individuals should, if they wish, be provided with the opportunity of selecting a screening program from a menu of options chosen after discussion with their primary medical carer.

1. Bolin TD, Lapsley HM, Korman MG. Screening for colorectal cancer: what is the most cost-effective approach? *Med J Aust* 2001; 174: 298-301.
2. Winawer SJ, Zauber AG, Ho MN, et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. *N Engl J Med* 1993; 329: 1977-1981. ❑

Should radiologists and pathologists talk to patients?

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TO THE EDITOR: I am writing in response to the letter from Zardawi in the 19 August 2002 issue of the Journal.[1]

Zardawi suggests that radiologists and pathologists should not talk to patients, and that their contract is with the referring doctor, not with the patient. On both counts he is mistaken. Patients who are worried and anxious are certainly in need of some communication with the doctors carrying out their investigations. Most doctors of experience will know what is appropriate by way of conveying any results and what should be left to the patient's own doctor. Only those in bondage to corporate medicine will require a formula to instruct them in correct behaviour. That there is a contract with the patient is attested by the many cases of litigation against radiologists and pathologists.

Of course, it is more efficient if the doctor does not speak to the patient, as valuable time is saved, and even more efficient if the doctor's staff do not speak to the patient either. This is common practice, as reported daily by patients and confirmed by my own recent experience. Nothing was communicated to me except that if I wished to rewrite my physician's referral to indicate that I had a palpable lump (which I did not) there would be a Medicare rebate, and that otherwise there would not, and I would thus have to pay the full amount. I declined the offer. I then waited two weeks to know that my results were normal.

Some patients report that they will travel 20 km across the city to visit a practice where the staff look up and speak when patients enter, and where the doctor is not too busy to speak to them. No doubt such "inefficient" practices will disappear in time.

The case of nuclear medicine differs in that the Health Insurance Commission schedule of fees requires the physician to see and assess the patient and to supervise the procedure in order for a benefit to be legally payable. The nuclear medicine physician is therefore in a position to know what is appropriate to communicate to the patient. Most patients are grateful for the opportunity to discuss the findings and to understand the implications of what has been found. In the case of serious abnormalities, such as pulmonary embolism, it is imperative that the patient be made aware of the importance of the findings and the need for immediate treatment.

1. Zardawi IM. Should radiologists and pathologists talk to patients [letter]? *Med J Aust* 2002; 177: 222. ❑

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The Medical Journal of Australia (MJA) is published on the 1st and 3rd Monday of each month by the Australasian Medical Publishing Company Proprietary Limited, Level 2, 26-32 Pyrmont Bridge Rd, Pyrmont, NSW 2009. ABN 20 000 005 854. Telephone: (02) 9562 6666. Fax: (02) 9562 6699. E-mail: ampco@ampco.com.au. The Journal is printed by Offset Alpine Printing Ltd, 42 Boorea St, Lidcombe, NSW 2141.

MJA on the Internet: http://www.mja.com.au/

Published in 2 volumes per year.
Annual Subscription Rates for 2002 (Payable in Advance) to: AMPCo, Locked Bag 3030, Strawberry Hills, NSW 2012
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27,324 circulation as at 31 March, 2002

ISSN 0025-729X