

Chapter 1 : Medical Law | Radiology Key

If the address matches an existing account you will receive an email with instructions to reset your password.

This section explains your rights and some of our responsibilities to help you. Get an electronic or paper copy of your medical record You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Ask us to correct your medical record You can ask us to correct health information about you that you think is incorrect or incomplete. Request confidential communications You can ask us to contact you in a specific way for example, home or office phone or to send mail to a different address. Ask us to limit what we use or share You can ask us not to use or share certain health information for treatment, payment, or our operations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures such as any you asked us to make. Choose someone to act for you If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. File a complaint if you feel your rights are violated You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U. We will not retaliate against you for filing a complaint. Your Choices For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care Share information in a disaster relief situation Include your information in a hospital directory If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases Radiology and Imaging Specialists never share your information unless you give us written permission: Marketing purposes Most sharing of psychotherapy notes In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again. How does Radiology and Imaging Specialists typically use or share your health information? We typically use or share your health information in the following ways. Treat you We can use your health information and share it with other professionals who are treating you. A doctor treating you for an injury asks another doctor about your overall health condition. Run our organization We can use and share your health information to run our practice, improve your care, and contact you when necessary. We use health information about you to manage your treatment and services. Bill for your services We can use and share your health information to bill and get payment from health plans or other entities. We give information about you to your health insurance plan so it will pay for your services. How else can Radiology and Imaging Specialists use or share your health information? We are allowed or required to share your information in other ways “ usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: Help with public health and safety issues We can share health information about you for certain situations such as: Respond to organ and tissue donation requests We can share health information about you with organ procurement organizations. Work with a medical examiner or funeral director We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Radiology and Imaging Specialists Responsibilities We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as

described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. Changes to the Terms of this Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request on our web site.

Chapter 2 : HIPAA - Radiology and Imaging Specialists

Practically every radiologist would benefit from an all-encompassing guide to malpractice issues in radiology. Dr. Ronald Eisenberg, a highly respected author in the field, has put together a comprehensive reference to provide radiologists with an introduction to malpractice issues and a basic understanding of their relationships with government regulatory agencies and HMOs.

Tuesday, January 17th, Diagnostic Imaging – Medicare Requirements Radiology Test Coverage We often get questions regarding the conditions of coverage for non-hospital radiology group coverage of diagnostic radiology services. Most questions involve the level of supervision that is required under Medicare rules and the requirements that a treating physician order the applicable test. Oftentimes, these questions are tied to issues relative to the Stark Law exception for diagnostic radiology services that are performed following a consultation request from another health care provider. There are three core requirements for a radiology test to be covered under Medicare. The test must be properly ordered by a treating physician with limited exceptions, the test must be performed by an authorized supplier, and the test must be performed under the proper level of physician supervision. This article will briefly cover all three of the prerequisites to coverage of diagnostic radiology tests. The requirements described in this article applies to outpatient tests. Tests ordered in the hospital context are subject to slightly different rules and is beyond the scope of this article.

Who may order diagnostic radiology tests? The Medicare reimbursement rules have strict standards for determining who is authorized to order a diagnostic radiology test. Generally, in a non-hospital setting, a diagnostic radiology test must be ordered by the treating physician. Generally, the Radiologist performing the test is not permitted to order a diagnostic radiology test. There are certain exceptions to the treating physician rule which were described in Medicare Transmittal 80. Transmittal 80 describes limited circumstances where a radiologist is permitted to order a diagnostic test and still receive payment for the technical component under Medicare rules. A radiologist is authorized to order a diagnostic mammography test based upon the results of an initial screening examination. In order to rely on this exception, the fact that the treating physician was not available and that additional tests were medically necessary should be well documented in the chart. Where medically appropriate, the interpreting radiologist is also permitted to make determinations regarding the parameters of the diagnostic test contained in the initial order from the treating physician. In cases where there is a clear and obvious error in the initial order, the interpreting physician may make appropriate modifications. Except for the limited circumstances described above and included in Transmittal 8, the radiologist must always rely upon the order that is made by the treating physician and may not independently order diagnostic radiology test. The second major requirement for the coverage radiology services in a non-hospital setting is that only a qualified provider of the services may be reimbursed. Qualified providers include physicians, group practices of physicians, approved portable x-ray suppliers, independent diagnostic test testing facilities, nurse practitioners or clinical nurse specialist as authorized under state law, FDA certified mammography facilities, clinical psychologists for certain types tests, qualified audiologists, pathology slide preparation facilities, clinical laboratories for certain tests, and radiation therapy centers.

Level of Physician Supervision For Diagnostic Imaging Tests The last of the major requirements for coverage of radiology services is the level of physician supervision that is required given the specific test being performed. Radiology services must be provided under at least a general level physician supervision. Additionally, certain tests must be provided under direct or personal supervision, which require higher levels of physician presence and involvement. Failure to provide the appropriate level of physician supervision and to document the supervision in the chart will result in loss of coverage under Medicare and Medicaid. Any claims submitted in spite of not meeting the supervision requirements will be considered to be not reasonable or necessary by CMS. There are a few exception from the physician supervision requirements for certain limited types of tests. It must be kept in mind however that these exceptions are Medicare only exceptions and there may be other federal or state laws that apply to require physician supervision. Tests that are excepted from physician supervision requirements include diagnostic mammography procedures, diagnostic tests performed by a qualified audiologist and

certain psychological tests. You must determine whether general, direct or personal supervision is required in order to bill the applicable diagnostic radiology procedure. Failure to meet the appropriate supervision requirement will lead to loss of reimbursement. This can also be an area of potential civil money penalty exposure if billings are made in spite of there not having been appropriate supervision. Thus, the supervision requirement is a significant compliance issue for medical practices who must establish and maintain appropriate policies and procedures regarding supervision of various levels of radiology diagnostic test. Each level of supervision has very specific requirements that must be met. For this reason it is important to know which level of supervision is required for the specific test being performed. General supervision requires that the procedure be furnished under the physicians overall direction in control. Physician presence is not necessarily required during the performance of procedures that require general supervision. Under general supervision the physician is responsible for general supervision and training of support personnel who are actually performing the test services. The physician is also responsible for maintaining the necessary equipment and supplies for the safe operation of the diagnostic test. Direct supervision in the office setting requires that the physician be present in the office suite and immediately available to furnish assistance. Physical presence in the office suite must be maintained throughout the entire performance of the procedure. The highest level of physician supervision is personal supervision. Personal supervision requires a physician to actually be present in the room during the performance of the procedure. Personal supervision generally involves diagnostic tests with invasive or otherwise dangerous aspects. One significant example of a test that requires personal supervision are contrast studies. It is important to know what level of supervision is required for the test that is being performed. The level of supervision that is required for each test is included in the Physician Relative Value Fee Schedule. The CMS web site includes a spreadsheet that designates the level of supervision that is required for a variety of services including diagnostic imaging services. Physician practices and compliance officers should be certain that their policies are in line with CMS requirements for coverage of diagnostic radiology test. Radiology groups must be certain that the tests that they are charged with performing meet each of the requirements stated above. Radiology groups need to be certain that the test is ordered by the treating physician unless inapplicable exception is present, and that the appropriate level of physician supervision is met for the type of test that is being performed. For more information regarding the requirements for radiology services and other legal issues that affect radiology practices and providers, please contact John Fisher at the Ruder Ware Health Care Industry Practice Group.

Chapter 3 : Radiology and the law in South Africa.

Home Radiology Vol. , No. 2 Radiology and the law, with an emphasis on interventional radiology. Next Radiology and the law, with an emphasis on interventional radiology.

John Kasprak, Senior Attorney You asked for information on state law addressing the training of technicians who use radiology equipment. You also want to know if there are accreditation standards for radiology equipment. The Department of Public Health DPH licenses individuals based on successful completion of 1 a recognized course of study in radiologic technology and 2 an examination in radiography or radiation therapy technology. One approach is to carve out a radiologic assistant category within the existing radiographer licensing law; the other is to create a separate license for them, but only if DPH has the funding available. The state Department of Environmental Protection DEP is responsible for a registration and inspection program of medical x-ray machines to ensure their safety. The federal government recently selected the American College of Radiology ACR as a designated accrediting organization for medical imaging facilities. The ACR will be able to satisfy all accreditation requirements for providers of advanced medical imaging mandated by a federal law concerning Medicare. There are some exceptions to this, including one addressing nuclear medical technologist see below. An applicant for licensure must successfully complete: The licensure applicant must have 1 official verification of the course of study in radiologic technology, forwarded directly to DPH from the institution where study was completed and 2 an official verification form, sent directly from ARRT to DPH, of completion of the required exam. Also, if applicable, the licensure applicant must provide verification of any licenses or certificates ever held in other jurisdictions. This law took effect October 1, for the new radiologist assistant category and takes effect July 1, for licensure. New Radiologist Assistant Category. The act enables a licensed radiologic technologist someone who operates x-ray equipment, also known as a radiographer to perform more advanced radiologic procedures as a radiologist assistant. In addition to the existing licensing requirements, to be a radiologist assistant a radiologic technologist must: A radiologist may concurrently supervise no more than two full-time radiologist assistants, or their part-time equivalent. A radiologist assistant who meets the above criteria may perform radiologic procedures delegated by and under the direct supervision of a supervising radiologist if: The act specifies certain procedures that must be performed while the supervising radiologist is in the same room with the assistant i. In addition, the act permits a supervising radiologist to determine other procedures that are appropriate to be performed under personal supervision. The act prohibits an assistant from 1 interpreting images, 2 diagnosing, 3 prescribing medication or therapy, or 4 administering anesthesia. The act specifies that it does not apply to students in a radiologist assistant program recognized by the ARRT who are performing activities and services that are part of the course of study. New License for Radiologist Assistants. Beginning July 1, , the act creates a new license category for radiologist assistants, but only if DPH has appropriations available to implement it. The act prohibits anyone who is subject to pending disciplinary action or an unresolved complaint in Connecticut or elsewhere from obtaining a license. The act permits DPH to take disciplinary action against, and impose the same penalties on, a radiologist assistant for the same reasons it can against most health professionals. State Inspection In Connecticut, there are approximately 3, facilities that use x-ray tubes in medical diagnostic and radiation therapy devices, according to DPH. DEP conducts a registration and inspection program of medical x-ray machines to ensure that: The legislation requires that 1 accreditation programs ensure that physicians and staff maintain the proper level of training and education, 2 facilities use imaging equipment that adheres to strict standards of performance and operates under proper safety guidelines, and 3 all imaging providers establish and maintain a quality assurance program. ACR accreditation assesses the overall quality of a practice, including personnel, equipment, quality assurance activities, and ultimately the quality of patient care. For more information, see [http:](http://)

Chapter 4 : Radiology and the law | The Medical Journal of Australia

Ethics and law Emeritus Professor W S C (Bill) Hare had a long and distinguished career in clinical radiology, including a term as President of the Royal Australian and New Zealand College of Radiologists and Chair of Radiology at the University of Melbourne and the Royal Melbourne Hospital.

Indian J Radiol Imaging. No civilization would ever have been possible without a framework of stability, to provide the wherein for the flux of change. Foremost among the stabilizing factors, more enduring than customs, manners, and traditions, are the legal systems that regulate our life in the world and our daily affairs with each other. Man is a social animal. Ever since the Old Stone Age, humans have formed communes to live in groups so that they could be safe from the elements inimical to their safety. As man evolved, so did the rules that governed society. The guiding principle of the Manu Smriti was that people in a civilized society must follow a set of rules and regulations that serve the best interests of its members. This basic doctrine was also the spirit behind the ancient pious thought of bahujana hitaya, bahujana sukhaya. The objective of such essays was simply to guard against anarchy and lawlessness in human society and to make life more organized and orderly. In modern times, with the progress made on various fronts, it has become necessary to formulate laws, rules, and regulations so that all sections of society can live in peace and harmony and take full advantage of the developments in the scientific field. Over the eons, small groups of people have evolved into larger clusters, which have further organized themselves into nation states with well-defined boundaries. The constitution defines the rights and duties of the citizens and the executive. Every citizen of the nation state is expected to express and owe allegiance to the constitution and to follow the rules set out therein. The radiologist is also a citizen and therefore bound by the constitution of the country. To safeguard the interests of the people at large, the government has framed rules and regulations for doctors of all disciplines. These include mandatory registration of medical professionals with the Medical Council of India MCI or with the medical councils of their respective states before practicing in any discipline of medicine. Doctors registered with the MCI have to follow the rules, regulations, and ethical guidelines set out by the council. The doctor - patient relationship requires confidentiality and trust. The doctor has to maintain records of medicolegal cases and assist the judiciary and police in carrying out mandatory legal procedures and provisions. This exposes medical doctors to the risk of litigation and compensation claims. Sometimes cases are filed for frivolous reasons: At other times, within the medical profession, professional rivalry may cause one doctor to instigate litigation against another. This violates the basic tenets of medical practice and no doubt makes Hippocrates turn in his grave in the island of Cos. Further, it is suggested: Records should be very clear and must be regularly updated. Along with the history of the current illness, details of past illnesses, addictions, treatment received, and occupational history should be recorded even if the answers are in the negative. Any fact not taken on record cannot be proved in the court of law unless it is in the written format. When the final impression is recorded, it would be prudent to mention that the opinion given is subject to review in the light of any new clinical information. Written and informed consent is mandatory. The patient should always be offered a choice of all available, better and safer alternatives, howsoever expensive they may be. The radiologist should avoid jumping the gun. For example, a radiologist conducting an ultrasound examination on a patient should not be in a rush to comment on every finding seen on the monitor and immediately pronounce a diagnosis, nor should he make any remark against another radiologist or clinician. If there are any differences of opinion on the findings or diagnosis, they should be communicated in the proper way and at the appropriate time. Male radiologists examining a female patient should ensure that there is a chaperone or a female attendant or a close relative present throughout the procedure as a precaution against any subsequent charges of misbehavior or even rape. One must always remember the Hippocratic Oath while interacting with patients. The ideals enshrined in the oath should be the guiding principle for all the doctors. At no time should these be forgotten or disregarded. In the unfortunate event of being dragged to a court of law, one should not panic or lose confidence. The facts and findings of the case should be studied in detail and the defense should be prepared accordingly. Since the judges are not trained in medicine it is often difficult for them to

understand the intricacies in the field, especially so in the specialized field of radiological diagnostic imaging. Following such a referral, the medical council is expected to appoint an investigating committee of renowned and senior doctors who are experts in the particular discipline to which the case pertains. The opinion of the committee is sought and disciplinary action is then taken by the medical council based on the merits of the case. The opinion of the medical council is also respected by the courts. However, if the action of the medical council is contested in the court by the complainant, the defendant should always demand the opinion of experts from higher institutes of learning. The defendant can demand this, as the opinion of a junior person with less experience than the defendant, is not tenable in the eyes of the law. There should be interdepartmental meetings or interactions in the best interests of the patients, and professional egos should be kept in check. To avoid the inconvenience of facing the law, one must take care to always be on its right side. Radiologists must establish rapport with the patients and their attendants and strive to always maintain good relations with them as well as with fellow radiologists and clinicians. There is an ever-increasing reliance on radiological investigations by the clinicians. Hence, the role of the radiologist is assuming greater importance with each passing day. The personnel working in these areas should be well versed with preventive precautions and know how to institute resuscitative measures in the eventuality of any mishap or allergic reaction. There is no room for any laxity and no substitute for sincerity in any field, and this is especially true in the field of medicine, as we are dealing with precious human life. These suggestions must not only be put into practice but should also be allowed to percolate down to the next generation of budding radiologists. Footnotes Source of Support: Nil Conflict of Interest:

Chapter 5 : Malpractice in Radiology: What Should You Worry About?

Clinical Radiology () 40, The Knox Lecture: Radiology and the Law J. O. M. C. CRAIG Department of Diagnostic Radiology, St Mary's Hospital, Praed Street, London W2 This lecture is given in memory of one of our radiological pioneers--Robert Knox.

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Abstract Over recent years the professional role of the radiologist has been evolved due to the increasing involvement in the clinical management of the patient. Radiologists have thus been increasingly charged by new duties and liabilities, exposing them to higher risks of legal claims made against them. Malpractice lawsuits in radiology are commonly related to inappropriate medical care or to the poor physician-patient relationship. In the present paper, we provide overview of the basic principles of the medical malpractice law and the main legal issues and causes of legal actions against diagnostic and interventional radiologists. We also address some issues to help radiologists to reduce risks and consequences of malpractice lawsuits. These include 1 following the standard of care to the best of their ability, 2 cautious use of off-label devices, 3 better communication skills among healthcare workers and with the patient, and 4 ensuring being covered by adequate malpractice insurance. Lastly, we described definitions of some medicolegal terms and concepts that are thought to be useful for radiologists to know.

Introduction Over the last years radiologists have become substantial part of the clinical-therapeutic management of patients. This implies new liabilities and duties related to interventional procedures which are now added to already existing professional liability from diagnostic exams. Nevertheless many errors in clinical practice may harm the patients leading to medical malpractice lawsuits [1]. A lot of the problems of medical malpractice generally are related to two issues: Both knowledge of state law and appropriateness criteria may help the physician to prevent complications and thereby any legal issues with patients. In the first part of our review we overviewed the current laws and rules concerning the medical malpractice among different countries. Moreover we reported frequency and burden of causes of malpractice among radiologists and the related legal sequelae. Finally four pieces of advice to reduce the risk to incurring a malpractice complaint are outlined:

Overview of Malpractice in Radiology The malpractice phenomenon in radiology is differently represented worldwide. A recent US nationwide research on malpractice suits [2] showed that the most common cause of medical malpractice suits against radiologists was error in diagnosis mainly failure to diagnosis instead of delay ; the category next in frequency was procedural complications, followed by inadequate communication with either patient or referring physician. The most common complication in radiologic exams is the vascular injury during angiography and other interventional procedures accounting for 1. Conclusion of this study showed that errors of diagnosis Imaging findings related to the breast 4. Errors of communication with either referring physicians 0. Failure to recommend additional imaging studies 0. In Italy and other European countries there has been reported a frequency of 44 per cases to be sued with a yearly incidence ranging between 3. Fileni and Magnavita [3] analyzed the insurance claims of Italian radiologists from to In this analysis the main cause of lawsuit was the misdiagnosis of fracture, cancer, or others accounting for Errors in radiological techniques and procedures contrast, enema, and intervention awarded the second place accounting for The most common organ and site of diagnostic errors was the skeletal system Regarding interventional radiology, Magnavita et al. Leading causes of malpractice claims in interventional procedures were vascular injuries In England a retrospective research from to similarly showed that the largest number of claims concerned delayed or missed diagnoses of cancer, and 73 of these were related to breast radiology [5]. The second most common cause to be sued is missing diagnosis in skeletal radiology amounting to claims. Considering both US and European studies accounting cases of malpractice in radiology, an increasing trend of risk to be sued is notable. Both in US, and in European countries the major risk to be sued for radiologists seems to be related to error in diagnosis particularly in breast and skeletal radiology. Procedural complications related to interventional procedures represent the second most frequent cause of claim made. Many rules and laws across different countries have a

substantial influence on the practice of radiology and interventional radiology. For example in the USA, medical malpractice is generally under the authority of the states, not under the federal government. English common law refers to the legal system of England and Wales and forms the basis of jurisprudence in the United States and in many other Commonwealth countries [5]. Hence jury trials are less common in UK, but the legal handling of malpractice claims is otherwise similar to the United States. Crimes for negligent personal injury are suitable for prosecution by the patient [8]. In terms of establishing liability, the German courts adopt a stricter approach. Sweden, Finland, Denmark, and Norway also operate out-of-court, no-fault systems for medical malpractice, designed to compensate patients for negligence they suffer from avoidable risk and complications related to medical care [9]. The systems also compensate patients for injury caused by defective equipment, the misuse of equipment, incorrect diagnoses, and infection contracted during treatment. Medical negligence is a breach of duty or a failure to comply with certain standards [1]. In general negligence can be justified when all of the following issues exist: The recent increase of malpractice suits is partially attributed to the surge of people seeking medical assistance, combined with the lack of sleep experienced by many hospital professionals [9]. The concept is that physicians or other providers owe a duty to their patients to use reasonable care and diligence in their treatment. The definition of the standard of care may vary from jurisdiction to jurisdiction. If he did so, the plaintiff still must prove that the substandard care caused their injury. In addition to the standard of care, the choice of expert witnesses is crucial and will often determine the outcome of the lawsuit. Last but not least problem with a lawsuit is the amount of spent resources in terms of time and money. However the main issue of a malpractice lawsuit seems to be highlighted in by Berlin who raised the following question: Nevertheless due to its variability and often less clarity the tort reform issue is highly debated in USA, so that a second tort reform seems required. Caldwell and Seamone [14] addressed this issue claiming that the judges should focus on issues such as proof of competence evidence that the radiologist has the right competencies in his daily practice , habits of practice the radiologist showed safe practicing habits , and use of proper techniques the radiologist respected the standard of care. On our advice lawyers and experts attending the process should leverage on those values which can give the answer if there has been malpractice or not. How to Protect from a Malpractice Litigation? Recently similar feelings seem to gain ground also in Italy and other European countries [18]. In particular psychological reactions of malpractice syndrome are most frequently anxiety But also feelings of helplessness

The answer may be summarized in 4 points: Standard of Care Several radiological associations have disposed practice and quality improvement guidelines for any kind of imaging exam or interventional procedure. Although the specific protocols of the standard practice are generally unknown by lawyers and judges, since the state of New York appeals court dealing with the general definition of the standard of care: He is not liable for a mere error in judgment, provided he does what he thinks is best after a careful examination. However experts, choice is fundamental to give correct advices to the court, thus explaining the specific issues of the standard of care in that specific case. Otherwise the court often reserves to itself the power to evaluate expert opinion in order to ensure that it is logical and defensible. In USA especially, patients tend to consider the standard of care as standard of perfection, that neither exists in medicine nor should be claimed by the radiologist or interventional radiologist before the radiologic exam. In the interventional radiology field, defining standardized protocols of imaging exams and procedures is particularly needed. Apart from the specific issues regarding interventions, a correct and fluid workflow is necessary due to the well-known risk of error during the planning, execution of the procedure, and especially after the procedure when often a close management of the patient is paramount. Developing a patient safety plan they aim to reduce the errors related to the workflow and management of the patient. The ultimate decision regarding the appropriateness of any specific radiologic examination or treatment must be made by the referring physician and radiologist in light of all the circumstances presented in an individual examination. The radiologist should be retrained at regular intervals and continuously update his knowledge by getting training in new technologies. When the physician considers that he does not hold an adequate expertise, it is recommended not to perform a diagnostic or interventional procedure and to seek for help or refer the patient to another colleague. Off-Label Use of Devices In any hospital anywhere in the world many devices and drugs are daily used off-label [30 , 31].

Interventional radiologists have invented and remodeled many new devices and technologies over the past years. Otherwise, if there is some trouble and the patient comes to harm, the subsequent legal action will be complicated by the off-label use itself. Herein only the expert witness can clarify whether the off-label use of a device was justifiable or not. But what is the position of the main international societies of interventional radiology? In SIR has stated its position as follows: Nevertheless FDA has no authority to regulate the clinical practice of the physicians. Therefore the physicians are allowed to use FDA-approved or cleared products in any way they think adequate in the care of specific cases. On the contrary a physician is not allowed to engage in activities that would amount to marketing the off-label use. Such matter is addressed by the same FDA and several courts which have repeatedly recognized the propriety of the off-label use [31]. There is no malpractice if an off-label device has been used to fit a specific situation, whereas large scale off-label use or experimental use of devices without CE marking may be considered malpractice unless there is ethical committee approval and the patient has been thoroughly informed [34]. This law should be potentially extended to the whole European Union. This Is Called Noncommunication However it may often happen, looking at a radiologic report or an exam request sheet from a referring physician, to read incomprehensible words, sentences, or abbreviations. Or is it ever happen that the patient is not satisfied how you explained the result of your radiologic exam or interventional procedure? In a recent literature review of claims by Whang et al. They found a discrete frequency of lawsuits in case of failure of communication in different cases: Less frequent was failure to recommend further exams 0. But what kind of communication to patients might get in trouble a radiologist? Informed consent actually represents a contract of duty of care between the patient and the radiologist. In International Convention on Human Rights and Biomedicine [37] in Chapter II from article 5 to 9 expressed the following rules regarding the informed consent. An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time. Important articles regarding patients who cannot give their consent are the following. Where, according to law, a minor does not have the capacity to consent to an intervention, the intervention may only be carried out with the authorization of his or her representative or an authority or a person or body provided for by law. Where, according to law, an adult does not have the capacity to consent to an intervention because of a mental disability, a disease or for similar reasons, the intervention may only be carried out with the authorization of his or her representative or an authority or a person or body provided for by law.

Chapter 6 : Radiology And Imaging | Health Law Blog

Because it is a broad, easy to reference introduction to many legal issues surrounding the practice of radiology, this book fulfills the needs of the radiologist. The author is a well known diagnostic radiologist, but is less prominent in the legal arena.

Chapter 7 : RADIOLOGY PERSONNEL AND EQUIPMENT

Practically every radiologist would benefit from an all-encompassing guide to malpractice issues in radiology. Dr. Ronald Eisenberg, a highly respected author in the field, has put together a comprehe.