

Open Letter to the American College of Radiology

April 24, 2012

We are writing this letter on behalf of the Institute for Health Quality and Ethics, a national organization dedicated to ensuring that our system of healthcare is based on high quality, evidence-based medical practices without regard to gender, race, age, socioeconomic status, or religion.

To say that we were disappointed in the ACR's recent re-publication of its testimony at the 2011 FDA advisory board meeting would be a vast understatement. The ACR's position (which we strongly believe does not represent the position of many ACR members) utilizes what some might term as disingenuous and demonstrably false arguments to:

1. Justify the practice of withholding material medical information from patients
2. Deny patients their right to make medical decisions with informed consent

We regard this position as a violation of the ACR's medical ethical responsibilities, as a violation of the federal patient notification amendment of the MQSA, and as an insult to the thousands of dedicated radiologists who treat patients on a daily basis and who conduct important research in this field.

More importantly, however, this statement is an insult to the 50,000 women each year whose lives are forever altered when they are diagnosed with a late-stage cancer that could have easily been discovered at a more treatable stage had they been informed of the limitations of mammography.

To any individual with basic knowledge of medical ethics and familiarity with rudimentary breast cancer screening issues, the arguments submitted as testimony to the FDA and again publicized on your website on April 24, 2012, are what some might characterize as disingenuous to deliberately misleading. A comprehensive response to these statements is available to the public on the InHQE website at:

http://instituteforhealthqualityandethics.com/uploads/120214_IHQE_Response_to_ACR_Statement_2011_FDA_Advisory_Board_Meeting.pdf

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The ACR is the professional medical organization responsible for developing practice guidelines for clinical radiologists. This role is one of the primary reasons for the ACR's existence, and an important basis for its IRS tax exempt status. Ethically, medically, and legally, the ACR is responsible for assessing developments in the field of radiology and ensuring that, when supported by the evidence, these developments are integrated into the practice of radiology. It is the obligation of the ACR to ensure that its patients receive all material medical information in order to make informed medical decisions.

The ACR has taken the inexplicable position that some other body (the FDA, the FDA advisory board, Congress, state legislature?) is responsible for determining what information the ACR provides to its patients. The ACR "recommends that all stakeholders proceed with caution in considering a statutory or legislative mandate to include breast parenchymal density information in the patient summary or to require that patients receive copies of their imaging reports sent to their ordering physician."

It is neither the privilege nor the right of the ACR to withhold material medical information from patients, nor is it the right of the ACR to make decisions on health care for a patient without that patient's consent or knowledge. Discussion of these issues must be held in a public forum so that all stakeholders may participate, most notably patients.

Patient advocates have fought for these legislative mandates for one and only one reason: because the ACR has failed its patients. The ACR wontonly allows 10,000 women to die each year in the face of reliable, longstanding, peer-reviewed evidence that 1) mammograms are not effective for 40% of women, and 2) there are alternative and adjuvant screening methods that make results reasonably reliable for all women who choose to engage in screening.

The ACR has repeatedly withheld this material medical information from millions of women each year without regard to the tremendous cost in terms of human life and suffering. It has endangered the reputation of its members and sacrificed the public trust for what many are now convinced is the financial gain and consistent mammogram revenue streams of some of its members.

We urge those members of the ACR who disagree with the organization's position to vigorously challenge these statements and demand that the organization put its ethical obligations to patients before financial interests.

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Sincerely,

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