Imaging Scenario: Student Comprehensive Evaluation

The Case of Misunderstanding; Scenario # 1

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The imaging scenario I have chosen to evaluate involves a 6-month pregnant woman that is brought into a trauma center after a head on collision, suffering chest pain and extreme anxiety after not feeling her baby move. While awaiting imaging, she overhears alarming phrases from medical staff suggesting severe internal and fetal injuries, causing her to become hysterical. The woman is put into premature labor, resulting in an extended NICU stay for the baby and a prolonged hospitalization for the mother. The incident ultimately leads to a medical malpractice lawsuit alleging **negligence and breach of confidentiality**.

This scenario has several ethical dilemmas woven into it, mainly involving patient confidentiality, professional communication, and the duty to do no harm (nonmaleficence). The biggest issue happened when medical staff openly discussed critical findings, like possible fetal death and internal injuries, within hearing distance of the patient. Not only did this breach confidentiality, but it also caused extreme emotional distress. Their lack of privacy and sensitivity sent the patient into panic, which ultimately led to premature labor and a longer hospital stay for both her and her baby. The radiographer in this situation ends up stuck in the middle, forced to deal with the emotional chaos caused by coworkers' unprofessional behavior, despite not being the one who slipped up. Altogether, these actions show a breakdown in ethical standards, patient care, and interprofessional responsibility.

There are several different ways the department could try to respond to these ethical problems. One option would be for the staff involved to apologize to the patient and get a reminder on proper ethical communication. The issue with that, though, is it doesn't really prevent the same thing from happening again. Another option is putting the staff involved on temporary leave while the situation is investigated. That might protect patients for now, but it

doesn't fix the bigger issues in the workplace. The best and most effective solution would be implementing a corrective plan that includes confidentiality training, strict communication protocols, and designated private areas for staff to discuss sensitive findings. This approach doesn't just patch the situation, but also it builds better habits going forward. For the radiographer caught in this scenario, this solution sets up clear expectations and protects them from being dragged into the fallout of someone else's mistake. This is the best solution because it upholds patient confidentiality, reduces emotional harm, restores professionalism, and reinforces the duty to do no harm. It also strengthens patient trust and sets a consistent ethical standard for the entire department.

Legally, this scenario involves both an unintentional tort and a breach of patient confidentiality. An unintentional tort is defined as "wrongs resulting from actions that were not intended to do harm" (Pg. 84 ¶ 9, *Ethical and Legal Issues for Imaging Professionals,* 2nd Edition). In this case, the unintentional tort shows up through the staff's careless handling of private information. No one meant to violate the patient's privacy as things were happening fast, tensions were high, and communication needed to be quick, however, even in that kind of environment, discussing sensitive information loud enough for others (including the patient herself) to hear is still a violation. The patient was six months pregnant, in pain, and coming straight out of a traumatic head-on collision, making her situation extremely fragile. Even without malicious intent, failing to move that conversation to a private space still counts as a breach. The harm caused was emotional distress and, in this case, physical consequences followed. This kind of tort wouldn't usually involve jail time since it's a civil wrong, not a criminal one, but it could absolutely result in fines, lawsuits, or disciplinary action.

A few of the Radiologic Technologist Code of Ethics standards tie directly into this situation. Standard 1 matters because professionalism includes being aware of how and where you communicate, especially in chaotic environments. Standard 8 is relevant because ethical conduct isn't just about what you physically do for the patient; protecting their information is part of delivering quality care. And most importantly, Standard 9 focuses on respecting patient privacy and keeping their confidential information protected. By discussing the patient's condition in an open area, the staff fell short of what the standard requires. They didn't mean to cause harm, but intention doesn't erase the breach that still occurred.

In the end, this scenario shows how quickly things can spiral when ethical standards aren't followed, even unintentionally. A simple lapse in judgment created emotional and physical consequences for a vulnerable patient and placed the radiographer in a difficult position professionally. This case highlights why confidentiality, communication, and professionalism aren't just guidelines, their expectations that protect patients and the healthcare team. Moving forward, implementing stronger communication protocols and creating spaces where staff can talk privately isn't just a solution; it's a commitment to safer, more respectful, and more ethical patient care. It's the kind of standard every radiology department should want to hold itself to.

Works Cited

Towsley-Cook, D. M., & Young, T. A. (2007). *Ethical and Legal Issues for Imaging Professionals - Text and E-Book Package*. Mosby Incorporated.