CONFIDENTIAL

March 26, 1959

M. F. Naylor
Industrial Relations

At the conference held on Tuesday, March 24, 1959, with Mr. Naylor, Dr. K. Smith, Hugh Jackson, Dr. R. D. Merrill, and C. L. Sheckler, a topic that came under review was the manner in which the Medical Department responded to requests from treating physicians to examine X-rays taken of our employees. During this discussion, a query as to the procedures followed by other industrial organizations was brought up. To resolve this question, and with the consent of Mr. Naylor, the Medical Departments of the following organizations were contacted: General Motors Corporation of Linden, New Jersey, Squibbs, Johnson & Johnson, Esso at Bayway, Bakelite, and American Cyanamide. The following queries were submitted to the respective Medical Departments:

"How do you handle a request of an employee to take his chest X-rays to his treating physician." There was a unanimity in response that the X-rays are made available either by giving them to the patient or mailing them directly to the treating physician.

In addition, direct requests from family doctors, chest consultants, and radiologists from hospitals, were similarly honored by mailing the X-rays to the doctor. At no time was the family doctor or X-ray or chest consultant requested to come to the Medical Department of the industrial plant to review the X-rays. The respective companies kept a record, indicating by whom and to whom the X-rays were taken and this notation was signed by the employee.

In addition, the question was presented as to the manner of resolving the handling of cases where positive X-ray findings were discovered during the course of either a periodic or incidental examination. Here again, the replies emphasized the importance of transmitting to the employee the new findings, to alert him as to the urgent need to take corrective measures and every effort made to see that the treating doctor had an opportunity to examine the X-rays. Esso, Squibbs, and General Motors went further and frequently would send the patients to the company's consultants to make sure that a proper diagnosis was made and the findings transmitted to the family doctor.

The question was then submitted as to how X-rays were handled when employees were in litigation or anticipated litigation. Non-self insuring companies, such as Bakelite and American Cyanamide, referred requests of this type to their insurance carriers. However, American Cyanamide did transmit X-rays to the treating doctors if they were considered ethical and primarily interested in maintaining and restoring the health of their patient. All the doctors stressed the importance of maintaining good relations with the family doctors consistent with the policies of the County Medical Association. In almost all cases, they emphasized the possibility of legal liability due to failure to divulge necessary information for the maintenance of the health of the employee and they all seemed to be guided by the principle that what was good for the patient was, in the last analysis, good for the employer.

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Among the self-insured, X-rays were made available; however, safe-guards were created to assure that the X-rays did not go astray, in some situations they were delivered by messengers or duplicate X-rays were taken in the respective Medical Departments.

There was common agreement among all the doctors, that X-rays could be made available by subpoena on the part of the employee but this was considered poor public relations, and it was deemed important to encourage the awareness on the part of the employee of the Medical Department's concern with their welfare and that every effort was being made to cooperate with the treating doctor in order to facilitate his quick recovery and to maintain his health.

On the basis of the above information, I recommend that we continue making available our X-rays, with authorization, on the part of the patient, and that in the cases under litigation, the Safety Department be informed of the request and under proper safe-guards, X-rays be made available to a physician primarily interested in the treatment and welfare of the patient.

If the above meets with your and Dr. Smith's approval, we will consider its contents a guide to future handling of these requests. If the above does not meet with your approval, please supply an alternate method of handling these requests.

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Medical Department

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