



Harper-Grace Hospitals
Harper Hospital Division

PUBLIC DOCUMENT ROOM

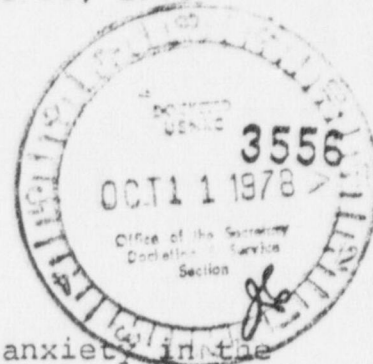
September 26, 1978

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PROPOSED RULE

(113)
-35 (43FR29297)

Nuclear Regulatory Commission
Bernard Singer, Chief
Radioisotopes Licensing Branch
Division of Fuel Cycle and
Material Safety
Washington, D.C. 20555



TO: Nuclear Regulatory Commission:

I believe it is important not to create any undue anxiety in the patient.

Misadministrations are normally reported to the referring physician and he should determine what action should be taken, if any at all.

The great majority of mistakes result in absolutely no harm whatsoever to the patient and the proposal submitted by the Nuclear Regulatory Commission would in many instances create great anxiety in the patient. Besides the proposal would result in an undue amount of paperwork and record keeping.

Currently if a diagnostic study is performed on the wrong patient, the referring physician is informed so that he can discuss the issue with the patient. No charge is made to the patient for the examination and the results of the exam are included in the patients' medical record.

If a diagnostic or therapeutic study was performed wherein harm could come to the patient then by all means this should be reported to the patient both by the referring physician and the physician responsible for the misadministration. This will be duly recorded in the medical record of the patient and I see no need to report the incident to the Nuclear Regulatory Commission.

Truly yours,

Steven J. Figiel, M.D.
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Acknowledged by card... 10/11

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