Error Disclosure in Radiology: Moving from Why to How

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No Disclosures
Drivers of Direct Radiologist-to-Patient Communication

- Increased expectations for patient-centered care
  - RSNA Radiology Cares Campaign
  - ACR Imaging 3.0
- Practice change from volume-based to value-based care
- Social Media
- Radiation risks
- ACGME Competencies
- Patient Portals
Well, Mr. Jones, There’s no easy way I can tell you this – so I’m sending you to somebody who can...
“Well, Mr. Jones, I really don’t know what the radiologist meant by ‘can’t rule out occult malignancy.’ Why don’t you ask him?”
“Well, Mr. Jones, I really don’t know what the radiologist meant by ‘10 mSv dose to brain’ Why don’t you ask him?”
“Ethical, medical, Joint Commission, and other legal considerations unequivocally call for—in fact, mandate—radiologists to promptly and completely divulge to patients or patients’ families the occurrence and nature of any error or adverse event that takes place during a diagnostic or therapeutic radiologic procedure.”

Berlin, Radiology 2009
“Well, Mr. Jones, I really don’t know what the radiologist meant by ‘in retrospect, this lesion was demonstrated previously.’ Why don’t you ask him?”
Learning Objectives

- Describe practical aspects of communicating effectively with patients about radiologic errors
Radiological Error: Owen Green

- 4 yr old with newly diagnosed hepatoblastoma
  - Currently being treated
- Retrospective review finds lesion was present on ultrasound 3 months ago but not called
  - 2 of 60 images
- Cancer is now metastatic
  - ? any difference if caught 3 months earlier
“It sort of makes you stop and think, doesn’t it.”
Radiological Error: Owen Green

- 4 yr old with newly diagnosed hepatoblastoma
  - Currently being treated
- Retrospective review finds lesion was present on ultrasound 3 months ago but not called
  - 2 of 60 images
- Cancer is now metastatic
  - ? any difference if caught 3 months earlier
- Parents informed by oncologists about situation
- Parents request direct discussion with radiologist
Practical Pointers

- First Priority
  - Assure the clinical team stays fully attentive to the medical needs of the patient
  - Assure that key individuals are notified and involved as soon as possible, including the attending physician and the hospital risk manager.

Practical Pointers

- Preparing for the Disclosure & Apology
  - Determine if event meets the threshold for disclosure
    - Would you want to know about the event if it had happened to you or a relative?
    - Did it / will it result in a change in patient treatment
  - Determine which clinicians should be present and lead the conversation
  - Agree on core information to be communicated
  - Decide who will take primary responsibility for follow-up with the patient and family

Practical Pointers

- Conversation with the patient and family
  - Express self in caring and compassionate manner
  - Acknowledge patient’s suffering, convey empathy
  - Clearly state the facts, avoid speculation
  - Express appropriate form of apology and/or regret
  - Explain what being done to care for patient
  - Assure event will be investigated and facts shared
  - Document the conversation in the medical record

How Apologies Fail

Berlinger, After Harm
Johns Hopkins, 2005

Apology in Medical Practice
An Emerging Clinical Skill
Aaron Lazare, MD

Lazare JAMA 2006
Well, Mr. Jones, I apologize for whatever happened…
“Well, Mr. Jones, If there was an error...”
"Well, Mr. Jones, There was a mistake, but..."
Well, Mr. Jones, The mistake certainly didn’t change the outcome……
“Well, Mr. Jones, these things happen to the best of people…”
“Mr. Jones, I know for you this is unpleasant, awful... but believe me, for me it’s shattering.”
“Mr. Jones, I can’t tell you how sorry I am for my mistake. I feel horrible that you have gone through this and that I am responsible. I can only hope that you believe that my team and I will learn from it and work hard to prevent it from happening again, and we will let you know what we have done in that regard. We also hope and that you trust that we will continue to work hard to provide for you the best care we possibly can. Please let me know what I can do for you right now.”