

OPINION OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Opinion 3-A-22

Subject: Amendment to E-11.1.2, “Physician Stewardship of Health Care Resources”

Presented by: Alexander M. Rosenau, DO, Chair

1 INTRODUCTION

2

3 At the November 2021 Special Meeting, the American Medical Association House of Delegates
4 adopted the recommendations of Council on Ethical and Judicial Affairs Report 2-N-21,
5 “Amendments to Opinions 1.2.11, ‘Ethical Innovation in Medical Practice’; 11.1.2, ‘Physician
6 Stewardship of Health Care Resources’; 11.2.1, ‘Professionalism in Health Care Systems’; and
7 1.1.6, ‘Quality.’” The Council issues this Opinion, which will appear in the next version of AMA
8 PolicyFinder and the next print edition of the *Code of Medical Ethics*.

9

10 E-11.1.2, Physician Stewardship of Health Care Resources

11

12 Physicians’ primary ethical obligation is to promote the well-being of individual patients.
13 Physicians also have a long-recognized obligation to patients in general to promote public
14 health and access to care. This obligation requires physicians to be prudent stewards of the
15 shared societal resources with which they are entrusted. Managing health care resources
16 responsibly for the benefit of all patients is compatible with physicians’ primary obligation to
17 serve the interests of individual patients.

18

19 To fulfill their obligation to be prudent stewards of health care resources, physicians should:

20

21 (a) Base recommendations and decisions on patients’ medical needs.

22

23 (b) Use scientifically grounded evidence to inform professional decisions when available.

24

25 (c) Help patients articulate their health care goals and help patients and their families form
26 realistic expectations about whether a particular intervention is likely to achieve those
27 goals.

28

29 (d) Endorse recommendations that offer reasonable likelihood of achieving the patient’s health
30 care goals.

* Opinions of the Council on Ethical and Judicial Affairs will be placed on the Consent Calendar for informational reports, but may be withdrawn from the Consent Calendar on motion of any member of the House of Delegates and referred to a Reference Committee. The members of the House may discuss an Opinion fully in Reference Committee and on the floor of the House. After concluding its discussion, the House shall file the Opinion. The House may adopt a resolution requesting the Council on Ethical and Judicial Affairs to reconsider or withdraw the Opinion.

- 1 (e) Use technologies that have been demonstrated to meaningfully improve clinical outcomes
2 to choose the course of action that requires fewer resources when alternative courses of
3 action offer similar likelihood and degree of anticipated benefit compared to anticipated
4 harm for the individual patient but require different levels of resources.
5
- 6 (f) Be transparent about alternatives, including disclosing when resource constraints play a
7 role in decision making.
8
- 9 (g) Participate in efforts to resolve persistent disagreement about whether a costly intervention
10 is worthwhile, which may include consulting other physicians, an ethics committee, or
11 other appropriate resource.
12
- 13 Physicians are in a unique position to affect health care spending. But individual physicians
14 alone cannot and should not be expected to address the systemic challenges of wisely
15 managing health care resources. Medicine as a profession must create conditions for practice
16 that make it feasible for individual physicians to be prudent stewards by:
17
- 18 (h) Encouraging health care administrators and organizations to make cost data transparent
19 (including cost accounting methodologies) so that physicians can exercise well-informed
20 stewardship.
21
- 22 (i) Advocating that health care organizations make available well-validated technologies to
23 enhance diagnosis, treatment planning, and prognosis and support equitable, prudent use of
24 health care resources.
25
- 26 (j) Ensuring that physicians have the training they need to be informed about health care costs
27 and how their decisions affect resource utilization and overall health care spending.
28
- 29 (k) Advocating for policy changes, such as medical liability reform, that promote professional
30 judgment and address systemic barriers that impede responsible stewardship.