

# REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 5-A-09

Subject: Quality

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Referred to: Reference Committee on Amendments to Constitution and Bylaws  
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1 Quality is a measure of the appropriateness and adequacy of health care. It has been described as  
2 getting the right care to the right patient at the right time.<sup>1</sup> Yet we know that quality of care and  
3 patient outcomes vary across different patient populations<sup>2</sup> and in different geographic areas<sup>3</sup> and  
4 that compromise in quality can lead to medical errors that harm patients.<sup>4</sup> Despite many attempts to  
5 ensure quality care through incentive mechanisms, measurement programs, and mandates, there is  
6 still much to be done to achieve the goal of providing the right care for every patient every time he  
7 or she enters the health care system.

8  
9 Discussions about quality often revolve around the technical aspects of providing high quality care;  
10 ethical responsibilities tend not to enter the conversation. The aim of this report is to outline these  
11 ethical obligations and to provide guidance to help physicians better understand that quality is not  
12 just a technical, systems concern; it is an ethical and hence a professional one as well.

## 13 14 QUALITY IN HEALTH CARE

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16 High quality care has been characterized as care that is safe, effective, efficient, patient centered,  
17 timely, and equitable.<sup>5</sup> Each of these aims has ethical aspects that are important for delineating the  
18 roles and responsibilities of all who are involved in providing health care. Importantly, quality is  
19 the product of the interplay of all of these aims. Emphasizing any one goal at the expense of others  
20 undermines our ability to achieve the high standard of care our patients need and deserve.

### 21 22 *Safe Care*

23  
24 In its 1999 report *To Err Is Human*, the Institute of Medicine summarized data on medical errors in  
25 the U.S. and recommended strategies for improvement.<sup>6</sup> One such recommendation was for  
26 professional organizations, among other groups, to “raise performance standards and expectations  
27 for improvements in safety.”<sup>6</sup> For its part, the American Medical Association has addressed patient  
28 safety through Opinion E-8.121, “Ethical Responsibility to Study and Prevent Error and Harm”  
29 (AMA Policy Database) of the *Code of Medical Ethics* and through leadership of the Physician  
30 Consortium for Performance Improvement designed to develop, test, and maintain sound clinical  
31 performance measures and measurement resources for physicians.<sup>7</sup>

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1 Providing safe care to patients with the aim of preventing harm is a founding tenet of medicine that  
2 derives from the principles of beneficence and nonmaleficence.<sup>8</sup> It is the professional obligation of  
3 physicians to prevent harm to each patient under their care.<sup>8</sup>  
4

5 *Effective Care*  
6

7 Providing sound, scientifically derived care based on clinical indications—and refraining from  
8 providing care that likely will not benefit patients—is another aspect of quality care. The obligation  
9 to provide effective care stems from the principle of beneficence, which directs the physician to  
10 choose what is best for each patient. To this end, physicians are expected to commit themselves to  
11 lifelong professional learning and to applying their education to patients’ benefit, responsibilities  
12 addressed in Principle V and in Opinion E-9.011, “Continuing Medical Education,” of the *Code of*  
13 *Medical Ethics*.  
14

15 However, providing effective care requires more than the professional competence and dedication  
16 of individual physicians. Truly effective care calls for collaboration among all who provide patient  
17 care. Thus physicians also have an ethical responsibility to seek consultations when appropriate  
18 and use the talents of other professionals (Principle V) and to foster coordination of care among  
19 appropriate clinicians.<sup>9</sup>  
20

21 *Patient-Centered Care*  
22

23 Providing care that meets patient needs in accordance with the individual’s preferences is likewise  
24 an important goal of quality care. Certainly, physicians should not be required to provide  
25 unnecessary care or treatment that the physician believes is dangerous or unproven because a  
26 patient requests it. That said, however, physicians have an ethical responsibility to work with  
27 patients to identify goals of care, develop treatment plans, and provide care that reflects the  
28 patient’s values.  
29

30 Respect for the patient is at the core of physicians’ professional ethical responsibilities, as  
31 recognized in Principles I and IV of the *Code of Medical Ethics*. This requires engaging the patient  
32 in shared decision-making<sup>10</sup> by disclosing relevant information about the benefits, risks, and costs  
33 of treatment alternatives, as well as recommending treatment options based on professional  
34 judgment.<sup>11, 12</sup>  
35

36 *Timely Care*  
37

38 Medical care cannot meet many of the other criteria of quality if it is not received by those who  
39 need it in a timely fashion. Long waits to receive care reduce quality and patient satisfaction.  
40

41 *Efficient Care*  
42

43 Efficiency means that care meets patients’ needs and is not wasteful. Efficiency has recently  
44 become a prominent issue, primarily due to the rising costs of care. Although “efficiency” has at  
45 times been interpreted to mean “cheap,” efficient care can be both low cost and high quality. The  
46 goal is to provide only needed, patient-centered care. Physicians, who control a substantial portion  
47 of health care spending, share a responsibility to use health care resources prudently.

1 Physicians must enhance their role in promoting efficient health care. Third party payers, including  
2 managed care organizations and Medicare, have thus far taken the initiative to improve efficiency.  
3 However, physicians can and should become the primary drivers of these efforts, rather than  
4 reacting to them.<sup>13</sup> Fulfilling professional ethical responsibilities with respect to allocating limited  
5 resources<sup>7</sup> and taking costs of care into consideration<sup>14</sup> helps improve efficiency of care so that  
6 overall medical resources are increased for all.

7  
8 *Equitable Care*

9  
10 The principle of justice requires, among other things, that health care resources be distributed fairly  
11 among all patients who need them. This includes not only responsibility to address ethical issues of  
12 allocation of limited resources and costs of care, but also the professional obligation not to  
13 discriminate against patients.<sup>15</sup> Principle IV and numerous Opinions in the *Code of Medical Ethics*  
14 require physicians to respect patients' rights and prohibit discrimination on the basis of race or  
15 ethnicity (E-9.121), gender (E-9.122), derogatory or disrespectful conduct by the patient (E-9.123),  
16 or HIV status (E-9.131).

17  
18 Physicians must also support access to equitable medical care for all people (Principle IX),  
19 regardless of method of access.<sup>◊</sup> Physicians do not always control the dispersal of health care  
20 resources, but should do what is in their power to ensure that patients in similar circumstances  
21 receive similar care. Although there may be circumstances when equity cannot be achieved (see E-  
22 2.03, "Allocation of Limited Medical Resources"), for example, in natural disasters, these should  
23 be the exception rather than the rule.

24  
25 THE OBLIGATION TO PROMOTE QUALITY

26  
27 Obligations on the part of individual physicians to promote quality in health care feature  
28 prominently in discussions of professionalism in medicine. For example, the Accreditation Council  
29 on Graduate Medical Education notes "commitment to excellence" as a key aspect of  
30 professionalism.<sup>16</sup> The *Code of Medical Ethics* likewise addresses practitioners' responsibilities  
31 with respect to quality: Principle I enjoins physicians to provide competent medical care. Principle  
32 V sets out the duty to study, apply and advance scientific knowledge. Principle VII recognizes the  
33 responsibility to participate in activities that contribute to improving the community and public  
34 health.

35  
36 Likewise, Opinions throughout the *Code* articulate physicians' professional ethical responsibility to  
37 share knowledge and innovations for the betterment of patients and to commit themselves to  
38 lifelong learning. As an ethical commitment to patients, individual physicians are expected to keep  
39 current with best practices by participating in appropriate professional development activities. In  
40 the Council's view, commitment to excellence implies a further obligation to monitor the quality of  
41 the care they themselves deliver, for example, through regular critical self-reflection, peer review,  
42 or other use of other tools for improving quality.

43  
44 The responsibility to promote quality in health care does not fall to individual physicians alone.  
45 The medical profession as a whole, as well as professional organizations and institutions, has  
46 significant responsibilities in this regard. In particular the profession and its constituent bodies have

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<sup>◊</sup> The Council on Ethical and Judicial Affairs is addressing financial barriers for access to health care in a separate analysis.

1 obligations to define quality standards in medicine, educate practitioners about those standards, and  
2 ensure that physicians individually and collectively are held accountable for meeting those  
3 standards.  
4

5 For example, the *Charter on Medical Professionalism*, jointly promulgated by the American Board  
6 of Internal Medicine, the American College of Physicians, and the European Union Foundation of  
7 Internal Medicine, articulates “commitment to improving quality” as a fundamental tenet of  
8 professionalism in medicine. This commitment is explicitly defined as encompassing physicians’  
9 collective obligation to participate in developing and routinely applying measures of quality of care  
10 at all levels.<sup>17</sup> The AMA-convened Physician Consortium for Performance Improvement is  
11 predicated on this commitment.<sup>18</sup>  
12

13 Likewise, medicine as a profession has an obligation to strive to continuously improve the quality  
14 of the care. Health care organizations and institutions are called on to undertake quality  
15 improvement activities as a matter of sound management.<sup>5</sup> Individually and collectively, physicians  
16 have a responsibility to participate in and contribute their professional knowledge to ensure that  
17 efforts to improve quality are designed and implemented consistent with the core ethical values of  
18 the medical profession.  
19

## 20 TAKING RESPONSIBILITY FOR QUALITY OF CARE

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22 Physicians’ responsibility to review and constructively critique one another’s practice with the aim  
23 of improving patient care distinguishes medicine from other professions—to the ultimate benefit of  
24 patients. As professionals, physicians must act to improve quality of care. While many  
25 stakeholders—including health care institutions, other health care professionals, and insurers, as  
26 well as patients and their families—are involved in medical decisions and thus are in a position to  
27 influence quality of care, the special nature of the patient-physician relationship means that  
28 physicians are accountable for quality in ways that other parties are not.  
29

30 As leaders of the care team, physicians have a measure of responsibility for the performance of the  
31 team and the other professionals on it. More important, as professionals bound to their patients in  
32 an individual relationship of fidelity and trust, it is physicians who must account to each patient  
33 (and family) for the care the individual has received. Health care organizations and institutions  
34 have an obligation to create conditions in which physicians can appropriately be accountable, but  
35 institutions will not sit at the bedside and explain to the patient why the care he or she received was  
36 not of the quality deserved.  
37

## 38 RECOMMENDATION

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40 The Council on Ethical and Judicial Affairs recommends that the following be adopted and the  
41 remainder of the report be filed:  
42

43 As professionals dedicated to promoting the well-being of patients, physicians individually and  
44 collectively share the obligation to ensure that the care patients receive is safe, effective,  
45 patient centered, timely, efficient, and equitable.  
46

47 While responsibility for quality of care does not rest solely with physicians, their role is  
48 essential. Individually and collectively, physicians should actively engage in efforts to improve  
49 the quality of health care by:

- 1 (1) Keeping current with best care practices and maintaining professional competence.
- 2
- 3 (2) Holding themselves accountable to patients, families, and fellow health care professionals
- 4 for communicating effectively and coordinating care appropriately.
- 5
- 6 (3) Monitoring the quality of care they deliver as individual practitioners—e.g., through
- 7 personal case review and critical self-reflection, peer review, and use of other quality
- 8 improvement tools.
- 9
- 10 (4) Demonstrating a commitment to develop, implement, and disseminate appropriate, well-
- 11 defined quality and performance improvement measures in their daily practice.
- 12
- 13 (5) Participating in educational, certification, and quality improvement activities that are well
- 14 designed and consistent with the core values of the medical profession.
- 15
- 16 (New HOD/CEJA Policy)

Fiscal Note: Staff cost estimated at less than \$500 to implement.

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