Whereas, The continuing consolidation of healthcare by hospital mergers and practice acquisitions has resulted in the majority of physicians now being employed by corporations and healthcare systems, which leads to physician practice uncertainty and disputes that are likely to grow as career options become more limited; and

Whereas, The past several years have witnessed a shift of the practice of medicine by transforming physicians from clinical decision makers to salaried technicians with a job description that includes data entry, coding/billing, transcribing, medical guideline implementation, and patient care coordination so as to enhance revenue reimbursement for their employer; and

Whereas, Employed physicians have increasingly become merely revenue generators, resulting in individual contract negotiations becoming one-sided under the direction of corporate executives and managers with no leverage for the physicians; and

Whereas, This relationship is modeled after the hotel/hospitality industry standards of short-term occupancy, centralized decision making, customer relations and structured pricing that is then taught in hospital administration programs; and

Whereas, During the period from 1970 to 2016, there has been a doubling of the number of physicians to match the same increase of the population of the United States but a 3000% rise in hospital executives, and a corresponding 2300% increase in healthcare spending per capita; and

Whereas, The increasing need for revenue generation from employed physicians by medical corporate interests has led to the systematic devaluation of medical inquiry, experience, independence and professional growth leading to despondency within the profession of medicine; therefore be it

RESOLVED, That our American Medical Association adopt an “Employed Physician’s Bill of Rights (New HOD Policy);” and be it further

RESOLVED, That this bill of rights include the principle that compensation should be based on the totality of physician activities for the organization, including but not limited to educational endeavors and preparation, committee participation, student/resident activities and administrative responsibilities (New HOD Policy); and be it further
RESOLVED, That this bill of rights include the principle that physicians have academic freedom, without censorship in clinical research or academic pursuits (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that physicians should not be solely responsible for data entry, coding and management of the use of electronic medical record systems (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that clinical activity should be evaluated only through the peer review process and judged only by clinicians, not corporate executives (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that physician activities performed outside of defined employed-time boundaries are the sole prerogative of the individual physician and not the employer organization unless it directly conflicts with or increases risk to the organization (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that conflict-of-interest disclosures should be limited to physician activities that directly affect the organization and should only be disclosed to entities that directly reimburse the physician during their employed time period (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that restrictive covenants should be limited only to physicians with partnership stakes in the organization and should not apply to salary-based physicians (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that resources should be appropriately allocated by the organization for continuing medical education as defined by state licensure guidelines (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that employed physicians have the right to the collective bargaining process as outlined in the National Labor Relations Act of 1935 (The Wagner Act) (New HOD Policy); and be it further

RESOLVED, That this bill of rights include the principle that all physicians be empowered to first be the patient’s advocate and be allowed to adhere to the spirit of the Hippocratic Oath allowing patient privacy, confidentiality and continuity of a patient’s health care and dignity. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000.

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