WHEREAS, A pillar of the American Medical Association is to enhance sustainability and satisfaction of physicians’ practice as well as the betterment of public health; and

WHEREAS, The societal forces which have been arrayed against the medical profession in recent decades have gone to extremes to intrude on the practice of medicine, in actions that limit exercise of professional judgment, erode the doctor-patient relationship, and the ability to financially sustain practice; and

WHEREAS, The effects of this interference has real implications insofar as access to care and ultimately quality of care is concerned; and

WHEREAS, The response to this intrusion must have available many avenues of influence; and

WHEREAS, There are a number of collective actions by physicians that would not be antithetical to the availability of health care; and

WHEREAS, The current statement on collective action by physicians in the AMA Code of Ethics is excessively restrictive to some potential strategies, stating, “Avoid using disruptive means to press for reform. Strikes and other collection actions may reduce access to care, eliminate or delay needed care, and interfere with continuity of care and should not be used as a bargaining tactic”; and

WHEREAS, A suggested alternate statement of principal might read, “Whenever possible, avoid using disruptive means to press for reform. Strikes and other collective actions that may reduce access to care, eliminate or delay needed care, and/or interfere with continuity of care should not be used as a bargaining tactic;” therefore be it

RESOLVED, That our American Medical Association review the advisory restricting collective action in section 1.2.10 of its Code of Medical Ethics to allow for more flexibility on the part of physicians who have exhausted other non-disruptive methods for reform (Directive to Take Action).

Fiscal Note: TBD

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RELEVANT AMA POLICY

1.2.10 Political Action by Physicians

Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law or policy are contrary to the best interests of patients. However, they have a responsibility to do so in ways that are not disruptive to patient care.

Physicians who participate in advocacy activities should:

(a) Ensure that the health of patients is not jeopardized and that patient care is not compromised.

(b) Avoid using disruptive means to press for reform. Strikes and other collection actions may reduce access to care, eliminate or delay needed care, and interfere with continuity of care and should not be used as a bargaining tactic. In rare circumstances, briefly limiting personal availability may be appropriate as a means of calling attention to the need for changes in patient care. Physicians should be aware that some actions may put them or their organizations at risk of violating antitrust laws or laws pertaining to medical licensure or malpractice.

(c) Avoid forming workplace alliances, such as unions, with workers who do not share physicians’ primary and overriding commitment to patients.

(d) Refrain from using undue influence or pressure colleagues to participate in advocacy activities and should not punish colleagues, overtly or covertly, for deciding not to participate.

AMA Principles of Medical Ethics: I,III,VI

Citation: Issued 2016