REVIEW ARTICLE

RADIOLOGIST-THE NEW NEWSMAN OF THE MILLENNIUM

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ABSTRACT

Modern radiologists have a new cap to wear-The New Newsman of the Millennium- thanks to the rapid advances in this field in the last fifty years or so. These advances have literally shifted our specialty from the confines of the "dark room" to the full glare of the "front stage" when in the much happening world of doctor-patient relationship. With the changing trends in healthcare sector, a final diagnosis is rarely reached without any back up from the field of radio-diagnosis. Many times, Radiologist is the first one to pinpoint the diagnosis or raise a suspicion of the most probable diagnosis in any given scenario. Everything is good and satisfactory when giving a disclosing a diagnosis which has a definite cure. This modern newsman is then welcomed and profusely thanked by the patient as well as the referring doctor. But things are not easy when delivering bad news.

When the Radiologist diagnoses a patient to have incurable ailment like cancer or genetic disease the new newsman as well as the patient and referring colleague land into emotional turmoil. This turbulence can take a toll of the emotional health of this bearer of bad news. Hence there is a need to follow a scientific approach towards breaking bad news and specifically developing the communication skills we lack on this frontier. Nothing can make bad news good. But a proper method of conveying it to patients or their relatives can ease the emotional shock and make it more acceptable. This article focuses on the yet unfocussed role of Radiologist as the new newsman of the millennium and reviews various strategies that can them to wear this hat with satisfaction and to deliver good as well as the bad news with courage and confidence.

Key words: Medical Education Technology, Communication Skills, SPIKES, BREAKS, Educational Model, Bad News, Doctor-Patient relationship, Cancer, Malignancy, Ultrasound, CT scan, MRI, Prenatal Diagnosis

The field of Radio-diagnosis has grown by leaps and bounds- thanks to the advances in science and technology. The earlier version of the Radiologist was that of a specialist who reports plain radiographs or conventional radiography techniques like Barium studies and Intravenous Urography and so on. Although they were helpful in reaching the final diagnosis in some cases, the news of this diagnosis was delivered by the referring doctor to the patient with little or no mention of the radiologist. As such there was not much doctor-patient interaction as well as doctor-patient relationship as far as Radiologist as a doctor was concerned. Hence the question of Radiologists as the newsman of the ailment did not arise. Radiologist too was happy to play the role of a backstage boy and the dark room man.

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Then came the era of breakthroughs in science and technology. The armamentarium of this specialty was not merely confined to Roentgen rays alone but was now full with newer additions like the Ultrasound (USG) and Doppler, Computerized tomography (CT scan), Magnetic Resonance Imaging (MRI) and Magnetic Resonance Spectroscopy (MRS).

Magnificent results from use of these new additions ensured that in most of the cases Radiologist was the first one to pinpoint the correct diagnosis. Slowly patients too became aware of this recent development and they have begun interacting more with the Radiologist; so that willingly or unwillingly the Radiologist had to take this new role of the newsman- the bearer of the news about the patient's diagnosis.

The inclusion of doctor community into the Consumers Protection Act (CPA) in many nations gave impetus to the evidence based practice where the physician or the surgeon adopted the policy of getting a

radiological as well as laboratory diagnosis before declaring the diagnosis as well as treating any patient. So to the chagrin of many and the joy of few, Patient-Radiologist interaction also grew by leaps and bounds. This is also evident by the recent changing trends in which instead of going to a surgeon for pain in abdomen or to a physician for cough, the patients first visit the radiology clinic to get their abdominal ultrasound or a radiograph of chest done so that they have the final diagnosis and peace of mind. Therefore what a Radiologist speaks to them has become important. He just cannot avoid them as the financial stakes involved in this interaction are high. Moreover it is the right of the patient (consumer) to know the result of the test (the commodity) for which he has paid.

To a doctor who is not trained in delivering bad news, it might seem very distressing and inhumane to disclose a deadly diagnosis to the patient or their relatives.[1] This stressful situation of the health service provider was as grim in the yester years when modern methods of managing incurable maladies were not available as it is today; though modern advances have made it possible to treat many 'deadly' diseases of the past. The most important reason that contributes to this moral turpitude is a complete lack of scientific approach towards delivering bad news that is seen globally.

Radiologist thus assumes a new role- that of a specialist who pronounces the diagnosis of what ails the patient. This news by the new newsman can at times be good when the results of the patient's radiological investigations are within normal limits or when they pinpoint a completely treatable malady such as pneumonia or a benign tumor; and thus guarantee a return ticket to health.

But when the same person diagnoses an illness which has no cure, all are taken aback. The aftermath that follows this often leaves the doctor as well as the patient in a lot of stress. Following examples would better highlight this fact. Diagnosing a genetic disorder like Down`s syndrome, Achondroplasia, Heart defects etcetera during routine prenatal ultrasound and then attempting to declare or explain these results to the expectant parents takes a heavy toll on the doctors. Similarly diagnosing an inoperable tumor or metastatic spread on CT scan or MRI can and conveying the news to the patient or relatives can be equally distraughtful. With the advances in metabolic imaging, MRS can diagnose inborn errors of metabolism[1] like Leigh`s disease and Pyruvate dehydrogenase deficiency even in children. Explaining this to the parents is also daunting and calls for high communication skills. The scenarios exemplified in this paragraph fall under the broad umbrella of "Bad News" which is defined as "Any information that adversely and seriously affects an individual's view of his or her future is considered a bad news".[2]

To any healthcare worker who is not trained in delivering bad news, the experience of disclosing the deadly diagnosis to the patient or their relatives is a heavy ordeal.[3] And with the modern role of Radiologist as the new newsman, breaking bad news is an important communication skill which he must master as do the physicians, oncologists and surgeons. A nonscientific approach in breaking bad news; can not only create misunderstanding on the part of patient about the seriousness of the illness and chances of survival;[4-5] but may also be a cause of litigation in the future.

To prevent this we must be aware of the components of this mighty task. The verbal component consists of delivering bad news, coupled with multiple other skills; like managing patient's emotions, involving the patient and family members in decision-making, clarifying expectations about care and cure, and keeping hopes alive.[6]

The medico legal implications must also be kept in mind as in many countries the patients have to be provide with as much information as they desire about their illness and about all available treatment options.[7,8] How human beings will respond to bad news is unpredictable. Some instantaneously become fearful, some go into denial mood, some enter the 'why me' stage while very few seek more information to start a complete recovery; or if not possible a quality-of-life decision plan. Hence the act of delivery of the bad news and the response to it can be quite stressful and emotionally draining for the health service provider as well.

Important strategies for breaking bad news are:

1) The traditional method in which the bad news to is directly delivered to the patient or relatives after the examination; only if it is asked for by them. Many times this blunt on the face approach may take them by surprise and result in emotional outbursts.
2) There is a new six step protocol for breaking bad news called as SPIKES[6] which emphasizes that any complex can be achieved only by a stepwise approach. The six steps involved in it are:
   S- Setting up an interview: This needs mental

rehearsal, arranging an uninterrupted session in adequate privacy with a relaxed patient and his dear ones if so desired or requested.

P- Patients Perception: Open-ended questions are used to understand how the patient perceives the medical situation; before discussing medical findings with them.

I - Invitation by patient: Wait till the patient is ready and invites you to disclose the results.

K- Knowledge: Warning the patient that bad news is coming, give facts in bits that are apt as per their understanding so that they accept the news in right spirit.

E- Emotions: Address patient's emotional reactions with emphatic response and support them.

S- Strategy: Discuss the future plan, when the patients are ready and offer all options only if asked. It is always better that the doctor who has referred the patient does this job.

The protocol has not only increases the confidence of medical students as well as practitioners in formulating a plan for breaking bad news; but also ensures that the bearer of bad news is less affected psycho physiologically during the process of disclosure by following this protocol.

3) A Saudi Arabian[9] study on preferences of mothers' about breaking bad news pertaining to newborns, suggests that a "one-size-fits-all" approach is inappropriate. The approach has to be tailor made. Hence they advocate the use of a reversible, written informed consent kept in mother's medical records; that can be utilized to guide the process of breaking bad news, if needed, as the best solution to this diversity in preferences.

4) BREAKS[10] is a modern protocol for breaking bad news. It involves following six steps: B-Background, R-Rapport building, E-Exploration of patients understanding, A-Announcement of the diagnosis, K-Kindling hope and S-Summarizing the scenario. This is a recently introduced protocol that calls for discussion, further elaboration and expression so that breaking bad news truly becomes a part of the art of medicine.

To summarize, communicating with distressed patients is difficult and demands deliberate measures to handle the grim situation. Doctors as well as the patients; suffer significant stress when subjected to this ordeal.[11]

When Radiologist delivering the news becomes emotional he might instill in himself a feeling of guilt and a sense of failure for not fulfilling the patient's expectations. Moreover, the modern advances in the field of medicine and surgery has also led to unrealistic expectations in patients from their doctors. In such an environment; poor communication skills on the part of newsman, can lead to misunderstandings and ultimately results in physician burnout, stress and even litigations. That is why many avoid discussing distressing information about the poor prognosis. But as communication is a skill; it can be learned and mastered with practice and experience. Therefore we as Radiologists: the new newsman of the millennium; must choose our protocol to deliver good as well as bad news after the radiological investigations if the results are sought for. We must also remember that there is no place for any unsolicitated advice in this condition.

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