

Radiography — Advice Letter to a Patient Concerned about Radiation from Repeated Scans

THE CASE NOTES

Patient: Mrs Alicia Ferreira, 45 years old; Crohn's disease — 4 CT abdomen/pelvis scans over the past 5 years (one annually)

Patient concern: Read an article stating that CT scans significantly increase cancer risk; very anxious; requested a letter explaining her situation; considering refusing future scans

Radiation context: CT abdomen/pelvis dose: approximately 8–10 mSv per scan; natural background radiation dose per year in UK: approximately 2.7 mSv; 4 CT scans over 5 years = approximately 32–40 mSv cumulative; this is equivalent to approximately 12–15 years of background radiation

Risk in context: The additional lifetime cancer risk from the cumulative CT dose is estimated at approximately 0.2% — a small but real risk; compared with background lifetime cancer risk of approximately 40% in the general population; the CT scans have provided the clinical information needed to manage active Crohn's disease and have detected two complications requiring treatment

Justification: Every CT scan is justified by a radiologist and/or clinician before it is performed — it is approved only when the clinical benefit outweighs the radiation risk; scans are not ordered routinely; ALARP principle (As Low As Reasonably Practicable) means the dose is kept as low as possible

Alternatives: MRI (no radiation) is increasingly used for Crohn's monitoring; her gastroenterologist has noted this is being reviewed for future imaging

Task: Write an advice letter to Mrs Ferreira addressing her radiation concerns, explaining the risk in plain language, and reassuring her about the justification process.

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WHAT TO INCLUDE

+ The cumulative dose in context: equivalent to approximately 12–15 years of background radiation, additional cancer risk approximately 0.2%

Abstract numbers ('32–40 mSv') mean nothing to a patient. Background radiation equivalence is the most effective way to contextualise CT radiation risk for a non-specialist. The 0.2% additional risk compared to the 40% background risk gives the patient a proportionate picture.

+ That every scan is justified by a clinician before it is approved — not ordered routinely

The patient's anxiety is partly driven by the perception that scans are routine or automatic. Knowing that each one was medically justified by a qualified person and that the clinical benefit was weighed against the radiation risk directly addresses her concern.

+ That MRI is being reviewed as a radiation-free alternative for future monitoring

This shows the medical team is proactively managing the cumulative dose concern and is already planning a lower-radiation approach. It is the most reassuring forward-looking statement in the letter.

WHAT TO LEAVE OUT

– A detailed radiation dosimetry explanation

Millisieverts, effective dose coefficients, and tissue weighting factors are not appropriate for a patient advice letter. Use equivalences (years of background radiation) and plain-language risk framing (0.2% additional risk).

OET Case Notes

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– A full Crohn's disease history and the complications treated

'The scans have provided the clinical information needed to manage your Crohn's disease and have detected two complications requiring treatment' is enough. The patient knows her history; the letter provides the radiation context, not a medical summary.

CRITERION IN FOCUS · GENRE & STYLE

A radiation concerns letter is written to an anxious patient who is considering refusing future scans. The genre requires a careful balance: accurate about the risk (not dismissing it) but clear about the context and the clinical benefit. 'The radiation is negligible' is inaccurate and dismissive. 'The radiation risk from your scans is small — equivalent to about 15 years of natural background radiation — and has been weighed carefully against the clinical information the scans have provided.' This is accurate, contextualised, and respectful of the patient's concern.

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