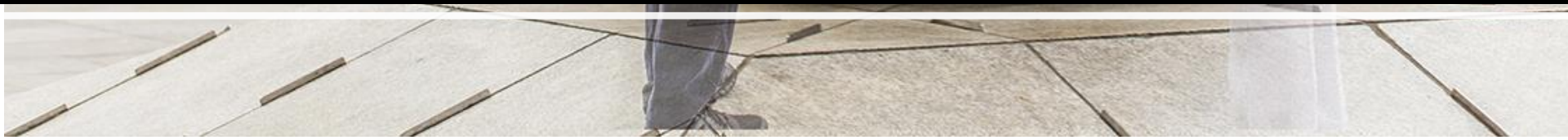




Patient Safety: Imaging Scenarios, Ethics and ICRP
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AGENDA

- Pragmatic Value Set and Moral Compass
- Scenarios from Imaging and Radiotherapy
- Revisit Moral Compass, Sensibilities, Protocols, ICRP, Law



Pragmatic Value Set for RP in Medicine

Core Values

+

Two Additional Values

Dignity/Autonomy

Prudence/Precaution

Non-Maleficence/ and
Beneficence

Honesty/ Transparency

Justice

Society, ICRP & High
Level UN Conferences

World Medical Association,
WMA, 2017
Beauchamp and Childress

Compensate for
problems in practice



Moral Compass & Professions

- For professions/policy it cannot be just personal
- Not only determined by Public Attitudes. Repugnant (Eg: Slavery, capital punishment).
- Uncertainty and Harms



Scenario 2 Imaging: Mr Grey

Ultrasound Referral

- Mr Grey referred for ultrasound for upper abdominal pain.
- GP suspects gallstones but does not mention this in referral.
- Mr Grey is Chairman of hospital. Staff add complex CT Scan. Risk from CT is explained, and consent is obtained.
- Complex CT inappropriate according to guidelines.
- Excellent scans performed promptly, reveal gallstones, which are also found on US.
- Staff pleased they gave their chairman of their best.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice	Prudence Precaution	Honesty Transparency
(y)	(-)	(-)	(-)	(y)
(N)	(N)	(N)	(N)	(N)

Scenario 4: Mr Viridian

Mistake in Referral

- Mr Viridian attends nuclear medicine for a bone scan, as part of follow up of his GU cancer, organised by urologist, Dr Coral.
- A lung scan was incorrectly requested and performed.
- However, clinical details provided appropriate to a bone scan.
- Report on the scan to Dr Coral, who spots the problem.
- Dr Coral and the head of nuclear medicine, Dr Burleywood, decide not to tell the patient, and not to report to authorities.
- Repeat scans are performed without charge to the patients ---

Dignity Autonomy	Beneficence, Non- Maleficence	Justice	Prudence Precaution	Honesty Transparency
(y)	(y)	(y)	(-)	(-)
(N)	(N)	(n)	(N)	(N)

Scenario 7: Ms Magenta

Pregnant Patient

- Ms Magenta, aged 40, attends her local hospital for an elective abdominal CT scan.
- Asked if she is pregnant and replies No. States her periods are highly irregular. The hospital decides to proceed with the examination.
- Ms Magenta is having ongoing IVF treatment, but does not reveal this.
- Visits Obstetrician, who indicate she is probably pregnant.
- A friend explains that if pregnant the scan could be damaging.
- Advice she receives, from hospital and various websites shock her.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice	Prudence Precaution	Honesty Transparency
(y)	(-)	(-)	(-)	(-)
(N)	(N)	(-)	(N)	(N)

Scenario 3: Dr. Celadon,

Issues of consent

- Ms Ruddick, +/-personality disorder, - recurring serious cancer.
- She is 8 weeks pregnant at the time of presentation.
- Dr Celadon, a radiation oncologist, explains her options and the impact of each to both her and her unborn child.
- Patient demonstrates poor understanding of both her condition and her options.
- To avoid delay Dr Celadon offers her treatment he believes is best, and Ms Ruddick consents. Doubt about her capacity to consent.
- The treatment chosen will prolong Ms Ruddick's life enough to come to full term and carry some risk to foetal development.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice	Prudence Precaution	Honesty Transparency
(y)	(y)	-	(Y)	(Y)
(N)	(n)	-	-	-

Scenario 7: Ms. Payne, Choice of treatment technique

- Ms Payne, aged 82, is a breast cancer survivor, an active painter and an avid book reader.
- She now presents with 3 intracranial metastases and is offered stereotactic radiosurgery (SRS) by Dr. Periwinkle, a radiation oncologist.
- Upon further investigation, 2 additional lesions are detected which put to question the benefit of SRS.
- Dr. Periwinkle offers her SRS over whole brain RT to protect her from potential damage to her cognitive function.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice	Prudence Precaution	Honesty Transparency
(Y)	(Y)	-	(Y)	(Y)
-	(n)	(n)	-	-

Scenario 10: Ms. Perylene, What nobody knows

- Ms. Perylene has recently been hired as a medical physicist by Medela Clinic.
- When asked, she claimed competence in HDR brachytherapy so as not to put herself down in the eyes of her new colleagues.
- She is now asked to plan an HDR treatment.
- Her lack of competence, and the lack of a second check, lead to the mistreatment of a patient.
- Ms. Perylene investigates and decides that the impact of the error is insignificant and therefore does not need to be reported.

Dignity Autonomy	Beneficence, Non- Malefic	Justice	Prudence Precaution	Honesty Transparency
-	-	-	-	-
(N)	(N)	(N)	(N)	(N)

Scenario 5:

CT Dose Dilemma.

- St Elsewhere's, a public facility, adjoins a private hospital.
- Both have CT scanners. The equipment in the private is newer and has better low dose facilities.
- Public hospital lacks capacity for its imaging needs, and some patients referred to the private for CT imaging
- Audit shows older patients preferentially referred private.
- Further investigation indicates older patients also have better private insurance.

Dignity Autonomy	Beneficence, Non- Maleficence	Justice	Prudence Precaution	Honesty Transparency
(-)	(-)	(-)	(-)	(-)
(-)	(N)	(N)	(n)	(N)

Scenario 10: Failed Equipment

- Black Tulip Hospital Interventional Radiology Suite has a tube failure. Urgent replacement by the company three days later.
- Physicist, Dr Russet, contacted to test if system is safe.
- Dr Russet is commissioning a CT elsewhere, and advises he will be available in four days.
- Dr Cinnamon, Head of Interventional, is reassured by the company engineer, and decides to take patients immediately.
- Dr Russet tests the equipment, it appears a filter missing and exposure protocols incorrect, giving doses x 2 to 10 high.
- 35 patients receive the high doses. Dr Carmine decides they shouldn't be told and refers problem to RP committee.

Dignity Autonomy	Beneficence Non-Maleficence	Justice	Prudence Precaution	Honesty Transparency
(y)	(-)	(-)	(-)	(-)
(N)	(N)	(N)	(N)	(N)

Moral Compass

Personal Ethical Dilemmas for Professionals

How does ethical reasoning proceed?

- Situations are complex
- Any facts will matter sometimes
- Consider complex situations in sufficient detail
- Ethics is Essentially Practical
- Obligations v ordinary
- And very numerous (ie: the law ++)
- What I ought to be doing now ...?
- Remember: ***What ought to be done*** is quite distinct from ***What can be done.***



Ethics, Values Medicine and ICRP

ICRP advice and legal systems:

- (Incomplete) science
- Value judgments
- Experience
- ICRP detached from MEDICAL ethical scholarship and practice
- Revisited in ICRP 138.
- Be aware that for medicine the origins, history, practices and scholarship are sufficiently different -----



Moral Sensibility

Good Practice, Protocols, and the Law

- AAPM Survey
 - Unpublished, 2015, (N = 969)
 - 49% never met Ethics dilemma in workplace
 - 31.5% rely on personal moral compass only
- IPEM SCOPE:
 - Professional paper on regulation, standards etc. Ethics 0.5/~50 pages

- Guidelines, protocols and law, determine behaviour & culture.



Conclusions and Uncertainties

