ASK NO QUESTIONS HEAR NO LIES:

Recognition and Concerns of Detecting Patient Dishonesty In the Radiology Workplace
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1. Discuss various important scenarios when studies are performed based on incorrect information

2. Provide background information that explains the motives behind why patients lie to physicians.

3. Methods to recognize when a patient may be lying, and potential strategies to elucidate more accurate information in a professional manner.
Securing reliable clinical information from a patient is often the role of the referring provider, however radiologists must also obtain important clinical information from a patient that directly impacts their care and health.
**MRI.** Radiologists are often asked to confirm the presence of various foreign bodies within a patient based on both imaging results and clinical history. Patients may lie about their history for either extrinsic gain or embarrassment. Misinformation can be potentially lethal when incompatible material is within the MRI.

**Fluoroscopy.** Imaging with fluoroscopy requires that the patient directs the radiologist to the regions of interest. For example, symptoms of dysphagia felt in the upper esophagus will lead to closer examination of this area. This will improve accuracy of results and lead to less unnecessary radiation exposure.
Contrast Allergies. An accurate history of allergic reactions can be a daily issue. Often patients either don’t understand their reactions and therefore reinforce a preconceived notion that they have “anaphylactic” responses or strongly associate a poor prior imaging experience with contrast administration that really had no direct physiologic association with the contrast. This misinformation can often lead to a lie.

Pregnancy. Performing imaging on a patient that is potentially pregnant can be a serious liability. Despite the professionalism that is required to obtain an honest clinical history, it is inevitable that many patients feel uncomfortable sharing their sexual history. However, it is the duty of all physicians to recognize these situations and tailor their approach to potentially alleviate patient concerns that lead to lies.
WebMD conducted an online survey of approximately 1500 people asking why patients lie to their physicians. Younger patients (24-35 year olds) were found more likely to lie to their doctors than older patients (greater than 55 years old).

http://neurosciencecme.com/activity/content/712.asp
How Can We Detect Lies?

We certainly cannot expect to be human lie detectors, however attention to small elements of a patient's affect can make a difference in gauging the accuracy of clinical history.

- Changes in voice pitch or rate of speech.
- Changes in breathing patterns, sweating, increase in swallowing.
- Disguising a smile, lack of head movement, scratching the head.
- Asymmetric facial movements, forced smiles.
- Offering more information than necessary or evasiveness.
- Malingerers are often found to overreact to their symptoms and over eager to share their symptoms.
Methods To Confront Suspected Lies

**Explain the consequences.** High stakes are not always fully understood. For example, taking a minute to further explain radiation exposure and how it is impacted by an accurate clinical history.

**Establish trust.** Look the patient in the eye, introduce yourself, shake hands, and try to establish a personal connection. Small actions can lead to significant differences in levels of trust. Tell the patient that you appreciate them sharing sensitive information, and acknowledge that it can feel embarrassing.

**Demonstrate understanding.** Don’t just tell the patient “I understand”, because this statement can easily frustrate a patient. Show them you understand by validating their feelings. Tell them “it must feel (frustrating/painful/embarrassing/hurtful/scary/horrible..etc).”

Finally, **when in doubt or suspecting a lie**, do not accuse the patient. Instead, find indirect ways to guide the patient to willfully provide more accurate information.
In the radiology workplace, it is inevitable that some patients will lie and therefore the difference is how we approach patients. Remember that radiologists can make a significant impact on patient care by actions that lead to patients sharing accurate clinical information.
References:


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