

Radiology, the financialization of all dangers:

Preventing the risks for radiologists and patients

Press release from the French National Academy of Medicine (*)

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Radiologists in the liberal sector, with their medical imaging technical facilities, are currently subject to massive acquisition proposals by investors, these facilities after private clinics, nursing homes, biology platforms and, more recently, primary care medical centers, having been largely acquired by consortiums financed by investment funds. Based on the collapse of radiologist demographics, these attractive financial offers mask several risks for professionals and patients.

The first risk is the lack of transparency in the set-up of several private practice companies that acquire professional platforms, with the result that investors do not appear in the capital of these companies to which health professionals will be bound by contract. It is also due to the double opacity of the offered contracts:

- on the one hand, professionals working in these companies have neither mastery of governance and management, nor control over financial rights,
- on the other hand, the Departmental Councils of the Chamber of Physicians (Conseils Départementaux de l'Ordre des Médecins, CDOMs) are consulted on the companies statutes, but not on the related and complex contracts concluded elsewhere, and often not communicated. Through a mechanism of nested structures, these various contracts and partnership agreements signed by professionals link them to "service provision" companies (subsidiaries, holdings) which themselves rent authorizations from the Regional Health Agencies, premises, equipment or staff.

A second risk relates to the practice contracts between doctors and companies often imposed, subjugating them to an arsenal of clauses on the terms and conditions of practice, to obligations (roaming on separate sites, compulsory period of practice within the company to receive the balance of the sale price, custody and penalty payments, imposed exercise platforms, exclusive rights to practice in the establishment(s) chosen by the group, sanctions if the quantified objectives are not achieved, number and type of exam or sessions), or even limitation or prohibition of communication.

A third risk concerns professionals, but also patients. These contracts, which are multi-layered in terms of content and form, lead to professional deregulation, with proven risks of loss of decision autonomy, and orientation of activity towards profitable, simple, and modeled examinations at the expense of emergencies. They may affect patients' freedom of choice through the signing of exclusivity clauses between the company and some private clinics or

teleradiology platforms (including abroad). This risk compromises the independence of professionals, although it is guaranteed by Article R. 4127-5 of the Public Health Code. It may greatly affect the patient's freedom of choice for a specialist recommended by his or her doctor, particularly in interventional radiology. Finally, it may affect the very ownership of patient data.

The French National Academy of Medicine:

- Requests that the principle of independence of healthcare professionals be included, as a fundamental ethical principle, in Article L 162-2 of the Social Security Code;
- Encourages the National Council of the Chamber of Physicians (Conseil National de l'Ordre des Médecins, CNOM) to alert the CDOMs (regional councils) about the ethical and deontological risks of the contracts imposed on practitioners associated with private practice companies, so that they require the communication of all contracts and not only the statutes and internal rules of the Companies;
- Proposes that exclusivity contracts for practitioners in private clinics should be regulated to prevent abuses linked to exclusivity clauses which distort the practice and independence of professionals, the free choice by a doctor of his or her correspondent in another specialty and, consequently, the freedom of choice of patients;
- Calls for the replacement of the current procedure for the authorization of heavy equipment by an authorization for imaging care activities, following the example of those for neurological and cardiac interventional radiology and nuclear medicine. This authorization of activity, subject to accreditation/certification procedures with visiting experts, should aim to evaluate and preserve the quality of radiologists' working conditions and the quality of performance and delivery of examinations, based, among other things, on meeting the patients' needs and on their feedback;
- Alerts on legal liability in the field of teleradiology and on the need to clarify the issue of ownership of massive patient imaging data, possibly interpreted, stored, and exploited abroad by artificial intelligence, in particular in the framework of tele-imaging networks. Despite the financing of the examinations by the public funds of the Health Insurance, these sensitive personal data, as they concern diagnostic and therapeutic, escape from any control.

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