

INCIDENTAL FINDINGS IN THE CLINIC:
ROADMAP OF ISSUES DISTINCTIVE
TO THE CLINICAL SETTING

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ROADMAP

- I. DIVERGING DEFAULTS
- II. DEFINING "INCIDENTAL" IN THE CLINICAL SETTING
- III. DEFINING A "FINDING" IN THE CLINICAL SETTING
- IV. DISCLOSURE ISSUES
- V. POLICY IMPLICATIONS

I. DIVERGING DEFAULTS RESEARCH V. CLINICAL

- FIDUCIARY STATUS
- CLARITY OF GOALS
- PRECISION, FOCUS OF TOOLS
- INHERENT OBLIGATION TO BE ALERT FOR, PURSUE, DISCLOSE IFS (THE RULE VS THE EXCEPTION)
- DEPTH OF RELATIONSHIP

II. DEFINING 'INCIDENTAL': CLINIC

- 'INCIDENTAL' = 'NOT THE INTENDED AIM OF THE TEST'
- RESEARCH: GOALS, TOOLS USUALLY CHOSEN IN DELIBERATE, FAIRLY CIRCUMSCRIBED FASHION
- CLINIC: VAGUE PRESENTING COMPLAINT → SHOTGUN OF TESTING
 - NO PARTICULAR AIM OTHER THAN 'WE'LL SEE WHAT CROPS UP'
 - EVERYTHING, OR NOTHING, IS 'INCIDENTAL'
 - TESTS WITH LOW SENSITIVITY, SPECIFICITY; LOW-INCIDENCE POPULATION
 - BROAD BUNDLES OF LAB STUDIES: MANY TESTS NOT WANTED AT ALL
 - IMAGING STUDIES: INVARIABLY CAN EXPOSE MORE THAN THE AREA INTENDED FOR STUDY
- QUASI-CLINICAL (WORKPLACE SCREENINGS, SPORTS PHYSICALS, ETC): LIKE RESEARCH, GOALS AND TOOLS ARE RELATIVELY PRECISE, FOCUSED

III. DEFINING A 'FINDING'

- ABOVE: THE *COMPLAINT* MAY BE *VAGUE*
- HERE: THE *TOOLS* MAY BE *IMPRECISE*, RESULTS MAY BE UNCLEAR
 - 'SOMETHING-OR-OTHER THAT MAY-OR-MAY-NOT-MEAN-ANYTHING'
- POSSIBLE EXAMPLES
 - SCREENING TESTS IN LOW-INCIDENCE POPULATION (ESP. WITH LOW SENSITIVITY AND/OR LOW SPECIFICITY)
 - PSA
 - SOME NEWBORN SCREENS
 - 3-GENERATION PEDIGREE
 - MAMMOGRAPHY IN YOUNGER WOMEN
 - ETC ...

III. DEFINING A 'FINDING'

- WHERE TEST RESULT HAS NO READILY DISCERNABLE MEANING/SIGNIFICANCE: HOW AGGRESSIVELY SHOULD PHYSICIAN PURSUE VAGUE 'FINDING' TO DETERMINE WHETHER IT IS SPURIOUS OR USEFUL (I.E., WHETHER IT IS A *FINDING* AT ALL)

IV. DISCLOSURE ISSUES

- WHETHER TO DISCLOSE (SEE DEFAULTS, PART I)
 - RESEARCH: DISCLOSURE REQUIRES JUSTIFICATION
 - CLINICAL: PRESUMPTION IS TO DISCLOSE UNLESS CONTRA-INDICATED
 - QUASI-CLINICAL (WORKPLACE SCREENINGS, SPORTS PHYSICALS, ETC).: MIXED PRESUMPTIONS, BUT CLOSER TO CLINICAL
- WHAT TO DISCLOSE (SEE DEFAULTS, PART I)
 - RESEARCH: (GENERALLY) SIGNIFICANT, REASONABLY WELL-VERIFIED IFs
 - CLINICAL: STANDARD IS 'REASONABLE PERSON IN SAME/SIMILAR CIRCUMSTANCES' + ADDITIONAL INFORMATION PATIENT WANTS TO HEAR
 - QUASI-CLINICAL: MIXED STANDARD; CLOSER TO 'REASONABLE PERSON' SOLELY

V. POLICY IMPLICATIONS

- 'INCIDENTAL FINDINGS' MAY BE A USEFUL WAY TO REFRAME FAMILIAR QUESTIONS
 - STANDARDS BY WHICH CARE SHOULD BE PROVIDED
 - STANDARDS BY WHICH CARE SHOULD BE ASSESSED
- [A] PREVENTIVE SCREENS
- [B] DIAGNOSTIC WORKUP
 - DX TOOLS THAT PRODUCE IFs
 - STANDARDS FOR PURSUING DX-PRODUCED IFs
- [C] MEDICAL MALPRACTICE STANDARDS OF LIABILITY

V. POLICY IMPLICATIONS

- TO WHAT EXTENT SHOULD WE BE USING SCREENS, DX TESTS THAT ARE KNOWN TO PRODUCE BROAD, SYSTEMATIC IFs
- CONSIDER:
 - POPULATION AND EVIDENCE-BASIS
 - COST-EFFECTIVENESS
- MEDICAL MALPRACTICE:
 - PERMIT POPULATION-BASED, COST-EFFECTIVENESS EVIDENCE TO SHAPE STANDARDS FOR PURSUIT OF IFs
 - OBJECTIVE, 'REASONABLE PATIENT/PHYSICIAN' STANDARD OF DISCLOSURE; NOT SUBJECTIVE "I WOULD HAVE WANTED" STANDARD
 - AVOID SELF-FULFILLING PROPHECY: EXCESSIVE PURSUIT OF IFs BECOMING THE STANDARD OF CARE