

The need for ethical guidance in the conduct and reporting of independent medical evaluations

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Issue: Referrals for independent medical evaluations (IME) in Sweden are substantial and increasing. However, IMEs have been criticized for being less than transparent, unreliable, and subject to assessor bias. These issues were recently highlighted by the Swedish national media when a series of newspaper articles revealed details of a state-funded project aimed at identifying rates of malingering among patients attending for an IME. Further, there are no standards in place for IME assessors – although, Sweden is currently in the process of developing accreditation standards for independent medical evaluators.

Description: An IME differs from a traditional physician–patient model since the primary responsibility is to provide a service for the hiring third party. Third parties such as the Swedish social insurance agency, a private insurance company, or an employer may request an IME to evaluate disability, functional limitations or the potential for rehabilitation. Legal and ethical concerns may arise during an IME. What happens, for example, if a doctor discovers a medical problem that requires treatment? Should they primarily inform the patient or their regular caregiver? Should patients have access to the result of their IME? Without clear guidance regarding such issues, assessors may be inconsistent in their approach⁴.

Description of the policy development:

Eight principal ethical practice recommendations based on international standards⁵ adapted to Swedish conditions have been proposed by a group of Swedish medical doctors and published in the Journal of the Swedish Medical Association⁶.

Principal ethical practice recommendations

Every physician and team member who works as an independent medical assessor are expected to follow these guidelines for behavior and should:

1. be honest in all communication and ensure that the person being evaluated is informed of what information the assessor has access to.
2. respect the rights of the examinee and other participants, and treat these individuals with dignity and respect
3. at the examination:
 - inform the examinee about the investigation process and who the responsible IME physician is
 - inform the examinee who has ordered the IME (the client)
 - inform the examinee that they are attending an IME and that the information derived will be provided to the Third party client
 - explain that no treating physician-patient relationship will be established
 - ensure that there is sufficient privacy if the examinee needs to remove clothing for the examination
 - refrain from comments that could be interpreted as derogatory
 - conclude the investigation by advising the examinee that the examination is over and make sure that there is no additional information or questions from the examinee.
4. reach conclusions that are based on facts and medical knowledge, and for which the independent medical examiner has adequate qualifications to address
5. give feedback to the examinee regarding your observations
6. be prepared to manage conflicts in a professional and constructive manner
7. never accept a fee for services which are dependent upon writing a report favorable to the referral service
8. comply with medical and other confidentiality and be observant of possible conflicts of interest applicable to legal jurisdiction of the mission

Lessons: It is critical that all parties involved are aware of the ethical challenges involving IMEs, and have access to clear guidance around these issues, in order to guarantee that these assessments and the resultant reports are ethically defensible.

Conclusion: The results of this survey are very positive towards independent examiners at the Susano clinic. One possible explanation to the positive result could be that the patient perceived a sense of justice. The questions regarding ethics in the survey pilot may have strengthened the patients perception of the evaluation as fair. These results are in line with previous results from earlier studies⁷. One other explanation could be that the respondents may have been influenced by a desire to please assessors whose reports were critical to their financial situation, since the majority of respondents of the pilot noted that the findings of the IME were of great importance to their financial wellbeing. Future research should explore whether response patterns are influenced by IME results, and expand the patient population to increase generalizability.

Result: patient survey pilot

The Susano Clinic in Malmö, Sweden, which specializes in providing IMEs, surveyed 129 patients presenting for an independent assessment, including questions valuing ethical concerns. A total of 81 patients provided a completed survey, for a response rate of 63%. The survey was provided by administrative personnel to all consecutive patients attending for an IME from March to May, 2016. The survey was provided directly after the independent assessment, and collected anonymously immediately upon completion. Most respondents were female (67%) and the most common age groups were 40-55 (52%) and 55+ (28%). Most respondents (67%) stated that they had read the ethical practice recommendations for conducting IMEs at the clinic or on the Internet and 96% of all respondents endorsed that it was important for the clinic to obey these guidelines (Figure 1).

Figure 1. How do the following statements correlate with your experience of the encounter with the doctor in charge of your examination?

