

Internists recommend principles on role of governments in regulating patient-physician relationship

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The American College of Physicians (ACP) today released a paper, Statement of Principles on the Role of Governments in Regulating the Patient-Physician Relationship, which recommends principles for the role of federal and state governments in health care and the patient-physician relationship.

"The physician's first and primary duty is to put the patient first," David L. Bronson, MD, FACP, president of ACP, said. "To accomplish this duty, [physicians](#) and the medical profession have been granted by government a privileged position in society."

Dr. Bronson noted, though, that "some recent laws and proposed legislation appear to inappropriately infringe on clinical medical practice and patient-physician relationships, crossing traditional boundaries and intruding into the realm of [medical professionalism](#)."

Pointing to examples in ACP's paper, he expressed concern about laws that interfere, or have the potential to interfere, with appropriate clinical practice by:

- prohibiting physicians from discussing with or asking their patients about risk factors that may affect their health or the health of their families, as recommended by evidence-based

- guidelines of care;
- requiring physicians to discuss specific practices that in the physician's best clinical judgment are not individualized to the patient;
- requiring physicians to provide diagnostic tests or [medical interventions](#) that are not supported by evidence or clinical relevance; or
- limiting information that physicians can disclose to patients.

The paper, produced by ACP's Health and Public Policy with input from ACP's Ethics, Professionalism and Human Rights Committee, offers a framework for evaluating laws and regulations affecting the patient-physician relationship, rather than taking a position on the specific issues that are cited by lawmakers to impose particular restrictions or mandates.

ACP's paper states that:

- "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, which may affect their health, the health of their families, sexual partners, and others who may be in contact with the patient."
- "Laws and regulations should not mandate the content of what physicians may or may not say to patients or mandate the provision or withholding of information or care that, in the physician's clinical judgment and based on clinical evidence and the norms of the profession, are not necessary or appropriate for a particular patient at the time of a patient encounter."

ACP recommends seven questions that should be asked about any proposed law to impose restrictions on the patient-physician relationship:

1. Is the content and information or care consistent with the best available medical evidence on clinical effectiveness and appropriateness and professional standards of care?
2. 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?
3. Could the presumed basis for a governmental role be better addressed through advisory clinical guidelines developed by professional societies?
4. 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?
5. 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?
6. 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?

7. Is there a process for appeal to accommodate individual patients' circumstances?

By insisting that such questions be asked of proposed laws before a decision is made on their adoption, legislators will have appropriate guidance before enacting ill-considered laws that "can cause grave damage to the patient-physician relationship and medical professionalism and undermine the quality of care," concluded Dr. Bronson.

Provided by American College of Physicians

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