Commentary

Ethical Issues Facing Nuclear Medicine Technologists

Nuclear medicine technologists, like all health care professionals, are faced with pressing ethical dilemmas posed by modern medicine. Issues that until recently were thought to be involved only in the relationship between the physician and patient have now been recognized as an important concern for all health professionals. Many of these issues have come into focus with the moral and legal recognition that the competent patient and not the health care professional is, or rather should be, the primary decision maker in choosing a treatment from the range of options recommended by the health care team.

This position is supported by two strong ethical principles—autonomy and beneficence. The principle of autonomy directs that a competent person has the right to decide what happens to his or her own body. This right is due them simply because they are competent individuals and applies regardless of whether good or bad consequences will result from their decisions.

The second ethical principle, the beneficence principle, insists that good consequences should be sought and harm to the patient should be avoided. Clearly, this principle is often invoked by health care professionals to deny the patient's choices on the grounds that his/her choices are not truly in the patient's own best interests and will result in harm to the patient. The beneficence principle, in fact, often does support this view. However, this use of the beneficence principle must override the strong presumption that accompanies this principle. Namely, health care professionals both legally and ethically must presume in most medical situations that competent individuals know better than anyone else what actions will result in the best consequences for them. This makes good common sense because it is the individual who is directly affected by the consequences and is, thus, generally the one who is most keenly aware of the import of these consequences.

This recognition of the patient's role in decision making has increased the moral and legal significance of the issues of (a) *Medical Confidentiality,* (b) *Informed Consent,* and (c) *Truth Telling.* The nuclear medicine technologist not only has to contend with the general moral problems posed by these issues, but he/she also is faced by the compounding factor of being but one part of the health care team. Moreover, the technologist is often left out of the decision-making process concerning these problems, and, in fact, often is not even informed that these sorts of decisions have been made.

This fact of life does not, as one might hope, absolve the nuclear medicine technologist from responsibility on these matters. On the contrary, this current situation should be a powerful incentive for the discipline of nuclear medicine technology to insist that the rest of the health care team recognize that these moral and legal dilemmas often impact upon their profession. Thus, the technologist needs to clearly understand how these ethical issues are to be handled by the health care team. The technologist must also have the appropriate incentives and opportunities to raise aspects that directly arise from these issues to the health care team.

In order to more clearly see why the nuclear medicine technologist needs these aspects built into their position as a health care professional, let us examine three cases which bring up the ethical issues previously mentioned and may involve the nuclear medicine technologist.

Case I

A colleague of yours drops by to chat, largely because she has heard that you have been helping in the therapy of one of her friends. She asks how her friend is doing and then requests access to the patient records of the friend, to check on him. Your colleague is not involved in any way with the care of this patient. You do not know for sure, but you believe that the friend/patient or his attending physician has not given permission for this disclosure.

Should these records be withheld from your colleague? Would allowing your colleague access to the records violate your ethical and legal duty to keep those records confidential? Who should be responsible for granting access to these records?

Case II

A patient is brought to your department for treatment. An informed consent document has been signed by the patient and physician. The patient appears anxious about the treatment. Upon talking to the patient, he readily admits that he really does not understand the purpose or nature of the treatment procedure you are preparing to administer and to which he has supposedly given consent.

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Do you explain the procedure to the patient and ask for his consent? Do you contact the physician who supposedly asked for and received consent? Should you refuse to administer treatment until the patient has again talked to the physician?

Case III

Just before treatment, a patient confides in you concerning anxiety about his illness. You know from his physician that the patient is in a very serious condition. He will not recover and probably has only a short time to live. The patient says that his physician avoids his questions. The patient also says that he is afraid to insist. The patient directly asks you if it is likely that he will soon die.

Should you inform the patient of his true condition? Should you report this matter to the patient's physician?

These cases illustrate three areas of ethical difficulty—medical confidentiality, informed consent, and truth telling—that the nuclear medical technologist may encounter. Two relevant questions may be asked about these sorts of problems. How should the individual nuclear medicine technologist grapple with the hard decisions called for by these cases? How should the nuclear medicine profession view the issues illustrated by these cases?

The first case in question illustrates a situation where the technologist must decide if revealing patient information or allowing access to patient's records violates the rule of medical confidentiality. To reach a decision, one must examine the purpose of the rule of medical confidentiality, which limits access to those medical personnel who have direct professional interests in the patient's case. This protects the patient from having intensely personal information revealed to those individuals not responsible for the patient's treatment and to those that the patient has not given expressed consent to see those records. The nuclear medicine technologist's "Code of Ethics" reinforces this reasoning, stating, "Principle 2—The nuclear medicine technologists should hold in strict confidence all privileged information concerning the patient" (*1*).

In Case I, it is clear that the technologist has an obligation to protect the patient's confidential records. This friend wishing to see the records is not acting in a professional context. Any person not directly involved in the patient's health care should be denied access without the expressed permission of the patient (*2*). Even discussing a patient's medical condition with family members, much less friends, without prior permission from the patient is far from being ethically and legally clear (*2*).

Obviously, this position, which is clearly justified from an ethical standpoint, goes against what may be commonly known and practiced as professional courtesy, or more precisely "professional gossip." However, it should also be recognized that most abuses of medical confidentiality take place in the medical setting precisely because so many health professionals and non-professionals in the medical setting have just this sort of informal and unnecessary access to medical records. Not only is it morally unacceptable for the technologist to break the confidentiality of the patient's medical records, but court cases indicate that the technologist may be legally responsible for any unauthorized disclosure of information controlled by the technologist (*3*). The technologist should refer the friend to the patient's attending physician and probably should contact that attending physician so that he may consult with the patient. In addition, the technologist probably should express concern over the possibility of inappropriate disclosure of information.

Case II highlights some crucial aspects of informed consent. Although an informed consent document has been signed by the patient and physician, it is clear in this case, that informed consent has not in fact been given by the patient. The patient has either not received adequate information about the procedure, has not understood that information, or the consent that was given was not voluntary. Satisfactory moral and legal consent cannot be obtained if these necessary steps are not followed (*4*). It should be noted that a signed consent form should be only an indicator that informed consent has been received. It offers no moral or legal guarantee that informed consent has in fact occurred.

The technologist when faced with this sort of case should not ignore the situation and simply proceed with the treatment procedure. If the patient's concerns can be simply met, for example, by explaining what a piece of equipment does, then the procedure may proceed if it is felt that the patient understands the procedure and legitimately consents. If the patient evidences a more serious lack of knowledge, understanding, or voluntariness, then the physician or member of the health care team who originally asked for consent must be contacted. Moreover, the consent procedure must be successfully repeated before any treatment begins. It is clear from the nuclear medicine technologist's "Code of Ethics" that the patient's right to informed consent must be protected. Principle 1 states, "The nuclear medicine technologist should provide service with compassion and respect the rights of the patient" (*1*).

The third case illustrates how the technologist may be put into a difficult position when a patient asks for information that the physician apparently does not deem necessary for the patient to know. This conflict, if in fact it does exist, still does not give the technologist the right to lie or deceive the patient about his condition. Principle 6 of the nuclear medicine technologists' "Code of Ethics" states "The nuclear medicine technologist should not engage in fraud or deception" (*1*). However, the technologist is not in a clear position to reveal the true nature of the patient's condition. It appears that the most ethically prudent response is to say that if the patient has questions then he/she must confer with the head of his/her health care team about the nature of their diagnosis, prognosis, and the choice of treatment. In addition, the technologist probably should inform the head of the health care team (if not directly, then through appropriate channels) that the patient has questions that apparently have not been satisfactorily answered. This may be a real service since in many cases both the patient and the physician may not realize that there is a communication and understanding deficiency. If this discussion with appropriate members of the health care team does not remedy the situation, the technologist must pursue this matter to ensure that the patient is satisfactorily informed or that adequate justification

exists for withholding the information from the patient. This may require direct discussion with the patient's attending physician or, in extreme circumstances, discussion with an ethics committee or patient advocate.

It should always be remembered that the relationship between physicians, nurses, and other health care professionals such as nuclear medicine technologists is based on mutual ethical concern for the patient (*5*). With this goal in mind, informed consent must be asked for from all patients, unless they come under one of the exceptions to informed consent (*6*).

To answer the second question which I posed concerning the role of the profession, it is important to note that many of these potential problems may be solved with effective communication on these matters with other members of the health care team. This must occur in both directions, from the physician to the technologist and from the technologist to the physician. The content of this communication must expand beyond the traditional exchange of technical information if the needs of the patient are to be satisfactorily met. The lines of communication must include a channel open to the moral aspects of a particular case as well as the channel that transmits only technical data. Organizations of nuclear medicine technologists must ensure that its members understand these "nontechnical" aspects of their position and encourage and support its members in fulfilling their obligations to patients.

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REFERENCES

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