Communication of Findings of Radiologic Examinations: Medicolegal Considerations

Fabio Pinto, MD,* Giuseppe Capodieci, MD,† Francesca Rosa Setola, MD,‡ Stefano Limone, MD,‡ Francesco Somma, MD,‡ Angela Faggian, MD,‡ and Luigia Romano, MD*

Radiologists receive little formal training regarding the structure of the radiology report and its importance as a medicolegal document; failure to communicate, in fact, represents one of the main problems facing the modern radiologists’ activity. Duty to the patient does not end anymore with the written report; the paradox is that we are so advanced in imaging technology, but not in communicating imaging findings. Communication must be timely, appropriate, and fully documented. There is an increasing trend to communicate results directly to the patients; radiologists have the greatest problem when communicating unexpected findings. To improve patient care and reduce the risk of being sued, radiologists should follow shared report guidelines and be more familiar with their professional responsibilities.

Although imaging technologies have undergone dramatic evolution over the past century, radiology reporting has remained largely static, in both content and structure. Existing free-text reports have been often criticized for a number of inherent deficiencies, including inconsistencies in content, structure, organization, and nomenclature.1 A radiology report should be accurate and expressed with appropriate confidence with respect to current best practice and knowledge; it has to measure up the central role of the radiologist in the patient’s care and management. By providing high-quality service, in fact, the radiologist will continue to be quoted, by other physicians, as a congenial professional colleague who offers valuable advice. Quality has become a critical issue for radiologists. Measuring and improving quality is essential not only to ensure optimum effectiveness of care and comply with increasing regulatory requirements, but also to combat current trends leading to commoditization of radiology services.2

Unfortunately, radiologists receive little formal training regarding the structure of the radiology report and its importance as a medicolegal document.3 Good reporting has to include the description of the images, providing the classic radiologic findings, the diagnostic conclusion, and, eventually, the suggestion of further diagnostic imaging tests. Moreover, to reduce medicolegal consequences, a good radiology reading should be complete and correct, with appropriate construction; provide speedy diagnostic information, particularly in the emergency setting; reveal the ability to carry out and optimize the examination, including the imaging technique and the used contrast agent (justification); disclose all the information regarding the administered radiation dose, confirming that the residual risk has been as low as reasonable (optimization); and be clinically focused and attempt to answer the specific question for which the imaging study was performed.

As radiology reports become permanent parts of patients’ medical records, constituting important legal documents when there is a dispute, radiologists have the obligation to convey the interpretation of imaging procedures in a manner most useful to ordering physicians. Moreover, not only good medical practice requires that imaging findings are documented in the radiologic report, but also that the provider caring for the patient is notified in a timely manner. In these situations, the goal is to expedite delivery of the report using nonroutine communication channels to ensure receipt of these findings.4

Importance of Communication

Failure to communicate is one of the greatest problems facing radiologists today. The courts have consistently held that...
timely communication may be as important as the diagnosis itself.5

As stated by the American College of Radiology (ACR) Council, “communication is a critical component of the art and science of medicine and is especially important in diagnostic radiology.”6

The way by which imaging results are disclosed to the patient varies among the different countries. As a general rule, radiologists usually perform imaging examinations at the request of a referring physician and transmit their interpretations in writing back to the same physician. However, in outpatient practice, the written report is often given to the patient in a closed envelope addressed to the referring physician, and the results are not explained by the radiologist directly to the patient. Finally, when asked directly by the patient about the results of the study, the radiologist should have the duty to respond truthfully and with careful consideration of the patient’s sensibilities and feelings.7

**Communication Between Radiologists and Patients**

The radiologists play a pivotal role in the care and in the management of injury and illness in patients; nevertheless, they are often neither seen nor heard by most patients. Although the primary role of the radiologist is to assist in establishing a correct diagnosis, the radiologist’s responsibility goes well beyond simple detection and documentation. Communication is crucial in assuring delivery of quality and safe health care; unfortunately, radiologists often are not involved in communicating directly to patients before, during, and after most radiological investigations. Lines of communication are most easily recognized between the radiologist and the patient’s health care providers, but they are becoming increasingly important between the radiologist and the patient. As an example of challenging physician–patient communication in radiology, little has been written about communication practices in the diagnostic mammography suite, the effect of this communication on both physicians and patients, and implications for radiology training programs. Sasson et al8 surveyed radiology residents and staff about communication training, practices, and experiences communicating directly with patients in the diagnostic mammography suite. Radiologists engage in challenging and stressful patient communication interactions. There is a paucity of educational curricula on interpersonal and communication skills in radiology. This has implications for both patient and physician satisfaction and patient outcomes.

Radiologists must be familiar with both local and national practice guidelines related to the care of the patient in the standard work-up as well as in the emergency setting, in relation to both construction of the radiology report and appropriate communication of the results of various studies. Some data show that both radiologists and referring physicians are aware that patients are not satisfied with the current system for notification of imaging tests.7 Furthermore, many patients, radiologists, and referring physicians agree on disclosure of information directly to the patient,9,10 and there is substantial agreement that if an adult patient asks to know the results from the radiologist, the radiologist should not decline to answer.11,12 Finally, familiarity with these aspects of the radiologists’ responsibilities certainly minimizes the frequency of malpractice.

**Communication of Findings to Referring Physicians**

Unlike hospital-based clinicians, the radiology report is usually the only method of communication from the radiologist to the general practitioner. In 1992, Renfrew et al13 published a series of 182 patient victims of communication errors, including radiological examinations obtained on the wrong patients, incorrect examinations obtained on patients, laterality errors of findings in radiology reports, delay in diagnosis because radiological images were allowed to be removed from the radiology department before they were interpreted, and failure to alert referring clinicians of important, but unsuspected, findings. A common cause of incidents related to a wrong patient examined is the misidentification of a patient with the same name of one who is intended to undergo the procedure or a patient responding to the wrong name. However, the number of such incidents has been reduced by adoption of procedures in which the patient is required to give their name and date of birth.14 Today, the standard of communication between the radiologist and the referring clinician has become an important issue. In particular, it has been determined that clinicians prefer detailed and standardized radiological reports with complete sections, providing technique, findings, conclusion, and recommendations.15

In the past, radiologists were used to believe their duty to communicate results did not extend beyond dictating and signing their report. In the United States, and more recently in Europe, an increasing onus is being placed on radiologists to ensure reports are communicated to the referring clinician, particularly when an urgent or unexpected diagnosis is made. Diagnosis provided by a written report does not conclude the responsibilities of the radiologist; direct communication by telephone has been an adjunct reserved for emergencies or for unusual and often unexpected findings. Kline and Kline16 reported the case related to Keene versus Methodist Hospital, in which the court found both the hospital and the involved radiologist negligent for failure to communicate radiographic findings directly to the attending physician. The patient was examined in the emergency room for possible head injuries after a fight and then was discharged after an unremarkable physical examination. On that day, the radiologist reviewed the skull radiographs and noted a possible fracture. Rather than communicating immediately with the physician, the radiologist dictated his/her conclusions, which were transcribed 2 days later. The same evening, however, the patient became comatose and died. The court ruled that not only was the hospital negligent for failure to require adequate notification procedures, but also the radiologist “was negligent in failing to immediately bring his/her report...
to the attention of the proper persons.” In fact, as stated by the ACR, “if there are urgent or significant unexpected findings, radiologists should communicate directly with the referring physician!” Moreover, registration policies should be rigidly followed, particularly in situations in which breakdown in policies are likely to occur, such as when patients are members of the medical staff. In such situations, to avoid that physicians themselves interpret the radiologic examination, radiologists should review all policies regarding registration and processing of patients to ensure that all radiologic examinations are accurately identified and presented to the radiologist for interpretation.17

Conclusions

Failure to communicate actually represents one of the main problems facing the radiologists’ activity. Duty to the patient does not end anymore with the written report. Communication with the ordering physician must be timely, appropriate, and fully documented. It is important to gain feedback, especially in the current climate of competition for provision of radiology services. In contrast, there is an increasing trend to communicate results directly to the patients; radiologists have the greatest problem when communicating unexpected findings. To improve patient care and reduce the risk for being sued, radiologists should be more familiar with these aspects of their professional responsibilities. Review and feedback of performance with regard to a policy on communication of critical imaging test results allows significant improvement. Moreover, guidelines about the written radiology report have been already provided by international societies. They should document their objectives, evidence appraisal, or development methodology and, finally, address implementation issues. Current and future guidelines should be integrated into training programs and continuing professional development and they should also be shared. It appears that there are benefits in moving toward a more uniform style and structure of radiological reports. This may provide a more consistent service to patients and referrers.

References