

Complications and Legal Implications of Radiologic Special Procedures

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COMPLICATIONS AND LEGAL IMPLICATIONS OF RADIOLOGIC SPECIAL PROCEDURES edited by THOMAS F. MANEY, ANTHONY F. LALLI, and RALPH J. ALFIDI. Saint Louis: C. V. Mosby. Chapter references; figures forms; index; tables. 1973. Pp x + 207. \$23.00 cloth.

*Richard A. Cooper**

This compendium of complications of radiologic special procedures is directed toward attorneys as well as radiologists. Part I of the book encompasses two-thirds of the total pages and constitutes a brief but excellent medical review of the subject. Radiologic special procedures are infrequently performed and likely to involve bodily invasion. The most common types of procedures, such as percutaneous femoral and axillary angiography, neuroangiography, and others are discussed. Reactions to contrast media and even electrical microshock hazards, rarely mentioned in the radiologic literature, are described. Also included is a statistical analysis of complications based on a large series of procedures. This analysis enables the radiologist to predict complication rates in future proceedings. A reason for almost every complication, whether established or theoretical, is given. Specific technical suggestions dealing with the reduction of the incidence of radiologic complications are discussed.

The authors present a reliable evaluation of the field. They recognize that "physicians are not inclined to publish reports on complications for national scrutiny" (p.15). They even state that some complication rates are probably higher than the current literature indicates.

Of particular interest to lawyers is the discussion of relative competence. A major factor in malpractice suits is the physician's delivery of "ordinary care." The discussion and statistics regarding the complication rates for coronary arteriography are of interest. In those institutions where such undertakings are infrequent, the complication rate is dramatically higher when compared to rates at institutions where many such procedures are performed. To which standard is the physician at the less active hospital held—the standard of his institution or to that of the busier institution?

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The authors indicate that the busier hospitals began slowly; thus it could take newer hospitals or departments years to develop a large patient populace. Could a doctor be considered competent one year and negligent two years later because of increased patient volume and its associated expertise?

Of interest, for similar reasons, is the detailed study of 5,000 cases, in which the less experienced physician—the resident in training or the new specialist—exhibited a higher complication rate than that attributable to the veteran physician. This was true for all of the ten specific complications of percutaneous femoral angiography.

Part II of the book consists of two short chapters on the problems of the manufacture of angiographic equipment and the development of contrast media. The chapter dealing with equipment development discusses the cooperative relationship between manufacturers and physicians in developing useful products. It explains that at present, there is no way to perform non-destructive tests on most of the equipment. However, it should be recognized that this chapter was written by the president of a corporation which manufactures radiologic equipment.

The last part of the book is entitled "Legal Implications" and is written by three attorneys, one medical doctor, and one individual who holds both degrees. The discussion is simple and understandable. It focuses on the concepts of "ordinary care" and "informed consent" in malpractice cases and the difficulty of defining those terms. There is a series of recommendations to physicians to obtain informed consents, to keep professional and complete records, to establish good physician-patient rapport, and to cooperate with his or her attorney.

Of great value are two studies of patient responses to consent forms. Both studies indicate that patients want to be well-informed and that such information makes them feel more comfortable with their forthcoming procedure. Of primary significance was the finding that such information caused only one percent of the patients to refuse their examination. This is contrary to the belief that too much information will create patient anxiety which may result in patients acting against their own interests by refusing necessary procedures.

I have only two criticisms. The first is that the medical chapters may not be totally understandable to the legal profession. If the lawyer needs a physician to help interpret the medical chapters, then he or she is merely listening to an expert witness. Second, I wish to express my annoyance at the manner in which Marshall Nurenberg, LL.B., discusses the problem of getting one physician to testify against another. Indeed, this must be

a formidable problem and one of great frustration to attorneys. However, I find his analogy to Charles Manson's motto, "never snitch," unacceptable. Nurenberg asserts: "In a nutshell this motto of the 'garbage people of society' epitomizes the problems of the patient and his attorneys in bringing a malpractice action against physicians" (p. 190). While he later discusses the "conspiracy of silence" in an academic and acceptable manner, this early analogy is hostile and malicious. While this volume is better directed toward radiologists, I feel that the medical-legal specialists may benefit as well.