

REPORT A - 2010

BOARD OF DIRECTORS

Referred to: Health Insurance Coverage and Access

- **Direct to Consumer Advertising of Pharmaceutical Products**
- **2009 Resolution 9: Hospital Tax**
- **2009 Resolution 14: End Of Life Choices By Patients**
- **Informational Only - 2009 Resolution 4: Apology For Organizational Racism**

DIRECT TO CONSUMER ADVERTISING OF PHARMACEUTICAL PRODUCTS

BACKGROUND

The Council on Health Care Ethics (Council), at its February 20, 2009, was presented with information by Jonathan Knoche, a medical student member, concerning direct to consumer advertising (DTCA) of pharmaceutical products. He stated his belief that this issue goes hand-in-hand with ETH-004 in eliminating undue influence when prescribing the safest prescription drugs for the patient. Research indicates that direct to consumer advertising of pharmaceuticals increases demand for specific medications. Many physicians report that they feel pressure to prescribe a medication when requesting patients refer to DTC advertisements. Physicians have the responsibility to protect patients from undue harm. The Council agreed with Mr. Knoche's recommendations and asked that he draft a policy. Mr. Knoche presented his draft resolution to the Council at its May 29, 2009 meeting.

The Council on Health Care Ethics and the Strategic Policy Panel recommended, and the Board concurred, that:

RESOLVED, that the Wisconsin Medical Society oppose direct to consumer advertising of prescription pharmaceuticals, and be it further

RESOLVED, that the Wisconsin Medical Society support unbiased, independent and publicly funded education to consumers regarding disease states and available treatments.

The Board recommends the House of Delegates approve the resolution on direct to consumer advertising of pharmaceutical products as listed above.

2009 RESOLUTION 9: HOSPITAL TAX

BACKGROUND

Drs. Albert Fisher, Robert McDonald and Robert McQueeney introduced Resolution 9: Hospital Tax at the 2009 House of Delegates (HOD). The HOD referred it to the Board of Directors, which subsequently referred it to the Council on Health Care Access (Council). Resolution 9 requested the Wisconsin Medical Society (Society) work to repeal the hospital and nursing home bed taxes. It further requested the Society to communicate to politicians that taxing the sick is poor public policy and there are other ways in which healthcare should be financed that are more equitable and do not depend on federal funds.

At its meeting on September 2, 2009, the Council discussed that since the Wisconsin Hospital Association was currently in favor of a tax, the Society should not become involved on that specific issue at this time. However, the Council did decide that ultimately these types of taxes are less stable and/or honest than funding health care programs with general tax dollars.

This resolution is one of several similar resolutions from the past several years presented by one of the authors. That author was present during the deliberation (via teleconference) and was satisfied with the recommendation of the Council.

The Council on Health Care Access and the Strategic Policy Panel recommended, and the Board concurred, that the Society adopt 2009 Resolution 9 as amended:

~~RESOLVED, That the Wisconsin Medical Society will work to repeal the hospital and nursing home bed taxes; be it further~~

~~RESOLVED, The Wisconsin Medical Society will communicate to the politicians believes that: 1) taxing the sick is poor public policy, and 2) there are other ways in which health care should be financed that are more equitable, and which do not depend on federal funds which may or may not be available in the future.~~

The Board recommends the House of Delegates approve 2009 Resolution 9 as amended above.

2009 RESOLUTION 14: END OF LIFE CHOICES BY PATIENTS

BACKGROUND

James Allen, MD introduced Resolution 14: End of Life Choices by Patients at the 2009 House of Delegates (HOD). The HOD referred the Resolution to the Board of Directors (Board), which subsequently referred it to the Council on Health Care Ethics (Council). Resolution 14 requested the Wisconsin Medical Society (Society) support the principle that mentally competent, terminally ill patients should have the right and ability to exercise the choice to self-administer life-ending medication and that the Society support state legislation allowing physicians to prescribe such medications, upon the request of a mentally competent terminally ill patient. It further requested that the Society support inclusion of the safeguards in the Oregon Death with Dignity law and that the Society delegation to the American Medical Association submit a resolution to the 2009 AMA House of Delegates to introduce similar legislation.

At its meeting on Friday, August 14, 2009 the Council heard several invited speakers in support of and in opposition to the resolution. Discussion by Council members was conducted in executive session.

The Council on Health Care Ethics and the Strategic Policy Panel recommended, and the Board concurred, that the Society adopt AMA policy H-140.966, amended for Society use.

H-140.966 Decisions Near the End of Life

The Wisconsin Medical Society ~~Our AMA~~ believes that: (1) The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.

(2) There is no ethical distinction between withdrawing and withholding life-sustaining treatment.

(3) Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.

(4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.

(5) The Wisconsin Medical Society ~~Our AMA~~ supports continued research into and education concerning pain management. (~~CEJA Rep. B, A-91; Reaffirmed by BOT Rep. 59, A-96; Reaffirmation A-97; Appended: Sub. Res. 514, I-00~~)

The Board recommends the House of Delegates approve the above policy as amended.

INFORMATIONAL ONLY - 2009 RESOLUTION 4: APOLOGY FOR ORGANIZATIONAL RACISM

BACKGROUND

Norman Jensen, MD and the Dane County Medical Society introduced Resolution 4 at the 2009 House of Delegates (HOD). The resolution was adopted and subsequently referred by the Board of Directors to the Council on Health Care Ethics with a request to prepare the statement as directed by the resolution.

The author of the resolution, as a member of the Council on Health Care Ethics, brought this issue to the Council for discussion at its November 21, 2008 meeting, because of then recent action by the AMA on racial disparity. At the Council's meeting on February 20, 2009, Doctor Matthew Wynia of the AMA Institute of Ethics was invited to offer his expertise and advice on the issue of racial disparity. Doctor Wynia was the principal lead in the formation of the AMA Disparities Task Force. Based on the research of that Task Force, an article was printed in *JAMA* (July 16, 2008, Vol. 300, No. 3). After discussion at the council meeting, Doctor Norman Jensen submitted Resolution 4 to the 2009 Annual Meeting.

The Council on Health Care Ethics recommended, and the Board approved the following apology letter:

Cream City Medical Society
P.O. Box 510966 Juneau Station
Milwaukee, WI 53203

Dear Members,

The legacies of slavery and racial segregation in the United States of America continue to have a negative impact on all aspects of our society.

The Wisconsin Medical Society acknowledges a sad and regrettable history of racial discrimination that has adversely affected African American physicians' professional opportunities and ability to care for their patients.

The Wisconsin Medical Society acknowledges a sad and regrettable history of racial discrimination that has in various ways adversely affected the health of African American citizens.

The Wisconsin Medical Society feels sorrow and regret for the suffering caused by this legacy and endured by our brothers and sisters of black African descent.

The Wisconsin Medical Society hereby offers an apology for any and all acts of racism whether active or passive failure to ally.

The Wisconsin Medical Society seeks reconciliation and collaboration with the Cream City Medical Society as an ally in their mission to move toward eliminating health and healthcare disparities for all Wisconsin residents. We have encouraged our members to support CCMS and we invite physician members to join the Wisconsin Medical Society.

With sincerity and hope,

President of the Wisconsin Medical Society

The letter was sent February 24, 2010 and completed the directive of the House of Delegates.