Ethical Dilemmas in Nuclear Medicine: Do we need a Code of Ethics?

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MORALS  ETHICS
As a researcher, should I be legal or should I be ethical?
Audience Composition

- A : Male
- B : Female
- C : Do not want to declare
Answers
Audience Composition

- A: Nurse
- B: Radiographer/Technologist
- C: Physicist
- D: Pharmacist/Chemist
- E: Administrative staff
- F: Industry
- G: Doctor
Answers
Audience Composition - Age

• A: < 20
• B: 21-30
• C: 31-40
• D: 41-50
• E: 51-60
• F: 61-70
Answers
Audience Composition: Ethical standards

• In a 30 mph zone, while driving:

• A: I have never ever sped > 30 mph. I would never do this.

• B: I occasionally speed above 30, but never > 33 mph. I believe I am safe.

• C: I frequently speed > 33 mph. I know I am safe
Answers
How important are ethics in today's society?
Should Ethics be taught?

• A: No it is something we are born with. We either have it or we don’t
• B: Yes, it is an acquired taste. It should form part of all curricula for professional staff
• C: Bit of both, no harm in reiterating ethical standards once in a while
• D: I do not want to answer
Answers
Relationship with Industry

• Do you think the relationship between the profession of Nuclear Medicine and industry is:
Relationship with Industry

• A: too cosy for your liking
• B: Not as cosy as your colleagues in other departments
• C: just right
• D: No comment
Answers
Ethical Scenarios 1

- Patient is part of a clinical trial for lymphoma
- He attends your department for a PET-CT scan as part of the trial
- He believes that the drug is very toxic and wants to stop it
- You direct him to the Chief Investigator
- He is still unhappy and asks you your opinion “what would you do if it were you/your family”
Scenario 1

• A: Inform him that I would continue with the treatment as I have signed the consent form
• B: Inform him that my personal life is exactly that and I have no opinion on this matter
• C: Inform him in detail about the risks of the drug and ask him to make a fuller choice
• D: Inform him that he should still contact the Chief Investigator if he has questions / doubts.
Answers
Scenario 2

- A patient is due to have an isotope renogram in your department.
- An ultrasound scan and an IVU are noted on the system from 1 week ago.
- The radiographer queries the need for proceeding with the procedure. Clinician is in OP clinic and will be able to review results only after 30 – 60 minutes.
- The patient is anxious and angry with the delay and wants to complain
Scenario 2

• A : You proceed with the test as it was previously justified
• B : You politely explain to the patient the reasons for the delay
• C: You cancel and rebook the patient for another day
• D: You ask another clinician from radiology to review the results
Answers
Scenario 3

• A patient scheduled to have In111 WBC scan inadvertently has In111 octreotide injected
• You realise the error as soon as it happens
• You follow the department protocol and inform the Manager and referring clinician
• The patient however is a very anxious person and you wonder whether you might make things worse by telling her:
Scenario 3

• A: You strongly believe that patients need to know the truth and tell her anyway
• B: You decide that it would harm her more and simply ask her to re-attend on another day due to technical reasons
• C: You let your line manager decide on what action to take and withdraw from the scene
• D: You contact her relatives and explain to them and apologise for this.
Answers
Scenario 4

• You are approached by your manager to increase the patient throughput on your PET-CT scanner, and run it as a CT scanner for 1 day a week
• Due to some confusion, a patient scheduled to have a CT scan with contrast ends up having a PET-CT scan and another patient due to have a PET-CT scan has a CT scan with contrast
• You realise the error at the end of the second scan
Scenario 4

• A: You inform your manager that he/she was to blame for the confusion
• B: You check up on the scan histories of both patients and report to Risk Management and external bodies if appropriate
• C: You convince the patients that they have had better tests than asked for and that they should be pleased.
• D: You seek an independent review of your procedures and the risks to the patients
Answers
Scenario 5

- You have just had a call from a referring clinician
- A routine CXR (performed 3 months after cardiac PET-CT) for cough showed possible lung metastases
- CT chest showed lung nodules, on retrospective review of the PET-CT study, these were present and not commented upon
- Patient is angry about a missed diagnosis
Scenario 5

• A: You state that the cardiac PET-CT study was reported to national standards and that the lung nodules are not relevant
• B: You apologise and institute a dual reporting system for all scans
• C: You seek an external independent review to identify any risk to the patient
• D: You refuse to perform cardiac PET-CT studies.
Answers
Scenario 6

- Male patient undergoes I131 scanning for residual tissue post thyroidectomy for papillary cancer
- He calls up 2 weeks later informing that his wife is now pregnant.
- Could the radiation from the scan have caused damage to the foetus? Should they seek medical termination of pregnancy?
- (74 MBq, instruction card given as per routine)
Answers

• A: Significant foetal damage is possible from I131. They should seek a medical termination of pregnancy immediately
• B: Ban the patient for not following instructions
• C: Reassure patient and wife that routine antenatal care and check-up is adequate
• D: Risk assessment in conjunction with Medical Physics
Do we need a Code of Ethics??

• A: No need, we are bound by our professional code. No separate code needed for Nuclear Medicine

• B: Yes we need one that has cross-professional relevance within nuclear medicine

• C: No formal code required. Continuous discussion at conferences is enough
Answers
Any next steps?