Ethical Framework for Medical and Quasi-Medical Procedures

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Layout

- Ethics: ICRP and Medical Systems
- Scenarios: Patients and (Quasi Medical) Non Medical Exposures
- Reflection re Framework and Future
- Conclusions

Ethics: ICRP and Medical Systems

- Different, Incomplete Overlap
- ICRP purpose built; detached from mainstream ethical scholarship and practice
- Medical: comprehensive; strong scholarship; ignores radiological;
- Medical system has its own problems
- Low recognition of ICRP values in medicine.
- RP, by being separate, has advantages, but is isolated.

Who Cares about this?

- EC, HERCA, IAEA, WHO, ILO, IRPA, NEA, ICRP et al.
- Justification, Overtreatment
  - "A significant and systemic practice of Inappropriate Examination in radiology" EC/IAEA/WHO et al.
  - Some Professional Bodies, Image Gently, Image Wisely, Choose Wisely,

Ethical Issues

- Autonomy and Dignity
- Incomplete knowledge, DR;
- Uncertainty, confusion with Professionals, Patients, Public
- Dysfunctional Relationship w press/ public
- Poor culture of Transparency and public accountability
- Low recognition of "word" Justification in medicine

British Medical Journal (14 April 2012)

Medicalisation and overtreatment have long been a feature of artist Damien Hirst's work

- Obsession with medicines replaced God/Religion
- Instruction/advice, from on high, on how to live
- Low recognition of "word" Justification in medicine
Neglected Themes needed in Medicine

**Core Themes/Values**

<table>
<thead>
<tr>
<th>Dignity and Autonomy</th>
<th>Beauchamps, Childress, Zolzer and others</th>
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<td>Non Maleficence</td>
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Valued in all Cultures

Beauchamps and Childress since 1979

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Two/Three additional Themes

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<td>Lochard in (IRPA 12), Malone 13.</td>
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Utilitarian Principle/HTA, eg, for Asymptomatic Patients

**SCENARIOS 1: Doctor’s Knowledge**

- Many radiologists; eg:
  - 50% of Physicians in 2 UK teaching centres
  - 20 – 45% of radiologists inappropriate
  - Specialties even higher, eg low back pain investigations, and cardiac cath.

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<thead>
<tr>
<th>Chest X-Rays</th>
<th>% Cardiolog</th>
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<tr>
<td>0.5</td>
<td>9</td>
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<tr>
<td>1</td>
<td>13</td>
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<tr>
<td>3</td>
<td>49</td>
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<td>500</td>
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**Scenarios 2: Orthopaedic, Pre Op Chest, Tallaght Incident**

- Orthopaedic surgeon Mr A, public clinic in hospital Y, weekly. New and follow up visits of injuries and elective cases.
- He insists every patient attends be sent to radiology by the nurse, and will not see a patient without a film folder from radiology.
- Similar for insistence on pre op Chest

**Scenarios 3: Pregnant Patient**

- Department policy: ask patients at reception if they are pregnant.
- Does not check or follow a “10day” type rule as these are “time consuming/inconvenient”.
- Patient has elective pelvic CT and turns out to be 10 weeks pregnant.
- She is ++ distressed and considers seeking a termination.
- ICRP: exposure of foetus during examination of the mother is regarded as a medical exposure.

**Scenarios 4: Self Referral etc**

- Dr B, Interventional Cardiologist.
- Private rooms in complex with large imaging facility.
- Explains the radiation (and other) hazards associated with CT, coronary angiography and angioplasty, and explains the radiation risk is unproven.
- Some unreferred worried well.
- Procedures on request w consent
- Fee for consultation and for the imaging.
- Undisclosed shareholder in facility.
Medical and Non Medical 1

**MEDICAL**
- Justified Medically (3 levels)
- Benefit Individual irradiated
- Consent is Given
- Confidentiality required and assured
- Governance, special features

**NON MEDICAL**
- How and Who Justifies
- Benefit not to individual
- Consent not necessary
- Confidentiality breached in many ways
- Governance, disseminated + with many other features

Scenarios: Non Medical Exposure 2

- Woman (28) at Airport. Sniffer finds small amount of drugs in hand luggage. Suspicion she may be mule. Refuses permission and potentially pregnant. Customs officer insists and hospital does the scan. She is pregnant and no drugs.
- New EC BSS reclassifies; note some expediency
- Issues around Justification, benefit to individual, confidentiality, consent, and governance arrangements
- Hospital based and the rest.

Non Medical Human Exposures 3

- Baby P presents at the Emergency Dept with a broken arm and bruising. The x-ray suggests several older fractures also.
- Whole body surveys of P's siblings aged 3 and 6 are undertaken (+/- 20 views)
- Are these medically indicated in the ordinary understanding of this term
- Screening programme

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Observations

- Themes give an intuitively clear and credible basis for evaluating events/scenarios
- Approach would have a higher recognition in medicine and might facilitate tech transfer of RP message

22. Conclusions

- Be reflective, deliberative ---
- 3 + 3 Themes could work

- They need to be flagged explicitly, even if they can be derived
- Need more work to align with ICRP system but this does not have to be visible to medical community
- May also need regional alignment
- To some extent already happens in medicine: HTA/overutilization replaces justification in US.