



## #ECR2015: Putting Patients at the Heart of Radiology



Putting patients at the centre of care involves radiologists, patients and next of kin, according to speakers at a session at the European Congress of Radiology today, organised by the ESR's [Patient Advisory Group](#). Established by the ESR 2 years ago, the PAG includes seven patient representatives from the whole spectrum of disease areas as well as five representatives from the ESR; the group aims to positively influence advances in imaging and ensure that the patient-centred human approach is embedded in the work of the ESR.

Radiologists need to be mindful of their professional ethics as well as patient rights in delivering hi-tech radiological services in a patient-centred manner, according to Claus Claussen, who chairs the Ethical Compliance Subcommittee of the ESR. Claussen outlined the ethical principles radiologists need to be aware of, which are incorporated into the [ESR's code of ethics](#). The principles are beneficence, nonmaleficence, respect for patient autonomy and social justice. These are essential for public trust in the medical profession, said Claussen. However, a code cannot cover all ethical issues and individual radiologists need to take responsibility for their ethical practice. Radiologists have the obligation to be committed to professional competence, continually improve knowledge and skills, use the best possible evidence and work with colleagues on improving quality of care, reducing medical errors, increasing patient safety and avoiding misuse of healthcare resources.

Radiologists face challenges, as they do not have a personal relationship to patients. Only if radiology is well integrated into the clinical team will the radiologist be able to practise in a patient-centred way, Claussen asserted. This includes ensuring that the radiologist has access to all the medical information about and previous findings on a particular patient - a particular challenge for teleradiology. Incidental findings also present an ethical dilemma, and there should be a discourse about appropriate communication of incidental findings, he suggested.

Erik Briers, a patient advocate from Belgium, and a member of the ESR's PAG gave the perspective of a patient, "lost in radiology." Radiologists need to be aware of patient's needs and concerns, their next of kin's worries and how patients arrive at the radiology department, whether it's via the GP, a specialist, in-hospital transfer, or unconscious from the emergency department. Mostly the patient is not technically the customer, it's the referring physician who makes the prescription for the imaging, and awaits the radiology report. However, departments can take simple steps to make their care truly patient-centred care, he suggested. For informed consent, verify if the patient was informed about the procedure and was able to ask questions about it. If the answer is no, ask if the patient or family member needs more information or would like to speak to a doctor. Radiology department should have general information available in print or digitally, with specific information available for procedures. He noted there is often a queue, so there is time for the patients or family to consult a doctor. Think about the patient arriving for their imaging procedure. Present your department at the entrance,

have pictures of the team, inform patients about what services the department offers and make sure that specialist nurses and doctors have different uniforms and name tags. Briers noted that any bakery in Belgium has to display safety information from the federal food standards agency. Radiology departments should display their radiation safety information so patients can see it. There will be a small minority of patients who have questions, so make sure the department can handle questions on all levels, including having a radiologist on call to answer these. When a patient arrives, be friendly, accept the referral and ask if they have any questions. Find out about the patients' experiences, e.g. are there enough toilets, can they get around with a wheelchair, are waiting times acceptable, is the department a good environment for next of kin?

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