AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 3
(A-25)

Introduced by: Vanessa Stan and Kevin Bernstein

Subject: Preserving Autonomy in the Patient-Physician Relationship

Referred to: YPS Reference Committee

Whereas, the patient physician relationship is core of our role as physicians.; and

Whereas, our American Medical Association Code of Medical Ethics is intended to detail the ethical responsibilities of physicians across specialties and there is extensive AMA policy on many of these topics, but some of these key issues are not directly addressed in the Code; and

Whereas, the ethical responsibilities of physicians have continued to become more complex as physicians have moved from an environment of more heavily private practice to employed physicians. This comes with a greater potential for influence on the patient physician relationship as supervisors may be acting as fiduciaries of the institution rather than in the clinical interest of the patient. Current policy speaks to the potential of a physician to willingly enter into entanglements that they have chosen, but does not speak to the modern realities of physicians in some cases being forced into ethically dubious situations by an employer with whom they may be contractually obligated to remain employed; and

Whereas, there is an increasing possibility of undue influence in the patient physician relationship as medical practices have been purchased by investment groups. This could potentially lead to provision of more costly treatment, as is mentioned in the Code but also withholding expensive or poorly reimbursed interventions; and

Whereas, there has been increasing political attention to discussions in the clinical examination room between physicians and patients and the Code does not discuss external political influences on this relationship though AMA policy on this subject is robust; and

Whereas, trust in the patient physician relationship is paramount in providing high quality clinical care and even the suggestion of influence can cause a loss of trust; therefore be it

RESOLVED, that our American Medical Association reevaluate relevant sections of the *Code of Medical Ethics* to address outside political, administrative, and financial influences on the patient physician relationship and its impact on shared decision making in the clinical setting.

Fiscal Note: Moderate

REFERENCES

1. American Medical Association. (2017, February 17). Ama Praise Court ruling on Florida gun gag law. https://www.ama-assn.org/press-center/ama-press-releases/ama-praise-court-ruling-florida-gun-gag-law
2. American Medical Association. (2016). Issue brief: Protecting the patient-physician relationship. https://www.ama-assn.org/system/files/protecting-patient-physician-relationship-issue-brief.pdf
3.American Medical Association, Council on Constitution and Bylaws (2023). Responsibilities to Promote Equitable Care

RELEVANT AMA POLICY

AMA Stance on the Interference of the Government in the Practice of Medicine H-270.959

1. Our American Medical Association
   opposes the interference of government in the practice of medicine,
   including the use of government-mandated physician recitations.
2. Our AMA endorses the following statement of principles concerning the roles of federal and state governments in health care and the patient-physician relationship:
   a. Physicians should not be prohibited by law or regulation from discussing with or asking their patients about risk factors, or disclosing information to the patient (including proprietary information on exposure to potentially dangerous chemicals or biological agents), which may affect their health, the health of their families, sexual partners, and others who may be in contact with the patient.
   b. All parties involved in the provision of health care, including governments, are responsible for acknowledging and supporting the intimacy and importance of the patient-physician relationship and the ethical obligations of the physician to put the patient first.
   c. The fundamental ethical principles of beneficence, honesty, confidentiality, privacy, and advocacy are central to the delivery of evidence-based, individualized care and must be respected by all parties.
   d. Laws and regulations should not mandate the provision of care that, in the physician's clinical judgment and based on clinical evidence and the norms of the profession, are either not necessary or are not appropriate for a particular patient at the time of a patient encounter.

[Res. 523, A-06; Appended: Res. 706, A-13; Reaffirmed: Res. 250, A-22]

Government Interference in Patient Counseling H-373.995

1. Our American Medical Association vigorously and actively defends the physician-**patient**-family relationship and actively opposes state and/or federal efforts to interfere **in** the content of communication **in** clinical care delivery between clinicians and patients.

2. Our AMA strongly condemns any **interference** by **government** or other third parties that compromise a physician's ability to use their medical judgment as to the information or treatment that is **in** the best interest of their patients.

3. Our AMA supports litigation that may be necessary to block the implementation of newly enacted state and/or federal laws that restrict the privacy of physician-**patient**-family relationships and/or that violate the First Amendment rights of physicians **in** their practice of the art and science of medicine.

4. Our AMA opposes any **government** regulation or legislative action on the content of the individual clinical encounter between a **patient** and physician without a compelling and evidence-based benefit to the **patient**, a substantial public health justification, or both.

5. Our AMA will educate lawmakers and industry experts on the following principles endorsed by the American College of Physicians which should be considered when creating new health care policy that may impact the **patient**-physician relationship or what occurs during the **patient**-physician encounter:
A. Is the content and information or care consistent with the best available medical evidence on clinical effectiveness and appropriateness and professional standards of care?
B. Is the proposed law or regulation necessary to achieve public health objectives that directly affect the health of the individual **patient**, as well as population health, as supported by scientific evidence, and if so, are there no other reasonable ways to achieve the same objectives?
C. Could the presumed basis for a governmental role be better addressed through advisory clinical

guidelines developed by professional societies?
D. Does the content and information or care allow for flexibility based on individual **patient** circumstances and on the most appropriate time, setting and means of delivering such information or care?
E. Is the proposed law or regulation required to achieve a public policy goal - such as protecting public health or encouraging access to needed medical care - without preventing physicians from addressing the healthcare needs of individual patients during specific clinical encounters based on the **patient**'s own circumstances, and with minimal **interference** to **patient**-physician relationships?
F. Does the content and information to be provided facilitate shared decision-making between patients and their physicians, based on the best medical evidence, the physician's knowledge and clinical judgment, and **patient** values (beliefs and preferences), or would it undermine shared decision-making by specifying content that is forced upon patients and physicians without regard to the best medical evidence, the physician's clinical judgment and the **patient**'s wishes?
G. Is there a process for appeal to accommodate individual patients' circumstances?

6. Our AMA strongly opposes any attempt by local, state, or federal **government** to interfere with a physician's right to free speech as a means to improve the health and wellness of patients across the United States.

[Res. 201, A-11; Reaffirmation: I-12; Appended: Res. 717, A-13; Reaffirmed in lieu of Res. 5, I-13; Appended: Res. 234, A-15; Reaffirmation: A-19; Modified: Speakers Rep. 02, I-24]

Freedom of Communication Between Physicians and Patients H-5.989

It is the policy of our American Medical Association:

1. to strongly condemn any interference by the government or other third parties that causes a physician to compromise their medical judgment as to what information or treatment is in the best interest of the patient.
2. working with other organizations as appropriate, to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship.
3. to communicate to HHS its continued opposition to any regulation that proposes restrictions on physician-patient communications.
4. to inform the American public as to the dangers inherent in regulations or statutes restricting communication between physicians and their patients.

[Sub. Res. 213, A-91; Reaffirmed: Sub. Res. 232, I-91; reaffirmed by Rules and Credentials Cmt., A-96; Reaffirmed by Sub. Res. 133 and BOT Rep. 26, A-97; Reaffirmed by Sub. Res. 203 and 707, A-98; Reaffirmed: Res. 703, A-00; Reaffirmed in lieu of Res. 823, I-07; Reaffirmation I-09; Reaffirmation: I-12; Reaffirmed in lieu of Res. 5, I-13; Reaffirmed: CEJA Rep. 05, A-23; Modified: Speakers Rep. 02, I-24]