

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 4
(June 2022)

Introduced by: Matthew Vo, MD

Subject: Clarification of Healthcare Provider Identification: Consumer Truth & Transparency

Referred to: OMSS Reference Committee
(xxxx, MD, Chair)

1 WHEREAS, The American Medical Association supports a role for non-physicians healthcare
2 practitioners within the framework of patient centered, physician-led healthcare, non-physician
3 provider contributions to the delivery of care should not be confused or considered equivalent to
4 those of a licensed physician; and

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6 WHEREAS, Patients are entitled to clarity and transparency regarding the qualifications and
7 limitations of those providing their healthcare; and

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9 WHEREAS, Many physicians are reporting misappropriation on their titles by the use of
10 professional terms, titles, or other descriptors by non-physician providers, such as by the
11 addition of the specialty-specific “-ologist” nomenclature (“anesthesiologist,” “dermatologist,”
12 cardiologist,” etc.), addition of the word “surgeon,” or substitution of the word “associate” for
13 “assistant,” thus describing themselves as “nurse anesthesiologists,” “aesthetic surgeons,”
14 “nurse dermatologists,” “optometric surgeons” or “physician associates,” etc., and by using such
15 terms in personal, practice, marketing, and public communications; and

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17 WHEREAS, Current regulations, such as those requiring the use of nametags and identification
18 badges are important but insufficient to properly identify the title and training of an individual’s
19 healthcare provider; and

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21 WHEREAS, Title misappropriation and deceptive advertising is a nationwide problem, requiring
22 statutory, regulatory, and judicial action: recently, the New Hampshire Supreme Court upheld
23 the new Hampshire Board of Medicine ruling that healthcare professionals using the term
24 “anesthesiologist” must be licensed physicians, and only licensed MDs and Dos who are fully
25 trained in anesthesiology will be allowed to call themselves “anesthesiologists;” and

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27 WHEREAS, Consumer “Truth-in-Advertising” laws are helping to safeguard patients in Texas,
28 where the Texas Association of Nurse Anesthetists, in response to the American Association of
29 Nurse Anesthetists (AANA) name change to the American Association of Nurse
30 Anesthesiologists (AANA), notified its members of the AANA title change approval of the “nurse
31 anesthesiologist” term and cautioned such Texas members that any nomenclature comparing
32 nurses to physicians that misleads patients could result in disciplinary or legal action; and

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34 WHEREAS, Washington, DC law describes prohibited representations (DC CODE §3-1210.03),
35 stating that “unless authorized to practice medicine under this chapter, a person shall not use or
36 imply the use of the words or terms ‘physician,’ ‘surgeon,’ ‘medical doctor,’ ‘doctor of
37 osteopathy,’ ‘M.D.,’ ‘anesthesiologist,’ ‘cardiologist,’ ‘dermatologist,’... or any similar title or

1 description of services with the intent to represent that the person practices medicine;" therefore
2 be it
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4 RESOLVED, That our American Medical Association will advocate for legislation that would
5 establish clear legal definitions for use of words of terms "physician," "surgeon," "medical
6 doctor," "doctor of osteopathy," "M.D." or "D.O.," "anesthesiologist," "cardiologist,"
7 "dermatologist" or any similar title or description alone or in combination with any other title of
8 services with the expectation that such individuals are licensed to practice a medical or surgical
9 specialty, or other medical discipline, and that these definitions be consistently applied within
10 laws, regulations, rules, and public statements issues by all authoritative bodies within the
11 country (Directive to Take Action); and be it further
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13 RESOLVED, That our AMA advocate "Truth & Transparency" legislation that would combat
14 medical title misappropriation; that such legislation would require non-physician healthcare
15 practitioners to clearly and accurately state their level of training, credentials, licensing board,
16 and practice qualifications in all professional interactions with patients including hospital and
17 other health care facility identifications, as well as in advertising and marketing materials; and
18 that such legislation would prohibit non-physician healthcare practitioners from using any
19 identifying terms (i.e. doctor, -ologist) that can mislead the public (Directive to Take Action).

Fiscal Note: Not yet determined

Received: 5/11/2022

RELEVANT AMA POLICY

Definition and Use of the Term Physician (H-405.951)

Our AMA:

1. Affirms that the term physician be limited to those people who have a Doctor of Medicine, Doctor of Osteopathic Medicine, or a recognized equivalent physician degree and who would be eligible for an Accreditation Council for Graduate Medical Education (ACGME) residency.
2. Will, in conjunction with the Federation, aggressively advocate for the definition of physician to be limited as defined above:
 - a. In any federal or state law or regulation including the Social Security Act or any other law or regulation that defines physician;
 - b. To any federal and state legislature or agency including the Department of Health and Human Services, Federal Aviation Administration, the Department of Transportation, or any other federal or state agency that defines physician; and
 - c. To any accrediting body or deeming authority including the Joint Commission, Health Facilities Accreditation Program, or any other potential body or authority that defines physician.
3. Urges all physicians to insist on being identified as a physician, to sign only those professional or medical documents identifying them as physicians, and to not let the term physician be used by any other organization or person involved in health care.
4. Ensure that all references to physicians by government, payers, and other health care entities involving contracts, advertising, agreements, published descriptions, and other communications at all times distinguish between physician, as defined above, and non-physicians and to discontinue the use of the term provider.
5. Policy requires any individual who has direct patient contact and presents to the patient as a doctor, and who is not a physician, as defined above, must specifically and simultaneously declare themselves a non-physician and define the nature of their doctorate degree.
6. Will review and revise its own publications as necessary to conform with the House of Delegates' policies on physician identification and physician reference and will refrain from any definition of physicians as providers that is not otherwise covered by existing Journal of the American Medical Association (*JAMA*) Editorial Governance Plan, which protects the editorial independence of *JAMA*.
7. Actively supports the Scope of Practice Partnership in the Truth in Advertising campaign

Citation: Res. 214, A-19

Definition of a Physician (H-405.951)

1. The AMA affirms that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine.
2. AMA policy requires anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition above, must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.
3. Our AMA actively supports the Scope of Practice Partnership in the Truth in Advertising campaign.

Citation: CME Rep. 4, A-94; Reaffirmed by Sub Res. 712, I-94; Reaffirmed and Modified: CME Rep. 2, A-04 Res. 846, I-08; Reaffirmed in lieu of Res 235, A-09; Reaffirmed: Res. 821, I-09; Appended: BOT Rep. 9, I-09; Reaffirmed: BOT Rep. 9, I-11; Reaffirmed: A-13; Reaffirmed: A-15; Reaffirmed in lieu of: Res. 225, A-17; Reaffirmed: Res. 228, A-19

Communications and Collaboration with the Federation (G-620.021)

Our AMA: (1) when confronted with attempts by non-physicians to expand scope of practice via state legislation, shall work at the invitation of its component societies to develop strategies to most effectively promote and protect the best interest of our patients; (2) shall continue to work with national medical specialty societies to assist them in working with and coordinating activities with state medical associations and that the AMA, when requested by either a state medical association or a national specialty society, provide a mechanism to attempt to resolve any dispute between such organizations; (3) shall become actively involved in lobbying and/or communicating with state officials at the request of the state medical associations. (4) Prior to placing targeted advertising, our AMA will contact the relevant state medical associations and/or specialty societies for the purpose of enhancing communication about AMA's planned activities.

Citation: CME Rep. 4, A-94; Reaffirmed by Sub Res. 712, I-94; Reaffirmed and Modified: CME Rep. 2, A-04 Res. 846, I-08; Reaffirmed in lieu of Res 235, A-09; Reaffirmed: Res. 821, I-09; Appended: BOT Rep. 9, I-09; Reaffirmed: BOT Rep. 9, I-11; Reaffirmed: A-13; Reaffirmed: A-15; Reaffirmed in lieu of: Res. 225, A-17; Reaffirmed: Res. 228, A-19

Physician Practice Drift (H-410.951)

Our AMA will: (1) continue to work with interested state and national medical specialty societies to advance truth in advertising legislation, and (2) continue to monitor legislative and regulatory activity related to physician practice drift.

Citation: BOT Rep. 5, A-13

Truth in Advertising (H-405.964)

1. AMA policy is that any published lists of "Best Physicians" should include a full disclosure of the selection criteria, including direct or indirect financial arrangements.
2. Our AMA opposes any misappropriation of medical specialties' titles and work with state medical societies to advocate for states and administrative agencies overseeing nonphysician providers to authorize only the use of titles and descriptors that align with the nonphysician providers' state issued licenses.

Citation: Sub. Res. 9, A-02; Reaffirmed: CCB/CLRPD Rep. 4, A-12; Appended: Res. 228, A-19