Q&A: This radiologist sheds light on pandemic’s new liability concerns

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In March, AMA member Ami Shah, MD, a radiologist and director of mammography in New York, received a call from her neighbor. The neighbor wondered whether Dr. Shah would remove sutures placed by his dermatologist whose office was closed due to COVID-19. While she had certainly learned how to suture a wound and remove sutures in training, Dr. Shah wondered what issues would arise if she provided care outside her area of medical expertise. She even questioned the effect of her neighbor becoming her patient would have on liability if something were to go wrong.

Having been a member of—and serving in various leadership roles in—several physician organizations, Dr. Shah immediately reached out to leadership within the AMA, American College of Radiology and American Association of Physicians of Indian Origin to discuss issues such as medical liability during the pandemic.

Dr. Shah also is a member of the AMA Ambassador Program, which equips individuals with the skills and knowledge to confidently speak to the AMA's initiatives and the value of membership. The program also increases overall awareness about what the AMA does for physicians and their patients.

During a recent interview, Dr. Shah discussed her work on medical liability protections during the pandemic, her inspiration and advocating for women physicians.

**New disease, new liability concerns**

**AMA:** During COVID-19, new questions have arisen about medical liability protections for physicians and other health professionals have arisen. Tell us about what brought your attention to this issue.

**Dr. Shah:** The current COVID-19 crisis elevates the visibility and the heroism of each doctor. While some physicians are on the front line battling this new threat to our health, others have been asked to cross state lines to help in this fight. Some doctors have even had to change their practice overnight and convert rapidly to telehealth. Medical students were graduating early to enable them to join the workforce. Many doctors have had to close their offices and stop elective surgery, colonoscopy, dermatology skin cancer check-ups and radiologists have had to put mammogram and lung cancer screenings on hold in order to protect their patients and prepare for the expected surge of patients caused by this pandemic. Health care in the U.S. was transformed almost overnight as we faced this existential threat to our health.

An important aspect of the pandemic was that the disease was totally new to the medical community. As a result, in order to take the best care of our patients and because physicians were being asked to practice outside their scope of practice, I thought liability protection was going to be a very important factor in achieving the goal of caring for patients. Also, with basically a switch we were asked to delay nonurgent breast care such as screening mammograms. Delay in care is a serious issue and I
wanted to make sure we were doing the right thing for our patients while trying to manage the pandemic.

One of the epicenters of the pandemic was New York state, and conversations I had with the AMA and the American College of Radiology were centered around how do we address possible liability issues so that we can continue to care for our patients during a pandemic? That’s something that we had an exchange with the AMA, which was working on policy to come out about the need to address liability.

**AMA:** Having met with the AMA and American College of Radiology about liability risks to physicians, what was the outcome of those conversations?

**Dr. Shah:** The AMA warned that some federal, state and local directives related to COVID-19 can pose potential liability risks to physicians. This vulnerability remains an obstacle to physicians seeking to fill workforce gaps during the COVID-19 pandemic. To remove this barrier, the AMA asked the members of the National Governors Association to adopt health care emergency response protections to support physicians willing to risk their own health and safety in the care of COVID-19 patients.

New York state was one of the first states to address it and they did an excellent job. Gov. Andrew Cuomo issued an executive order providing civil immunity for any injury or death alleged to have been sustained directly as a result of an act or omission by such medical professional in the course of providing medical services in support of the state’s response to the COVID-19 outbreak.

In subsequent legislation, New York’s legislature provided additional protections for care provided pursuant to state or federal directives. Similarly, Connecticut’s Gov. Ned Lamont extended immunity for civil liability for any injury or death alleged to have been sustained because of the individual or health care facility’s acts or omissions undertaken in good faith while providing health care services in support of the state’s COVID-19 response. These actions can serve as models for other states.

**AMA:** You’re very vocal about helping physicians, residents and medical students. How does your involvement in organized medicine help you further reach and influence doctors outside your specialty?

**Dr. Shah:** Our primary focus is in our patient-physician relationship, diagnosis and treatment, and making sure we are giving our patients the best care possible. However, one step above that is the different communities that we’re part of. We’re part of a hospital community. We’re part of the community that we serve. And if we choose to, we’re part of organized medicine—medical societies are an excellent resource for best practices during the pandemic.

To me, representation of physicians in groups that make decisions on how doctors practice is really important because we don't always have physicians making decisions for us. It’s very important for us
to exercise this opportunity to educate those people. We're making decisions about availability of where to allocate resources and I think the pandemic has shown us how really important it is for us to be vocal about what we need to take care of our patients, which is the primary thing that we want to do.

Being a part of a wonderful organization like the American Medical Association—and also part of American College of Radiology and the American Association of Physicians of Indian Origin—is important because these organizations provide that umbrella and provide a place for us to develop as physician leaders and then also to use our voice to find out what our communities, our cities or states need.

It's important for organized medicine to talk to each other and that's what the AMA does really well because we're an umbrella organization.

I feel like physicians get involved with the patient-physician relationship because that's really what they do on a day-to-day basis. But then in a situation such as the pandemic, it really becomes important what these organizations have done.

AMA: Using your platform in organized medicine has really helped you to advocate and influence physicians across specialties. Does that also help you reach medical students and residents?

Dr. Shah: Several residents in various hospitals reached out to me regarding the lack of personal protective equipment [PPE]. Some radiology residents were excited to be deployed in different areas from the norm. Now working on the front line, they were expressing concern about the impact on their radiology residency training.

Many medical students were also both excited and fearful about graduating early to join the battle. I reached out to my colleagues at the AMA to discuss many of these issues. In addition, as an AMA Ambassador I forwarded information to the AMA International Medical Graduates Section regarding the announcement of the New York governor’s order. As a result, several AMA medical student members reached out to me to see how they could help New York fight the pandemic.

Telehealth and women in medicine

AMA: Since the pandemic began, health systems and physician practices have had to quickly adapt and implement telehealth. With this rapid change, how has the use of telehealth affected radiology?

Dr. Shah: As a radiologist, in terms of medicine, we've probably been the leaders in telemedicine because we've been doing teleradiology forever. When my son was in fourth and fifth grade, I did daytime teleradiology work. I went to my group and I said that my son needs me, and I served as

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class parent. I don't see why I—as a woman physician being dedicated to her patients—can't do that also. It's an unfair sacrifice that women physicians have to make.

I approached my workplace and said, “Could you set me up at home? That will save me two hours of travel time so that I can dedicate it to this.” They were more than happy because they don’t want to lose talent. My son is 20 now, so that was 10 years ago. I am grateful that they were forward thinking and made it happen for our family.

Radiologists have been physician leaders with respect to telemedicine. As a result of COVID-19, telehealth was rapidly implemented and has been utilized now more than ever before. There have been sweeping effects and much needed changes to HIPAA guidelines and relaxing interstate medical licensing requirements, broader legal liability coverage in some states, CMS has addressed telehealth reimbursement, and much more.

AMA: You’ve long been passionate about women’s advancement and leadership in medicine. What are your thoughts on how the pandemic is affecting women physicians?

Dr. Shah: One of my role models and inspiration for going into medicine was one of the first women physicians in Mumbai. She was a gynecologist and she provided free care, so that's very important to me to be an advocate for health care for all women.

I've served for eight years on the AMA Women Physicians Section as a member-at-large and an alternative delegate. We started off with what affects women in medicine. Then we went and we talked about the gender gap, the salary gap, negotiating for a better salary, the #MeToo movement. There are just so many things that the Women Physicians Section has done.

I am especially proud of all the policy change we have worked so hard to achieve over the years to move things forward for women in medicine, our patients and our physician community. There are so many things that the Women Physicians Section of the AMA has accomplished. It has also been a privilege to be able to cultivate connections and feel comfortable reaching out to physician leaders and mentors and work with such inspirational leaders.

As more children were required to learn from home, all the way from kindergarten to college, virtual education was being implemented. For working parents, this can be very difficult to manage. In our department, we had to prioritize which physicians could work remotely. We could not afford to lose any physicians from our workforce and had to work together to find the right solutions.

For radiology, we had to prioritize who gets a workplace monitor, so helping have a voice that says, “Hey, this is a situation where we’re going to lose an active physician if we don’t provide them with the tools to work remotely and fast.”

It’s about helping them think about issues that are affecting women in medicine and constantly being
a voice, whether it’s in my workplace or in the larger community.