COMMUNICATION OF RADIOLOGY REPORT

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Commentary

Traditionally radiologists have considered themselves to be consultants of consultants because they performed radiologic examination only on the request of a referring physician and send the report to same physician regardless the follow-up of report either it was acknowledged by the referring physician or patient seek appropriate treatment if needed on the basis of radiologic findings. With the advent of interventional radiology and use of many imaging techniques for screening of disease in normal population leads to increased radiologist–patient interaction due to self referral by the patients and usually patients would like to know the results directly by radiologists, regardless of diagnosis. Moreover development of written hard copy print of radiology test results may take hours to days; this may delay in communication of radiologic test report either to patient or to referring physician. This may result in delayed diagnosis as well as management of urgently needed attention in diseases like cancer or ruptured ectopic pregnancy; this may be an ethical, social and medico legal issue. Therefore the question remains unclear that wether or not examination results should be communicated immediately to patients. Three most recent articles from American journal of Roentgenology and Journal of internal medicine have been selected to address this issue; all highlighting the perception and evidences related to communication of radiology test results.

The paper by Leonard et al commented that by law communication of radiology test result is radiologist's responsibility, the federal government has mandated it for mammography, various professional organizations including but not limited to the ACR have encouraged it under certain circumstances, various radiologists have recommended it, one academic center has taken steps to implement it, and the public seems to demand it. Direct communication between radiologist and patient of all mammographic findings as mandated by MQSA has improved patient care and virtually eliminated radiologic malpractice lawsuits alleging delay in diagnosis of breast cancer. This article is reflecting clear trend towards communication of radiology test results directly to patients by radiologists. Schreiber et al giving scientific evidence that most patients prefer to hear the results of imaging examinations from the radiologist at the time of the procedure rather than to hear them later from the referring physician, regardless of the findings. Leah et al concluding after an epidemiological study that almost half of women with the most suspicious mammograms did not understand that their results were abnormal, therefore highlighting the importance of primary physician in communication of radiology test results to patients.

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Communicating Results of All Radiologic Examinations Directly to Patients: Has the Time Come?

Is it not really the patient we are obligated to serve above all others?

-Robert S. Sherman

Writing in Radiology 41 years ago, New York radiologist Robert Sherman prophetically observed that radiologists "can do an injustice to the patient by withholding our superior knowledge." Asking rhetorically "Is it not really the patient we are obligated to serve above all others?" Sherman pointed out that it is the "radiologist who is legally and ethically responsible to [patients]...for their diagnosis." Five months later, North Carolina radiologist William Sprunt retorted that a "personal relationship between a patient and his doctor...cannot be satisfactorily developed in diagnostic radiology," and that radiologists "are not required to listen to prolonged descriptions of vague symptoms and systems reviews nor to make complete physical examinations. Anyone who wants to do these things should be something other than a radiologist."

A decade later, Berlin described two unrelated medical malpractice lawsuits filed against Chicago-area radiologists, each alleging negligence because the radiologist had failed to directly inform a patient of the results of his or her radiologic examination. "Because the responsibilities of radiologists have expanded," suggested Berlin, "it seems possible that radiologists may eventually be charged with directly informing patients of the results of procedures as well."

Exactly 13 years later, writing in the April 1990 issue of the *ACR [American College of Radiology] Bulletin,* Wyoming radiologist and member of the ACR Professional Liability Data Collection Committee Steven Liston] called the radiology community's attention to a type of litigation that until that time had received little notice: *A new kind of legal action against radiologists seems to be emerging. It has been claimed that radiologists who find a cancer are at fault for failing to assure proper communication of their diagnoses.... Damage awards were made because the radiologist did not effectively communicate a finding...or because effective communication was not documented in a permanent record.... In the cases we have seen, the radiologist was held responsible for assuring the report of possible cancer was received and understood, not just that it was sent.*

Indeed, malpractice litigation alleging failure of radiologic communication had quietly and almost imperceptibly begun. In the Chicago area, lawsuits alleging failed radiologic communication, although still accounting for fewer than 2% of all medical malpractice cases filed against radiologists, nevertheless rose from four during 1975–1979 to 11 in the next 5-year period, and increased to 15 in the period from 1985 to 1990 .In New York, however, radiologist Harold Schwinger reported that during the same general period, communication cases constituted more than 15% of radiology malpractice lawsuits .

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Disclosure of imaging findings to patients directly by radiologists: survey of patients' preferences

OBJECTIVE: The purpose of this study was to determine if patients prefer to have radiologists tell them imaging findings immediately after the examination or if they prefer to hear the results later from their referring physician.

SUBJECTS AND METHODS: A simple questionnaire was devised and distributed to 261 consecutive patients in the radiology department of a large university hospital. During a 10-day period, patients seen in several departmental sections (gastrointestinal, genitourinary, CT, sonography, mammography, chest, musculoskeletal) completed the questionnaire. Patients were asked if they wanted the radiologist to tell them if the results were normal; if the results were abnormal; if they would prefer to hear the results from their family doctor, internist, or other primary care provider; and if they felt entitled to an explanation of their test results. Results were tabulated and expressed as percentages.

RESULTS: Analysis of the 261 questionnaires disclosed that 92% of patients wanted the radiologist to tell them if the results are normal. An additional 7% answered "Yes, but only if I ask." If the results are abnormal (cancer, for example), 87% wanted the radiologist to tell them. An additional 7% answered "Yes, but only if I ask."

CONCLUSION: Our results show that most patients prefer to hear the results of imaging examinations from the radiologist at the time of the procedure rather than to hear them later from the referring physician, regardless of the findings.

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Poor Patient Comprehension of Abnormal Mammography Results

BACKGROUND: Screening mammography for women 50 to 69 years of age may lead to 50% having an abnormal study. We set out to determine the proportion of women who understand their abnormal mammogram results and the factors that predict understanding.
METHODS: We surveyed 970 women age 40 to 80 years identified with abnormal mammograms from 4 clinical sites. We collected information on demographic factors, language of interview, consultation with a primary care physician, receipt of follow-up tests, and method of notification of index mammogram result. This study examines the following outcomes: the participant's report of understanding of her physician's explanation of results of the index mammogram, and a comparison of the radiology report to the participant's report of her index mammogram result. Multivariate models controlled for age, education, income, insurance status, and clinical site.
RESULTS: The majority (70%) reported a "full understanding" of their physician's explanation of their abnormal mammogram, but a significant minority (30%) reported less than a full understanding (somewhat, not at all, did not explain). Among women of Asian ethnicity, only 63% reported full understanding. Asian ethnicity was a negative predictor (odds ratio [OR], 0.4; 95% confidence interval [CI], 0.3 to 0.7), and consultation with a primary care physician was a positive predictor (OR, 2.3; 95% CI, 1.7 to 3.3) of reported full understanding. Of the 304 women with a suspicious abnormality, only 51% understood their result to be abnormal. Women notified in person or by telephone were more likely than women notified in writing to understand their result to be abnormal (OR, 2.3; 95% CI, 1.2 to 4.8).
CONCLUSION: Almost half of women with the most suspicious mammograms did not understand that their result was abnormal. Our data suggest that direct communication with a clinician in person or by phone improves comprehension.