



The Gray Zones of Privatized Imaging

Patricia W. Lau & Judy Illes

To cite this article: Patricia W. Lau & Judy Illes (2009) The Gray Zones of Privatized Imaging, The American Journal of Bioethics, 9:4, 21-22, DOI: [10.1080/15265160802716845](https://doi.org/10.1080/15265160802716845)

To link to this article: <http://dx.doi.org/10.1080/15265160802716845>



Published online: 26 Mar 2009.



Submit your article to this journal [↗](#)



Article views: 67



View related articles [↗](#)



Citing articles: 2 View citing articles [↗](#)

Burger, I. M., and Kass, N. E. 2009. Screening in the dark: Ethical considerations of providing screening tests to individuals when evidence is insufficient to support screening populations. *American Journal of Bioethics* 9(4): 3–14.

Doukas, D. J., Fetters, M., Ruffin, M. T., and McCullough, L. B. 1997. Ethical considerations in the provision of controversial screening tests. *Archives of Family Medicine* 6: 486–490.

Merriam-Webster. 2009. *Screening* [definition]. Available at: <http://www.merriam-webster.com> (accessed February 16, 2009).

Pellegrino, E. D., and Thomasma, D. C. 1993. *The Virtues in Clinical Practice*. New York, NY: Oxford University Press.

United States Preventive Service Task Force (USPSTF). 1989. *Guide to Clinical Preventive Services*. Baltimore, MD: Williams and Wilkins.

USPSTF. 1996. Methodology. In *Guide to Clinical Preventive Services*, 2nd ed. Baltimore, MD: Williams and Wilkins, xxxix–lv.

USPSTF. 1993. U.S. Preventive Services Task Force (USPSTF) Subdirectory Page. Available at: <http://www.ahrq.gov/clinic/uspstfix.htm> (accessed February 23, 2009).

The Gray Zones of Privatized Imaging

Patricia W. Lau, National Core for Neuroethics, University of British Columbia

Judy Illes, National Core for Neuroethics, University of British Columbia

Private imaging is an ever-growing industry. As Burger and Kass (2009) describe, one does not have to look far to find signs of this trend in the United States where magnetic resonance imaging (MRI) and computed tomography (CT) scans are available to the private consumer for a variety of uses. Companies offer a wide range of health-related services including diagnostic and screening imaging, and still scientifically questionable nonmedical services such as lie detection (Greely and Illes 2007; Simpson 2008). As Illes and colleagues (2003), Kalish and colleagues (2004) and Racine and Illes (2008) previously reported, self-referred whole body CT screenings, for example, are readily available to the 'healthy wealthy' American consumer who is able to walk in off the street and purchase scans at will.

North of the border, there is also a growing private medical imaging market with services available to paying Canadian consumers across the country. The Canadian Institute for Health Information (Ottawa, Canada) recently published a report (Canadian Institute for Health Information 2008) that showed the increasing number of private MRI, CT, and positron emission tomography (PET) scanners available to the private consumer. However, despite the growing trend, much stricter rules apply to buying a scan in Canada. We (Lau and Illes 2009, unpublished data [manuscript in preparation, "A Spectrum of Ethics Challenges for Privatized Imaging"]) looked at the practices of 85% of these companies that advertise on Internet. We found that 97% (n = 28) require a physician referral for any service provided. Only one company allows patients to self-refer, with self-referral restricted to heart or lung CT screening scans, and only to customers who fit a standard set of criteria for age, health, and previous scan history. By far, the

majority of private imaging clinics provide diagnostic scans only.

Illes and colleagues (2004) published a study on the direct to consumer marketing practices of self-referred imaging clinics in the United States and found their tactics to be lacking in balanced information, with fear-evoking messages in almost half of all advertisements. Although little formal work has been completed on the Canadian landscape, our observations are that scans are not marketed with the same urgency or anxiety-producing methods. Empirical studies are clearly needed to assess the validity of this perception, to whom advertising is directed when it is used, and the nature of the content.

The widespread availability of self-referred screening clinics in the United States and their use of direct to consumer marketing techniques make American consumers vulnerable to the use of examinations with unproven results, benefits or both. In Canada, although most clinics require a physician intermediary, quality control in private clinics is still an issue given a lack of standard guidelines or accreditation and the possibility for financial incentives for referrals. Whether such supplier induced demand exists is not clear, but the concerns are exacerbated in Canada where the public system provides the majority of healthcare.

The limited availability of screening services in Canada could lead to both real and perceived inequities by the public. One natural consequence could be a spike in the ordering of private screening scans. Alternatively, and perhaps more likely, perceptions of social inequity could lead to political pressure on the government to provide such scans through the public system whether or not they are medically indicated—an example of a diffusion of unproven practices

Address correspondence to Judy Illes, National Core for Neuroethics, University of British Columbia, 2211 Wesbrook Mall, Koerner S124, Vancouver, BC, V6T 2B5, Canada. E-mail: jilles@interchange.ubc.ca. Current address for Patricia W. Lau is London School of Hygiene and Tropical Medicine, London, UK.

into mainstream described by Burger and Kass (2009). If the private paying consumer is found with either true positive results, many of which will have unknown significance, or false-positive results, the burden of care will fall to the public healthcare system which is already struggling to keep up with long waiting lists and lack of resources.

There are no simple solutions to the pressures on healthcare systems around the world today and ensuring just access to health care is a vital goal. Clinical and non-clinical legitimacy, quality of services, and conflicts of interest are among the most significant and border-blind ethics challenges for the private sector involved in imaging. In Canada, a hybrid public-private system for medical imaging may be one model for addressing some of the challenges the country faces, but such a system's ultimate long-term value remains unknown. Therefore, even with scaled-back services and access compared to those in the United States, the benefits are still far from black and white. The risks to Canadian people and society must be fully explored and mitigated. ■

REFERENCES

- Burger, I. M., and Kass, N. E. 2009. Screening in the dark: Ethical considerations of providing screening tests to individuals when evidence is insufficient to support screening populations. *American Journal of Bioethics* 9(4): 3–14.
- Canadian Institute for Health Information. 2008. *Medical Imaging in Canada, 2007*. Ottawa, Canada: Canadian Institute for Health Information.
- Greely, H., and Illes, J. 2007. Neuroscience-based lie detection: The urgent need for regulation. *American Journal of Law and Medicine* 33(2–3): 377–431.
- Illes, J., Fan, E., Koenig, B. A., Raffin, T. A., Kann, D., and Atlas, S. W. 2003. Self-referred whole-body CT imaging: Current implications for health care consumers. *Radiology* 228(2): 346–351.
- Illes, J., Kann, D., Karetzky, K., Letourneau, P., and Raffin, T. A. 2004. Advertising, patient decision-making, and self-referral to CT and MR imaging. *Archives of Internal Medicine* 164: 2406–2408.
- Kalish, G. M., Bhargavan, M., Sunshine, J. H., and Forman, H. P. 2004. Self-referred whole-body imaging: Where are we now? *Radiology* 233(2): 353–358.
- Racine, E., and Illes, J. 2008. Neuroethics. In *Cambridge Textbook of Bioethics*, eds. P. A. Singer, and A. M. Viens. Cambridge, UK: Cambridge University Press.
- Simpson, J. R. 2008. Functional MRI lie detection: Too good to be true? *Journal of the American Academy of Psychiatry and the Law* 36(4): 491–498.

Does Direct-to-Consumer Marketing of Medical Technologies Undermine the Physician–Patient Relationship?

Leah Rosenberg, Mount Sinai School of Medicine

Ingrid Burger and Nancy Kass (2009) contend that physicians should generally refuse individual patient requests for unproven medical technologies, specifically diagnostic computed tomography (CT) imaging, as such expressions of autonomy may violate contravening claims of professional beneficence. In addition to these concerns, I hold that self-referral for imaging as a response to direct-to-consumer marketing may establish an adversarial dynamic and thereby damage the physician–patient relationship. While it can be argued that patients have an obligation to advocate for themselves within the healthcare system and openly express their preferences, requests for unproven medical technologies undermine an essential element of the therapeutic encounter: trust. I argue that such requests

based in appeals from direct-to-consumer marketing may have a pernicious effect on the fiduciary relationship that exists between patients and their physicians.

Burger and Kass have written an expansive account of ethical physician responses to screening tests with varying clinical evidence. Their practical approach, interwoven with strong theoretical foundations from Beauchamp and Childress, provides the basis for physicians to adequately reflect on different scenarios and respond appropriately to their patients. The evidence-based recommendations of the United States Preventative Services Task Force (USPSTF) as detailed by Burger and Kass (2009) provide an excellent basis for application of population-level data to the case of the individual patient for clinicians in practice. In this age

Address correspondence to Leah Rosenberg, Mount Sinai School of Medicine, One Gustave L. Levy Place, Annenberg 13-30, New York, NY 10029. E-mail: Leah.Rosenberg@mssm.edu