

# Ethical referrals

**The Royal Australian & New Zealand College of Radiologists has raised concerns on this issue. They have asked that their following comment be circulated within the College. Following their piece, there is comment on this issue from our Surgical Advisors (Aotearoa New Zealand).**

## Radiology College

The pathways of patient care commonly require the work of both a surgeon and a radiologist. Occasionally the relationships between referrer and provider can become blurred.

The Royal Australian and New Zealand College of Radiologists (RANZCR) has spent much of 2021 developing a discussion paper on ethical referrals because there are potential risks to patients and funders when referrals are influenced by conflicts of interest. The purpose of RANZCR's discussion paper and ongoing advocacy is to address full transparency around referrals.

Ethical referral patterns are important for:

- maintaining patient trust in the profession
- the integrity of the medical profession
- funder assurance that resources are being used appropriately
- ensuring patients are not exposed to unnecessary imaging
- compliance with the expectations of the Medical Council and the Health and Disability Commissioner.

Decisions about patient care, including referrals for imaging, will be guided by evidence-based decisions about what is in the best interest of the patient.

The referrer and provider are responsible for the care of their patients and can be held accountable for their actions and decisions. Regulators (HDC, MCNZ) believe in the importance of avoiding conflicts of interest and transparency with patients where a conflict is unavoidable, even if it is only perceived.

The complete paper is available on RANZCR's website. While the official consultation period has passed, RANZCR welcomes feedback and ongoing discussion on this issue. Please email [nzbranch@ranzcr.org.nz](mailto:nzbranch@ranzcr.org.nz)

## RACS comment

We recommend RANZCR's paper on ethical referrals be considered. It is important that referrers - sometimes surgeons in private practice - make sure that patients are aware of any conflicts of interest when referring patients for radiological tests. Some surgeons have financial stakes in private radiology companies and while they may not think this increases their referral for radiology tests consciously; international research has shown that referrals for tests increase when the referrer has an interest in the company providing the tests. We have a duty to protect our patients

and to also inform them of alternative companies that can provide the test needed.

Often care can be enhanced when a patient is able to access care all in one location and there is trust and good communication between a surgeon and radiologist, however all decisions to refer for imaging must be in the patient's best interest.

While this issue has been raised by the College of Radiologists with the MCNZ, the Ministry of Health and our College, the principles would apply to any healthcare facility or service in which the surgeon has a financial stake. The MCNZ pointed out that they have published Standards in this area, against which any complaint would be judged.

RACS code of conduct for surgeons outlines the professional behaviour expected by RACS surgeons and includes the college pledge which starts: *"I pledge to always act in the best interests of my patients, respecting their autonomy and rights."* And includes the following *"I will abide by the Code of Conduct of this College and will never allow considerations of financial reward... compromise my judgement or the care I provide."*

Within the Code itself there are several statements that may be relevant to this issue. These include that

*A surgeon will:*

- ensure that their treatment recommendation does not promote or advance a business arrangement
- promote sustainability in healthcare through judicious use of health resources
- not use resources primarily for their own financial gain
- disclose to patients any interests in matters related to their care, including financial interests in facilities utilised or financial gain from the use of devices

If any Fellow wishes to discuss this with one of us please do make contact via email - [spencer.beasley@surgeons.org](mailto:spencer.beasley@surgeons.org) or [sarah.rennie@surgeons.org](mailto:sarah.rennie@surgeons.org)



**Spencer Beasley & Sarah Rennie  
Surgical Advisors  
(Aotearoa New Zealand)**