the title of “severe danger.”

This is a complex topic, and clearly no single solution will be found for all cases. Therefore, the Ethics Board has decided to **propose** the following solutions:

1. In general, imaging tests should only be performed with a physician’s referral. Referring physicians should provide their contact information in order to receive the imaging results.
2. Referring physicians should state the importance of professional accompaniment and interpretation for any imaging test result. We recommend that referring physicians coordinate with patients ahead of time whether they want to receive certain imaging results directly, and if so, this request should be stated in the referral.
3. We recommend that every medical entry contain a note about whether the patient wants to receive the imaging results directly, via the Internet or by mail, without the presence of a physician.
4. When received at imaging clinics, patients should be asked again whether they want to receive the results directly. We recommend that imaging clinics add a place to mark the patient's request on admission forms or on the computer.
5. Imaging results should be returned to the referring physician and the treating physician, and at the same time to patients if they requested it or if this was coordinated with them, as stated above. All patients should receive notification when the results arrive, even if they do not want to receive the results directly, and should be instructed to go to the referring physician.
6. In cases of emergency, patients should be contacted directly, to avoid any delays.
7. In urgent cases, there should first be an attempt to reach the referring and/or treating physicians, and if they are not available in real time, radiologists should contact patients directly and refer them to continued treatment.
8. In cases where there is no referring physician, such as screening tests, radiologists should act immediately if there is a need for further tests. Patients should be notified ahead of time that they will receive the results directly.