A Review of Ethics for the Radiologic Technologist

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Radiologic technology students learn ethical theory, ethical principles and the Code of Ethics. However, over time, the concepts may fade from the radiologic technologist’s memory. Periodic review of the ethical concepts and the American Registry of Radiologic Technologists Standards of Ethics are important to maintain a clear understanding of ethical expectations of the radiologic technologist. This article provides examples of potential ethical violations to illustrate each principle in the Code of Ethics and each tenet in the Rules of Ethics. The examples are intended to help readers think about and relate to situations they may encounter.

The radiologic technology curriculum, as established by the American Society of Radiologic Technologists (ASRT), requires education in ethics, an expansive area of study that focuses on the needs of the radiologic technologist. The curriculum indicates that radiologic technology students should be taught a foundation of ethics that includes professional conduct, ethical issues in health care, legal issues, legal doctrines and patient consent. Radiologic technologists are expected to apply this ethics education professionally according to the Standards of Ethics, a set of guidelines maintained by the American Registry of Radiologic Technologists (ARRT). According to the Standards of Ethics, radiologic technology encompasses the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography (CT), magnetic resonance (MR), quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography and the radiologist assistant.

Morals and Ethics
Morals and ethics are very closely related and often are used interchangeably by philosophers and others. In this article the concept of morals relates to 1 individual and the concept of ethics relates to 2 or more people. Morality can be thought of as the inner conscience of an individual. Samuel Burns defined morals as “concerned with the goodness or badness of character or disposition, or with the distinction between right and wrong; dealing with regulation of conduct; concerned with the rules of morality; founded on moral law; capable of moral action.”

To some degree, morality is different for each individual because it is based on unique factors such as religious beliefs, rationalization and a conviction of what is “right” and what is “wrong.” Family upbringing and life experiences also can have a direct effect on the formation of an individual’s morals.
The term ethics is taken from the Greek words *ethikos*, meaning “behavior,” and *ethos*, meaning “custom.” A simplified definition of ethics could be “customary behaviors.” Samuel Burns provided these definitions for ethics: 1) the discipline of dealing with what is good and bad, and with moral duty and obligation; and 2) a set of moral principles or values; the principles of conduct governing an individual or group. Albert Schweitzer defined ethics as “our concern for good behavior. We feel an obligation to consider not only our own personal well-being, but also that of other human beings.”

**Ethical Theories**

There are several ethical theories proposed in the study of philosophy. Curtis Brown, a professor of philosophy at Trinity College, suggests that ethical theories can be divided into 2 branches, the ethics of conduct (the actions we should take) and the ethics of character (what type of person we should be). This article concentrates on the ethics of conduct, specifically the ethical theories of utilitarianism and deontology.

**Utilitarianism**

Utilitarianism, also known as consequentialism, is doing the greatest good for the greatest number of people. As the term consequentialism implies, the theory of utilitarianism uses the consequences of an action to determine whether the action was good or evil. If the action produces more good consequences than bad consequences, the action can be considered morally and ethically correct. This theory can be divided into 2 branches, act utilitarianism and rule utilitarianism.

Act utilitarianism focuses on a specific action and whether the action provides the greatest good. For example, if an individual lies, the act utilitarian would assess the lie to determine if it brought more benefit than harm to the situation. If the lie brings more benefit to the situation, than telling the lie is considered ethical.

The rule utilitarian, on the other hand, is uncomfortable with decisions made using act utilitarianism because the outcomes of act utilitarianism decisions are not predictable. The outcome can vary because of differing circumstances. For this reason, the rule utilitarian looks at the action from a set of rules. Using the principles of utilitarianism, a set of rules is determined that should provide the greatest benefit when adhered to, even if some aspects of the rules appear to cause harm.

In comparison to act utilitarians, rule utilitarians would consider the general action of lying, not a specific act of lying, and whether it provides the greatest benefit for society. Because lying does not typically provide the greatest good, an individual should follow the rule of not telling a lie. Even though there are occasions when the “white lie” is beneficial, the rule utilitarian would follow the rule of not telling a lie.

One of the major drawbacks of utilitarianism is the difficulty of measuring what is “good” or beneficial. “Good” is a concept, not a tangible object. Is there really a method to weigh a concept? Another concern is that it is impossible to think of all possible outcomes. This limitation can alter the determination of good vs bad if the consequence was not initially identified as an outcome of the decision. Utilitarianism also does not consider the principle of justice, which is discussed later.

**Deontology**

Deontology is derived from the Greek words *deon*, meaning “duty or obligation,” and *logos*, meaning “study of.” In its simplest form, deontology asserts that ethical decisions are made based on a set of rules or principles regardless of what the consequences are. These ethical rules cannot be broken. The motive for doing what is “right” is more important than what the outcome may be. Deontology is perceived by many as being very rigid and formal. Examples of deontology include the Ten Commandments and the Golden Rule: “Do unto others as you would have others do unto you.”

Deontology originated with Immanuel Kant, an 18th century philosopher who asserted that for an action to be moral it must be a universal law that is consistently applied and, when the law is applied, there must be respect with regard to autonomy and rationality.

Let’s return to the scenario of lying. If a friend or neighbor was hiding an abused woman from her boyfriend, the act utilitarian might find it ethically acceptable to lie to the boyfriend regarding the whereabouts of the abused woman to protect her from potential harm. The ardent follower of deontology would not consider the consequences that could occur; instead, the deontologist would tell the boyfriend the truth about the abused woman’s whereabouts, possibly allowing a tragedy to take place.

**Ethical Principles**

Samuel Burns defined principle as: 1) a comprehensive and fundamental law, doctrine or assumption; fundamental truth as a basis for reasoning; 2) a primary source; and 3) general law as a guide to action; personal code of right conduct.
Four basic principles are the basis of moral thought in health care: autonomy, nonmaleficence, beneficence and justice. By understanding these 4 principles, radiologic technologists can set aside personal biases regarding social status, religious beliefs and political leanings. The principles described can be used to explore most ethical issues arising in health care and set a common ground for health care workers to analyze and draw conclusions with regard to health care ethics.

Autonomy

The term autonomy originated from the Greek word *autonomia*, meaning “self-rule.” Each person has the right to dignity and to be worthy of respect, honor or esteem. Autonomy addresses the concept of respect, whether it is self-respect or respect for others. Respecting an individual is acknowledging he or she is unique. To respect an individual’s dignity is to allow the person to make his or her own choices and to develop his or her own plan for the future. One individual cannot force another individual to make a choice against his or her will.

Autonomy drives the need for informed consent. Informed consent was first used in the 1960s. Prior to that time and going back to Hippocrates, the father of medicine, health care workers did not provide information regarding the disease, treatment or prognosis to the patient. The belief was that the physician knew best and was the only person who should determine the patient’s care. The patient had no say in the treatment even though he or she had to live with the consequences.

Informed consent hinges on 2 common-sense principles. First, the patient, or surrogate, must be capable of understanding and making a decision based on that understanding. Second, the patient must fully understand the purpose of performing the procedure, the consequences of doing or not doing the procedure, what will happen during the procedure and possible side effects.

Autonomy in health care can be summarized using the following statement: “You shall not treat a patient without the informed consent of the patient or his or her lawful surrogate, except in narrowly defined emergencies.”

Nonmaleficence

One of the primary principles of medicine is *primum non nocere*, or nonmaleficence, meaning “first, do no harm.” This principle seems very simple because no one in medicine intends to do harm, but it also must include preventing harm and removing harmful conditions. Nonmaleficence may be the mere omission of an action. The following example illustrates the concept of nonmaleficence.

A patient with severe abdominal pain underwent an abdominal MR scan. The MR images suggested a mass adjacent to the left kidney. With administration of a contrast agent, additional MR images were obtained focusing on the area of the kidney and mass. The patient was returned to the surgical floor while the study was interpreted by the radiologist. The radiologist’s report was dictated indicating the mass arose from the superior aspect of the kidney and was spiculated, consistent with carcinoma. The radiologist’s interpretation indicated surgery was needed. The attending physician read the report and ordered a CT scan. The radiologic technologist noted the patient already had an MR examination and consulted with the radiologist. The radiologist determined that sufficient information was already at hand from the MR procedure and the CT would not add to the diagnosis. The radiologist contacted the attending physician and the CT procedure was cancelled.

Some physicians may order additional unnecessary radiologic procedures using a second modality. However, it is not only important to do no harm, but it also is important to know how likely it is that a treatment may harm a patient. As the scenario described, the CT procedure would expose the patient to unnecessary radiation (harm) while providing no additional diagnostic information (benefit). Using the principle of nonmaleficence, it was determined that more harm than benefit would occur to the patient. Harm was prevented by cancelling the CT procedure.

Beneficence

Beneficence considers the benefit of an action to a patient and the radiologic technologist’s desire to help others. Beneficence requires that an action is taken either to prevent harm or to cause benefit. Consider the following scenario in the emergency department (ED) of a level I trauma center.

A 40-year-old man is critically injured in a car accident. The patient is unconscious because of severe injuries. The trauma team activates and begins to aggressively treat the patient. The team starts intravenous lines, obtains radiographic images, begins neurological assessments and...
sutures wounds. The team takes these actions because they believe that a reasonable person would want to be treated aggressively. The trauma team is practicing beneficence because they are taking actions to benefit the patient.\textsuperscript{16}

Beneficence usually is considered a limited duty shown under specific patient circumstances such as the scenario described above, whereas the principle of nonmaleficence can be considered a constant duty never to harm another individual.\textsuperscript{16}

Justice

Acting fairly and even-handedly is the premise of justice. In the perfect sense of the word, each individual should be treated the same as the next if the circumstances are equal. One patient should not receive more benefits and fewer obstacles than the next patient. Medicare is an example of justice because the program is available to all individuals who are 65 years of age or older. Age is the only criterion for this benefit; therefore, each individual within this defined population is treated the same as the next individual.

Recent health care reform legislation has raised the issue of whether Americans have a right to health care.\textsuperscript{16} If a right to health care exists, can the principle of justice be applied to this right? Current health care legislation addresses several variables such as personal income, basis of need and age; however, there is no universal provision for coverage as is the case with Medicare. Therefore, the concept of justice in its purest form cannot be applied to the recent legislation.

Professional Ethics

The ethical theories of utilitarianism and deontology, further defined by the principles of autonomy, nonmaleficence, beneficence and justice, are general and can be applied to a wide variety of situations. Professional ethics, essentially applied ethics,\textsuperscript{15} incorporate these ethical theories and principles and apply them to a specific profession.

Professional ethics can be viewed from 2 different perspectives. The first is a set of expectations developed by the members of the profession and identified in a professional code of ethics (eg, “thou shalt”). The second is a concern for the ethical behavior of those members. Breaches of ethical behavior are defined in the rules of ethics (eg, “thou shalt not”). The members determine what the minimum standards of behavior should be. In the medical professions, the code of ethics is created and stated by a profession’s various member societies (eg, the ASRT and the American College of Radiology). The rules of ethics are developed by a profession’s certification boards (eg, the ARRT).

In its infancy, radiography was simply an occupation. Only a small number of individuals performed medical imaging. Training occurred on the job, by trial and error and through experimentation. In 1922, it was recognized that these individuals needed education and specialized training, and the American Registry of Radiological Technicians was created.\textsuperscript{17} Radiography became organized and could be considered a profession.

To be recognized as a profession, the following characteristics must be present:

- Formal, standardized education of the members and adherence to the established curriculum is required to practice.
- The group is autonomous (self-governing).
- A code of ethics is established.
- Rules of ethics are developed and the rules are enforceable.
- Standards of practice are used as a means of quality control.
- Research is conducted to advance the professional practice.
- At least 1 professional society exists to develop the profession and its members.
- Member competency is recognized by means of certification or licensing.\textsuperscript{12}

Each profession must develop standards of ethics, or expected behavior, for its members. The ethical expectations become the usual way in which things are done within the group. For health care professionals, for example, the duties of professionalism include respect for patients and require learning, constant practice, reinforcement and improvement.\textsuperscript{18}

The Standards of Ethics

Becoming a member of a profession carries a set of obligations specific to that profession.\textsuperscript{12} As a credentialing organization that tests and certifies technologists, the mission of the ARRT is to promote high standards of patient care by recognizing qualified individuals in medical imaging, interventional procedures and radiation therapy.

Because evaluation of radiologic technologists’ character is important to the safety and welfare of the patient, ARRT maintains a set of ethics guidelines called the Standards of Ethics. The ethics guidelines comprise a Code of Ethics and Rules of Ethics that
First impressions influence how the patient will view the radiologic technologist, who represents not only himself or herself and employer but also the entire profession. Good grooming and clean, pressed clothing indicate to the patient a respect for the profession as well as respect for the patient. Swearing and slang should not be tolerated in the health care environment because patients and colleagues may be offended.

In addition to these obvious codes of conduct, the radiologic technologist also is expected to act with empathy for patients and respond to their physical and emotional needs. As a health care professional, the radiologic technologist must have the knowledge and skills to make independent decisions and understand the purpose and consequences of specific actions. Most important, a professional radiologic technologist must accept responsibility for the actions taken.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

The relationship between the radiologic technologist and the patient is exceptional. Medical professionals are authorized to intrude into a person's privacy and physical integrity — otherwise universal taboos; the patient expects competence and trustworthiness in exchange. Respect for dignity begins as soon as contact is made with the patient. After determining that the correct patient is in the radiologic technologist's care, the patient should be referred to as Mr Smith, Mrs Jones or Ms Anderson. Addressing a patient on a first-name basis, with the exception of children, is too casual and may be offensive to the patient. It is best to address a patient in a formal manner, unless the patient instructs you differently.

If the patient needs to undress, provide a hospital gown of appropriate size to cover the patient. If a robe is not available, place another gown around the back of the patient to preserve modesty. A pair of hospital pants should be offered to any patient, male or female, who must completely undress. It is not recommended, however, if the pants could restrict an examination (e.g., a barium enema) and cause delays.

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socioeconomic status.
The United States was founded on certain basic principles concerning the treatment of individuals. These values are embodied in documents such as the Declaration of Independence, U.S. Constitution and Bill of Rights. Likewise, radiologic technologists must deliver the same quality of care to all their patients, without regard to their sex, race, creed, religion or socioeconomic status.

This principle also addresses the fears or biases that a radiologic technologist might have. For example, AIDS is a disease that provokes fear. Yet radiologic technologists should deliver the same level of care to a patient with a communicable disease as they would give to all other patients. One way that the technologist can deliver the best care to a patient with AIDS is to observe universal precautions. If radiologic technologists employ universal precautions in a consistent manner, there is no reason to fear the disease.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

The radiologic technologist’s ability to meet the qualifications and standards of the profession hinges on the level of knowledge and skill he or she gained in the classroom and clinical environment. It is vital that the technologist understands scientific principles so that ionizing and nonionizing radiation can be applied in the lowest and safest methods known.

The radiologic technologist’s ability to use equipment safely and effectively requires a thorough understanding of the equipment being used and recognition of malfunctions. Knowing how to remedy malfunctions is extremely important to protect patients, the technologist and others in the vicinity. The technologist also must be able to use technique charts and examination protocols appropriately to ensure quality imaging and treatment standards.

5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

The radiologic technologist is required to make decisions each day. The orders for the examination should be reviewed and, if the order appears inconsistent with the patient’s history, the radiologic technologist should ask the ordering physician for clarification. It is the radiologic technologist’s responsibility to the patient that appropriate examinations are completed to provide the most diagnostic information for the situation.

For example, in many EDs a nurse or resident may order radiologic procedures in an effort to “assist” the physician in moving the patient along faster. In a situation where an isolated injury such as an elbow injury has occurred, the radiologic technologist should make a professional inquiry to determine if an elbow series of images would be more appropriate rather than images of the entire extremity. By obtaining clarification, the radiologic technologist is acting in the best interest of the patient, not in the interest of expediting the physician’s schedule.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

Communication with the patient demonstrates that the radiologic technologist has an interest in the patient, his or her circumstances and specific needs for care. Effective patient communication requires asking relevant questions and listening closely, which benefits both the patient and the health care staff. This type of communication not only reassures the patient that he or she is in the care of a competent and caring professional, but it also can provide the radiologic technologist with important information to relay to the radiologist.

Examples of questions to ask the patient include “How long have you had this pain?” or “How did the accident occur?” Having a conversation like this with patients can alleviate their anxiety and reveal critical patient histories that may assist with the physician’s interpretation of the study and proper diagnosis. The technologist also should observe the patient’s behavior for any changes that may indicate a change in the patient’s status and may require immediate intervention.

It is important to note that when an experienced radiologic technologist recognizes disease processes and fractures on images, he or she should not disclose or suggest any type of diagnosis to the patient. The radiologic technologist has not received sufficient education to interpret images or make a diagnosis and thus it is outside the scope of practice.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
The radiologic technologist must have the knowledge and skill to use a piece of equipment in the manner for which it was designed. The ability to detect malfunctions, broken parts within the equipment and any hazards in the area is critical to ensure patient safety.

For example, the radiologic technologist should be aware of product recalls whether it concerns a piece of equipment or contrast media. Although the level of awareness may be dependent on the position the radiologic technologist holds within a facility, he or she is responsible for staying as aware as possible. For a majority of staff, it is mandatory to receive training concerning state and federal regulations and the consequences of noncompliance. Examples of regulations requiring compliance include the Safe Medical Devices Act and the Mammography Quality Standards Act and Program (MQSA), a federal act that requires mammography facilities across the nation to meet uniform quality standards.

8. **The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.**

If a radiologic technologist abandons a work shift, he or she is denying the patient the right to quality radiologic technology care, which violates the principle of nonmaleficence, “first, do no harm.”

In a small clinic, for example, the technologist may be the only individual certified or licensed to perform radiologic examinations. By abandoning his or her work shift, the radiologic technologist may cause the clinic to rely on personnel who do not have the skills, knowledge or training to obtain radiographic images. If the untrained individual cannot produce a quality diagnostic image, then the imaging examination may need to be repeated until a somewhat acceptable image is produced. This trial and error process exposes the patient, who most likely has not been shielded, to unnecessary radiation.

9. **The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.**

All patients have a right to privacy as outlined in the Patient’s Bill of Rights adopted by the American Hospital Association in 1973. The medical profession is required to perform examinations and discussions in a manner that will protect the patient’s privacy. Confidentiality of records must be maintained unless otherwise required by law, such as in the case of a communicable disease or abuse committed on the patient. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to ensure that the patient’s privacy is protected. It is enforced by the Office for Civil Rights of the U.S. Department of Health and Human Services.

Frequently a patient will feel more comfortable speaking with the radiologic technologist than with the treating physician or in the presence of family. This 1-on-1 interaction may allow the patient to relate sensitive but critical information such as an abusive relationship, a teenage pregnancy or use of recreational drugs. Certainly the treating physician and the radiologist must be alerted, but the radiologic technologist should not break the patient’s confidence by informing the family and nonessential medical personnel.

To protect the greater community, the radiologic technologist must be observant of threats made by the patient. The radiologic technologist must determine if the patient is making threats to harm himself or herself or another individual. It also must be determined whether the patient is capable of carrying out the threats. In cases where the patient may cause harm, confidentiality should be broken because an intervention (eg, by the police or a psychiatrist) may be needed to protect the individual and the community.

10. **The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.**

Radiologic technology is a rapidly changing profession. In recent years there has been a major switch to digital imaging, molecular imaging and new imaging techniques such as tomosynthesis. Keeping up with changes in the profession requires continuous learning through department in-service meetings, continuing education seminars, self-learning products, participation in research and possibly clinical testing for new and innovative technologies. In addition to independent learning, it is essential that radiologic technologists share new advancements and knowledge with each other.

The Rules of Ethics

The Rules of Ethics were developed by the ARRT to identify the minimally accepted professional conduct expected of radiologic technologists, including breaches of conduct that should be reported to the...
credentialing agency. Technologists who engage in or permit the occurrence of an infraction are subject to sanctions as outlined in ARRT’s Administrative Procedures in the Standards of Ethics. The Rules of Ethics are enforceable because they apply solely to ARRT certificate holders and thus, as the certifying body, ARRT has the power to revoke a radiologic technologist’s certification if any of the rules are violated.

In 2010, for example, the ARRT Ethics Requirements Department reviewed 2776 cases of alleged infraction, 107 of which led to sanctions. Of the sanctions, 73 led to revocation of certification and 6 to determinations of future ineligibility for certification. Nearly half of the cases (44%) investigated were related to alcohol. Candidates applying for ARRT certification are held to the same ethical standards as ARRT certificate holders. Candidates must disclose criminal proceedings including misdemeanor charges and convictions, felony charges and convictions, military court-martials, disciplinary actions taken by a state or federal regulatory authority or certification board, and honor code (academic) violations.

The Rules of Ethics evolve over time to encompass changes in technology, societal values and new situations. Each year ARRT reviews and revises the Rules of Ethics to offer better clarification and introduce new rules when appropriate. The 2010 Rules of Ethics contain 22 rules that support ARRT’s mission to promote the protection, safety and comfort of patients.

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification or registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration as issued by ARRT; employment in radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification or registration with the ARRT when that is not the case.

ARRT certification and registration are formal recognitions and verifications that the radiologic technologist is able to provide professional and competent patient care. Misrepresentation or falsification in any way of these levels of recognition is a serious breach of ethics that jeopardizes the reputation of the profession and the safety and welfare of patients.

The following scenarios provide examples of radiologic technologists who misrepresent themselves as certified and registered to obtain or maintain employment or a state license.

Situation 1: Emily allowed her registration with ARRT to lapse. Fearing termination of employment, Emily alters the date on her credential card and presents a photocopy of the altered credential card to her employer.

Situation 2: Robert is applying for an open position at another facility. The position requires certification and registration in the postprimary discipline of CT. Robert cross-trained in CT at his current place of employment but did not take the certification examination for CT. Robert indicates on his employment application that he is certified in CT by ARRT because the position is lucrative and has a pay increase.

Situation 3: Susan is a radiologic technologist whose husband accepts a job position that requires moving to a state that licenses radiologic technologists. After reviewing the licensing requirements, Susan learns that a licensing examination is required if the radiologic technologist is not currently registered with ARRT. Susan applies for the state license indicating she is currently registered with ARRT, even though she has not renewed her registration for the past 3 years.

Many employers and licensing agencies request current credential cards issued by ARRT or another credentialing organization and a current state license if required. They also may contact ARRT or 1 of the other credentialing organizations to verify the technologist’s registration.

2. Subverting or attempting to subvert ARRT’s examination process. Conduct that subverts or attempts to subvert ARRT’s examination process includes, but is not limited to:
   (i) disclosing examination information using language that is substantially similar to that used in questions and/or answers from ARRT examinations when such information is gained as a direct result of having been an examinee; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, or anyone else involved in the preparation of Candidates to sit for the examinations; and/or
   (ii) receiving examination information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations from an examinee, whether requested or not; and/or
   (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination materials by any means, verbal or written, electronic or mechanical, without the prior express written
permission of ARRT or using professional, paid or repeat examination takers or any other individual for the purpose of reconstructing any portion of examination materials; and/or
(ix) using or purporting to use any portion of examination materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or certification; and/or
(z) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination materials without authorization; and/or
(vi) removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of ARRT; and/or
(vii) disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination of ARRT; and/or
(viii) communicating with another individual during administration of the examination for the purpose of giving or receiving help in answering examination questions, copying another Candidate’s answers, permitting another Candidate to copy one’s answers, or possessing unauthorized materials including, but not limited to, notes; and/or
(ix) impersonating a Candidate or permitting an impersonator to take or attempt to take the examination on one’s own behalf; and/or
(x) the use of any other means that potentially alters the results of the examination such that the results may not accurately represent the professional knowledge base of a Candidate.

This lengthy rule addresses the many ways someone might attempt to undermine the examination process, including cheating by both traditional methods and using technologies such as cell phones and programmable calculators.

Radiologic technologists may not realize that discussing exam questions and answers also is considered an ethical breach. For example, inquiring about a technologist’s answers on an exam is not permitted because the technologist would divulge examination content. Not only is it an ethical violation, but there is potential for legal action because ARRT examinations are copyrighted.

On April 1, 2010, the Minnesota state legislature passed a bill endorsed by ARRT that addresses the 10 situations identified in Rule 2 of the Rules of Ethics. Because the ARRT is located in Minnesota, the law applies to any individual who signs the agreement of candidates for certification, as well as all registered radiologic technologists who renew or reinstate their registration with ARRT. ARRT Executive Director Jerry B Reid, PhD, said the bottom line is that quality patient care requires that medical imaging and radiation therapy be conducted only by individuals whose certification was earned legitimately.

3. Convictions, criminal proceedings, or military court-martials as described below:
(i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.
(ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity.
(iii) military court-martials related to any offense identified in these Rules of Ethics.

It is the radiologic technologist’s aspirational goal to practice ethical conduct appropriate to the profession, as the eighth principle in the Code of Ethics states. The following example describes a situation in which a technologist’s careless actions violate this rule.

After working her shift on Friday, a radiologic technologist named Betty joins her coworkers for happy hour at a local establishment. On her way home, Betty is pulled over for suspicion of drinking while under the influence. She is charged with a DUI and is required to appear in court. As a result, she is given 3 years of probation.

Breaking governmental laws is not practicing ethical conduct; thus court or military documents are reviewed to determine if the conviction, criminal proceedings or military court-martial have any bearing on the ARRT Standards of Ethics or can compromise patient care in any way.

4. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual’s license, permit, registration or certification being denied, revoked, suspended, placed on probation, or subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.
As a professional, the radiologic technologist is expected to abide by established rules. If a licensing agency, certification board or other entity has taken actions to limit the technologist’s ability to practice, it should be reported to ARRT. These types of restrictions indicate that the technologist may have demonstrated unethical behavior. The following example describes a violation of this rule.

Kelly is certified and registered with ARRT in radiography. She works in a state that also requires a license to practice radiologic technology, but Kelly continues to work even after she realizes that her license has expired. Upon discovery, the state imposes a sanction against Kelly for practicing without a valid state license.

Any actions conducted against rules of another regulatory authority are considered by ARRT to be unethical behavior. An ARRT ethics investigation will determine the action ARRT will take.

5. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

A radiologic technologist should never accept a responsibility for which he or she has not been educated or trained. When a technologist receives an inappropriate request, he or she should seek assistance from an individual who is experienced in performing the procedure. By completing any procedures for which he or she is not trained, the technologist puts the patient’s safety at risk. The following example describes one such predicament.

Marilyn is working with Gail, an inexperienced radiologic technologist, in the fluoroscopy area. It has been a busy morning and Marilyn has not had her break. The next patient is scheduled to have a myelogram. Marilyn supervises Gail in opening the sterile tray and prepping the patient’s skin. The radiologist has been alerted that the patient is ready for the examination. Marilyn informs Gail that she is going to take a break and will return before it is time to expose the radiographs. While Marilyn is away, Gail assists the radiologist with drawing up the contrast, and the radiologist then asks for cross-table radiographs. Because Marilyn has not yet returned, Gail decides to expose the radiographs herself even though she does not have sufficient experience with this exam and is not supervised appropriately.

A radiologist or other physician also may ask a radiologic technologist to perform a procedure that is outside the scope of practice for radiologic technologists. The technologist’s appropriate course of action would be to inform the physician or radiologist and seek assistance from an individual whose scope of practice includes the requested procedure.

6. Engaging in unprofessional conduct, including, but not limited to:

(i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;

(ii) any radiologic technology practice that may create unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

Most government rules and regulations require extensive health care records to be maintained. Falsification of data is an infraction of the Rules of Ethics and it also is a federal crime punishable by fines and possible incarceration. The following example describes a situation in which a technologist falsifies data in a quality control test.

Christina is responsible for the quality control tests for the mammography suite. Her department has not converted to a digital system and uses film-screen technique requiring the use of a processor. The MQSA inspector will be coming to the facility the next day and Christina is reviewing her records. Christina finds several large gaps in the processor quality control chart and decides to fill in the gaps. A coworker observes Christina’s actions and reports the falsification to the inspector.

Falsifying the data points in the processor quality control chart is a violation of the Rules of Ethics. The MQSA is familiar to all radiologic technologists as a federally mandated regulation, and an act of noncompliance with the MQSA can close the mammography facility down for some time, thus limiting the patient’s access to care.

7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient need not be established under this clause.
The radiologic technologist is ultimately responsible for the patient’s welfare while the patient is in his or her care, and thus is responsible for the actions taken by any individuals to whom the technologist may delegate certain tasks. For example, to be efficient, a radiologic technologist might decide to delegate the set-up of a power injector for a CT study. If the delegated person will not be directly supervised, it is imperative that the he or she has the appropriate knowledge and experience to set up the power injector.

Delegating responsibilities to an individual who is not trained in a procedure can cause the patient discomfort and lead to other unexpected complications in the examination process. For example, if an untrained individual sets the power injector’s rate at an inappropriate level, it can cause the patient to suffer painful extravasation, produce unsatisfactory examination results and delay the examination procedure for the patient and the staff. Further, if the examination produces images of poor diagnostic quality, the examination will have to be repeated at an added radiation dose to the patient. It is an ethical imperative that the technologist take every action to protect the patient while in the technologist’s care.

8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

The radiologic technologist is obligated to keep the patient safe. An impaired technologist does not have the capacity to make proper decisions and provide the quality care necessary to ensure a patient’s well-being. A technologist who is operating under any form of impairment should be removed immediately from patient care responsibilities, as the following example describes.

Jim is invited to a Super Bowl party where alcohol and drugs are passed around. The party breaks up in the early hours of the next day. Jim starts his shift later that morning at 7:00 a.m. During the first examination, a coworker detects the smell of alcohol on Jim and reports it to the shift supervisor. Jim is removed from the procedure and sent for an alcohol and drug screening test. The results show a 0.05 blood alcohol content.

Radiologic technologists are obligated to report suspicions that a colleague may be impaired, and should help the colleague seek necessary treatment, not only as a patient care liability but to protect the profession.

9. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public, by a court of competent jurisdiction.

The purpose of health care ethics is to protect the patient from harm. The patient is not in a protected state when in the care of a radiologic technologist who is mentally incompetent, mentally ill, chemically dependent or a danger to the public. A technologist who falls into 1 of these categories is no longer competent to fulfill the duties and obligations of the profession.

Over a period of several years, Jason becomes increasingly involved with illegal drug use. Jason begins to assault passersby to steal their money to support his habit. He is arrested several times with appearances before a judge, but fails to report the arrests to the ARRT and his employer. With the fourth occurrence, the court orders mental and substance abuse evaluations. The evaluations indicate that Jason is not mentally competent to stand trial, is chemically dependent and is a high risk to public safety.

In cases such as that described in this scenario, the court system makes the final determination of impairment. The radiologic technologist can no longer practice until the time when the court deems the individual as “fit to practice.”

10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

An individual who falsifies clinical competency information is attempting to establish to the ARRT and to the public that he or she is fully capable of completing procedures required for the discipline. The technologist’s deceptive action can potentially injure a patient if the technologist becomes certified but lacks documented competency in the procedures to be performed, as the following scenario describes.

Denise is close to completing her nuclear medicine program but has not been diligent in documenting her clinical competency requirements. Her documentation is due in less than a week, but she can’t recall the exact cases she completed. To make it appear that she completed all of the required procedures, she makes up patient names and ID numbers.

The technologist in this scenario has acted out of self-interest without considering how her actions may
affect the safety and welfare of patients in her care in the future. Even if the technologist acted without ill intentions, she cannot demonstrate true nonmaleficience if she lacks the clinical competency required to complete procedures properly.

11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise, that results in the termination of employment.

Radiologic technologists are in a position of trust which requires the highest standards of care and protection of the patient’s right to be safe. Just as it is not accepted in society, inappropriate sexual conduct is not tolerated in the radiologic technology profession. Many radiologic examinations require palpation for positioning landmarks in areas that could be viewed by a patient as inappropriate touching. For protection, it is important for the radiologic technologist to alert the patient of the purpose for any touch occurring in the breast or pelvic area. Inappropriate touching, language with sexual overtones and, of course, sexual activity with a patient is a violation of the Rules of Ethics and may have legal ramifications.

Michael escorts his next patient from the changing area to the radiographic room for a chest x-ray. As he closes the door, he makes sexually explicit comments about her appearance. When the patient leaves the room after the examination she feels uncomfortable and files a complaint with the patient advocate.

When a sexually suggestive remark is made or an implied sexual advance is perceived — no matter how innocent the technologist may think it is — the patient’s rights are considered to be violated and a potential ethical violation has taken place.

12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or using or releasing confidential patient information in violation of HIPAA.

Special care must be taken by the radiologic technologist when discussing patient care with other health professionals to make sure that these discussions are limited to only those people who have a right to hear such privileged conversation. As the following example shows, sometimes a patient’s rights to privacy are overlooked if he or she is a public figure.

While working the evening shift, Beth learns that a well-known musical artist has just been admitted through the ED after collapsing during his performance. Beth knows her friend had been at the concert and quickly calls her. Beth shares the admission information and the musician’s birth date and home address.

Although it can be tempting to discuss an imaging study or patient history of a notable person or celebrity, to do so would be an ethical breach. Using the principle of justice, all patients are entitled to the privacy protection established under HIPAA.

13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

It is not enough for a radiologic technologist to simply avoid the practice of overbilling or fraudulently billing a patient. It also is an infraction of the Rules of Ethics to be aware of a fraudulent practice being performed but not report it, as the following scenario describes.

The business manager of a radiology practice is responsible for increasing revenues for the practice. One of the manager’s directives is for the radiologic technologists to bill for a more expensive examination and additional supplies that are not used. Robert just started this job and is afraid of losing the position if he stands up to the manager, so he doesn’t report the fraud.

Although the technologist in this scenario has acted out of fear of losing his job, he has violated the Rules of Ethics by not reporting his knowledge (see Rule 21). ARRT requires technologists to report any known violations to their supervisors first and then to the ARRT. If a technologist works in a licensing state, he or she also should report a known violation to the state licensing agency.

14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

It is imperative that the radiologic technologist is complete and follows through on processes critical to interpretation of the study and diagnosis.

Elaine has just completed a CT examination of the head with contrast. She assists the patient off the table and notices contrast remaining in the syringe. After the patient leaves, Elaine completes
Max’s wife has been suffering severe back pain because of a car accident several years ago. Over time her physician decreases the dosage of her pain medications, and Max begins taking narcotics from the cabinet to give to his wife.

In this scenario, the technologist has violated the Rules of Ethics in several ways. He has abused his responsibilities by taking drugs without his employer’s authorization. He also may be limiting a medication supply that will not be adequately available to help patients manage their pain. Finally, he could be putting his wife’s safety at risk by providing her with pain medication dosages her physician did not approve.

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

The transfer of accurate and complete medical information through records or other communication methods is one of the most important ways to ensure that a patient receives continuous and proper medical treatment.

Kim and her coworker are looking over the patient schedule for the morning. The coworker labels 1 of the patients as a hypochondriac and tells Kim she should not believe any complaint the patient states. Kim begins the procedure by taking a patient history. Remembering what her coworker reported, Kim does not record all of the patient’s complaints.

False or ambiguous information could compromise treatment and place the patient at risk, as could the intentional omission of information as described in this scenario. The technologist is obligated to provide accurate documentation of a patient’s conditions, not only as a radiologic technologist but also as a health care professional.

18. Subverting, attempting to subvert, or aiding others to subvert ARRT’s Continuing Education (CE) Requirements for Renewal of Registration. Conduct that subverts or attempts to subvert ARRT’s Continuing Education Requirements includes, but is not limited to:

(i) providing false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE recordkeeper;
(ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE recordkeeper;
(iii) conduct that results or could result in a false or deceptive report of CE completion; or
(iv) conduct that in any way compromises the integrity of
the CE Requirements such as sharing answers to the post-tests or CE self-learning activities, providing or using false certificates of participation, or verifying CE credits that were not earned.

The radiologic technologist is required to complete a specific number of CE activities in a defined 2-year period of time known as a biennium. Requiring CE helps to prevent professional obsolescence and in turn protects the public.

Some radiologic technologists may be tempted to take short cuts to meet the CE requirements. For example, in some imaging departments actual answer sheets have been posted for coworkers to copy and submit the answers to earn CE credit. This practice is a violation of the Rules of Ethics not only on the part of the radiologic technologist who posts the answers, but also on the part of the radiologic technologists who copy the answers.

Providing false, inaccurate, altered or deceptive information related to CE activities also is a violation of the Rules of Ethics. For instance, some radiologic technologists indicate an erroneous date of completion or number of CE credits awarded, either intentionally or inadvertently. CE audits are periodically conducted in which ARRT may request radiologic technologists to submit certificates of participation to document the activities reported with their renewal. If a radiologic technologist is audited and inaccurate CE credit information is found, he or she may attempt to alter the certificate to match what was reported. Any altered documentation is referred to the ARRT Ethics Requirements Department for review.

19. Subverting or attempting to subvert the ARRT certification or registration process by:
   (i) making a false statement or knowingly providing false information to ARRT; or
   (ii) failing to cooperate with any investigation by the ARRT.

The ARRT attempts to maintain the highest level of professionalism among its registrants. To do this, ARRT relies on information provided by its registrants and certification candidates to be accurate and correct.

All applicants for ARRT certification must demonstrate that they meet ARRT’s ethical requirements by answering the following 3 questions:
1. Have you ever been convicted of a misdemeanor, felony or a similar offense in a military court-martial?
2. Have you had any license, registration or certification denied, revoked, suspended, placed on probation or subjected to discipline by a regulatory authority or certification board (other than ARRT)?

3. Have you ever been suspended, dismissed or expelled from an educational program that you attended in order to meet ARRT certification requirements?

Additionally, the annual registration renewal process requires radiologic technologists to answer the following 2 questions regarding ethics compliance:
1. Have you ever been convicted of a misdemeanor, felony or a similar offense in a military court-martial?
2. Have you had any license, registration or certification denied, revoked, suspended, placed on probation or subjected to discipline by a regulatory authority or certification board (other than ARRT)?

It is very important to answer the questions honestly as an attestation to compliance with the Standards of Ethics. The following example describes a technologist who attempts to hide a criminal charge from his past.

Dick is completing the ARRT application for certification and comes upon a section where he is required to report any criminal charges or convictions. He was charged with passing bad checks 4 years ago and is not sure if he needs to report it. He is worried that if he answers “Yes” he will not be able to sit for the exam. He answers “No” hoping it will not be discovered.

It also is important to note that a radiologic technologist can violate the Rules of Ethics if he or she fails to truthfully respond to an ARRT inquiry concerning a colleague’s actions.

20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual’s education, training, credentials, experience, or qualifications, or the status of the individual’s state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

Radiologic technologists who receive ARRT certification have completed educational requirements and clinical competency or experience requirements. Thus, there is the opportunity to do harm when an individual has not met the specified requirements to practice radiologic technology.

Pamela, a registered technologist and program director, knows that Denise reported inaccurate information about her clinical competency requirements. Because Denise is a model student, Pamela decides to sign Denise’s paperwork despite the falsified data. Pamela has violated the Rules of Ethics by falsely indicating that Denise
meets the clinical competency to be eligible to take the nuclear medicine examination.

The radiologic technologist and his or her supervisor are required to represent the technologist honestly. Exceptions and special allowances should not be made simply because the individual appears to be competent, as described in the scenario. The ultimate consequence of providing false information is that it may compromise patient care and safety.

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to the ARRT.

Radiologic technologists are responsible for reporting any known infractions of the Rules of Ethics to the ARRT, regardless of their relationship to the individual(s) violating the rules. The following scenario describes a situation in which the technologist refrains from reporting his friends’ violation.

Jacob works in a busy medical imaging center along with 10 other radiologic technologists. One morning on break, Jacob notices 2 coworkers quietly chatting and busily writing. As he approaches, Jacob sees they are copying post-test answers from another coworker’s answer sheet for a CE activity. Although Jacob knows that copying answers is not ethical, he does not report the infraction because the coworkers are his friends.

It is not enough to adhere to the Rules of Ethics as individuals. Radiologic technologists are bound by their professional Code of Ethics to ensure that they and their colleagues are taking the actions necessary to provide the highest quality patient care and to elevate the radiologic technology profession. The ARRT advises that technologists who report a violation be as detailed as possible in their explanation of the violation, providing identification of the individual(s), the nature of the circumstances and any disciplinary actions taken by the facility.

22. Failing to immediately report to his or her supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient’s care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

It is human nature to attempt to cover up errors. At some point, everyone has uttered the phrase, “It wasn’t me!” However, the radiologic technologist has the responsibility to take ownership of errors that are made while a patient is in his or her care. It is easy to recognize an obvious error such as a radiation burn or a fall. Other mistakes, such as that described in the following scenario, may be more difficult to detect.

A 13-year-old girl is taken into the ED with a history of vomiting for a week. She is sent to the radiology department for an abdominal radiograph. Sharon positions the patient and takes the radiograph. As the image appears on the monitor, Sharon is aware of a density in the pelvis. Unfortunately, Sharon does not ask for the date of the last menstrual period and whether the patient had been sexually active because of the patient’s young age. The patient is in the first trimester of pregnancy and the fetus receives a dose of radiation at a time when the fetus is most vulnerable. Sharon does not report the issue to the ED staff or her supervisor.

The radiologic technologist, guided by the principle of nonmaleficence, is ethically bound to report any type of error, whether it is one of commission or omission, to someone in authority.

Reporting Violations

The radiologic technologist is responsible for advocating for patients to ensure that they have access to high-quality care and to uphold the high standards and mission of the profession.

Garrett et al stated, “The obligation to blow the whistle is limited to events that are, with rare exceptions, repeated and are of such a nature as to seriously harm patients or the profession.” This statement implies that only repeated events that seriously harm patients must be reported, but ARRT goes a step further. ARRT requires reporting of any and all infractions to the Rules of Ethics, even if the actions are not repeated or may not have seriously harmed the patient.

The radiologic technologist may be hesitant to report an incident with possible ethical considerations because of coworker loyalties, fear of retaliation by the employer or the offender or a belief that no one is perfect. Although an incident is reported, an ethics sanction may not result.

Complaints regarding ethical infractions can arise from many different sources, including self-reporting, state licensing agencies, staffing agencies, employers, coworkers and patients.
State licensing agencies may report to ARRT when the agencies have taken measures to restrict or remove a radiologic technologist’s license to practice (Rule 4). Staffing agencies may attempt to verify the registration status of an individual with ARRT only to find that the individual has falsified the credential card (Rules 1 and 20). Employers may contact ARRT to report an incident of a radiologic technologist inappropriately touching a patient (Rule 11). Coworkers may contact ARRT regarding a radiologic technologist who has copied post-test answers for a CE activity from another coworker or spouse (Rule 18). A patient who feels mistreated may file a complaint with ARRT (Rule 6).

Self-reporting frequently occurs at the time of the radiologic technologist’s annual renewal of registration. As discussed in Rule 20 of the Rules of Ethics, 2 questions related to ethics are asked as part of the renewal of registration. These questions may lead to the radiologic technologist recalling a situation and reporting it to ARRT along with documentation regarding the situation. ARRT’s Administrative Procedures provide for a thorough investigation along with an opportunity for the accused technologist to explain the circumstances.

ARRT’s Administrative Procedures

After a complaint is received, the next step is to investigate the allegation. A letter is sent to the radiologic technologist to inform him or her of the complaint and to allow the individual to provide an explanation.

The ethics committee is composed of 3 trustees appointed by the president of the ARRT board of trustees; a fourth trustee is appointed to serve as an alternate if 1 member is unable to participate in a meeting. The ethics committee is responsible for investigating each alleged breach of the Rules of Ethics and determining whether a certificate holder or candidate has failed to observe the Rules of Ethics in the Standards of Ethics, and determining an appropriate sanction, and periodically assessing the Code of Ethics, Rules of Ethics and ARRT’s Administrative Procedures and recommending any amendments to the board of trustees.

After reviewing each allegation, the ethics committee will determine if a violation of the Rules of Ethics has occurred and the type of sanction to be imposed. Possible sanctions include:

- **Reprimand.** A form of discipline that declares specific conduct as improper but does not limit the right of the individual to use the ARRT credential for employment purposes. Public reprimands are published in the Annual Report to Registered Technologists and appear on the sanctions list on the ARRT website for 1 year.

- **Ineligibility.** The individual is not eligible for certification.

- **Suspension.** The individual’s registration is dropped for a specified period of time. The individual is prohibited from using the ARRT credential, designation, mark or name in any manner for any purpose. Suspension could lead to additional sanctions up to and including revocation of certification and registration.

- **Summary suspension.** The individual’s registration is immediately dropped. This sanction is typically used in situations where there is potential for harm to the patient or the public. The individual is prohibited from using the ARRT credential, designation, mark or name in any manner for any purpose. Summary suspension could lead to additional sanctions up to and including revocation of certification and registration.

- **Revocation.** The individual’s certification and registration have been removed. Revocation is the most serious ethics sanction imposed. The individual is prohibited from using the ARRT credential, designation, mark or name in any manner for any purpose.

Although the following are not considered ARRT sanctions, they do represent legal remedies that are available to ARRT.

- **Court injunction.** ARRT pursues court orders against individuals who have been sanctioned through the ARRT ethics review process and who misrepresent themselves as ARRT certified or registered. The court can issue an injunction prohibiting the individual from using the ARRT credential, designation, mark or name in any manner for any purpose. This action is a legal remedy for violations of ARRT’s intellectual property rights.

- **Settlement agreement.** Based upon misrepresentation or continued misrepresentation after an adverse ethics sanction was previously imposed, this person has entered into a negotiated agreement with the ARRT to avoid legal action.

The technologist is notified by mail when the sanction is determined and is granted 30 days from the date of notification to submit a written request for a hearing. If the individual requests a hearing within
30 days, he or she is accorded due process as outlined in ARRT’s Administrative Procedures. By not responding within the 30-day period, the technologist consents to the actions taken by the ethics committee and the decision becomes final.

**Summary**

Radiologic technologists are taught the fundamentals of ethical theories and principles as students and are guided by the aspirational goals identified in the Code of Ethics. The Rules of Ethics identify situations and circumstances that exemplify breaches of ethical conduct and may result in the imposition of a sanction.

The ethical theories of utilitarianism and deontology have a significant effect on the manner in which health care is delivered. The 4 principles of autonomy, nonmaleficence, beneficence and justice are based on these theories and provide specific actions to be taken and considered when confronting an ethical dilemma.

Over time, the finer points of ethical thought begin to fade. Periodically, it is necessary for the radiologic technologist to review ethical concepts to foster individual improvement and promote radiologic technology as a competent profession concerned with patient rights and safety.

**References**


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**Errata**

An error occurred in the Directed Reading, “Gastroesophageal Reflux Disease,” which appeared in the January/February 2010 issue. The text incorrectly stated that the device at the end of the probe — the manometer — records pH values. Manometers do not record pH; rather, they measure pressure. The error did not affect the post-test.

There also was an error in the peer-reviewed article, “Effective Radiography Clinical Instructor Characteristics,” which appeared in the May/June 2011 issue. The first sentence in the author’s acknowledgement should read: “The author would like to thank the New Jersey program directors, clinical instructors and students who participated in the study.”

We thank the readers who brought these errors to our attention.