

RESOLUTION 15 - 2010

Subject: Freedom in Medicine
Introduced by: Albert Fisher, MD and Robert S. McDonald, MD
Referred to: Health Insurance Coverage and Access

1 Whereas, There are over 150,000 pages of Medicare regulations; and
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3 Whereas, There are volumes of federal and state health care laws; and
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5 Whereas, Insurance companies and hospitals have their own rules, regulations, guidelines and
6 policies; and
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8 Whereas, The failure to abide by all these laws, rules, regulations, guidelines and policies may result
9 in imprisonment, fines, de-listing, and de-licensure; and
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11 Whereas, These laws, rules, regulations, guidelines and policies infringe upon medical freedom,
12 undercutting the ability of physicians to provide the highest quality of care at a reasonable cost; and
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14 Whereas, The President and other leaders of the Wisconsin Medical Society pledge to uphold medical
15 freedom in their oath of office; therefore be it
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17 RESOLVED, That the Wisconsin Medical Society reaffirm the importance of freedom in medicine;
18 and be it further
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20 RESOLVED, That the Wisconsin Medical Society will assess the impact on medical freedom of any
21 given proposal prior to taking a position on that proposal, be it legislation, or any other initiative, and
22 that such assessments will be made available in writing.

Fiscal note: Within current budget if replaces existing legislative priority.

Relevant Policies

**Society:
ETH-009**

Patient-Physician Covenant: The Wisconsin Medical Society endorses the Patient-Physician Covenant:
PATIENT-PHYSICIAN COVENANT

Medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient’s best interest. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times. Today, this covenant of trust is significantly threatened. From within, there is growing legitimization of the physician’s materialistic self-interest; from without, for-profit forces press the physician into the role of commercial agent to enhance the profitability of health care organizations. Such distortions of the physician’s responsibility degrade the physician-patient relationship that is the central element and structure of clinical care.

To capitulate to these alterations of the trust relationship is to significantly alter the physician's role as healer, caregiver, helper and advocate for the sick and for the health of all. By its tradition and very nature, medicine is a special kind of human activity—one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion, and effacement of excessive self-interest. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.

Our first obligation must be to serve the good of those persons who seek our help and trust us to provide it. Physicians, as physicians, are not and must never be commercial entrepreneurs, gate closers or agents of fiscal policy that run counter to our trust. Any defection from the primacy of the patient's well being places the patient at risk by treatment that may compromise quality of or access to medical care. We believe the medical profession must reaffirm the primacy of its obligation to the patient through national, state and local professional societies; our academic, research and hospital organization, and especially through personal behavior. As advocates for the promotion of health and support of the sick, we are called upon to discuss, defend and promulgate medical care by every ethical means available. Only by caring and advocating for the patient can the integrity of our profession be affirmed. Thus we honor our covenant of trust with patients. (HOD, 0406)

AMA:

H-5.989 Freedom of Communication Between Physicians and Patients

It is the policy of the AMA: (1) to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her 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; and (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 & 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)

H-380.994 Physicians' Freedom to Establish Their Fees

Our AMA (1) affirms that it is a basic right and privilege of each physician to set fees for service that are reasonable and appropriate, while always remaining sensitive to the varying resources of patients and retaining the freedom to choose instances where courtesy or charity could be extended in a dignified and ethical manner; (2) supports the concept that health insurance should be treated like any other insurance (i.e., a contract between a patient and a third party for indemnification for expense or loss incurred by virtue of obtaining medical or other health care services); and (3) believes that the contract for care and payment is between the physician and patient. (BOT Rep. JJ, I-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: Sub. Res. 704 and Reaffirmation A-01; Reaffirmation A-09)

H-165.844 Educating the American People About Health System Reform

Our AMA reaffirms support of pluralism, freedom of enterprise and strong opposition to a single payer system. (Res. 717, I-07; Reaffirmation A-09)

Relevant past resolution:

RESOLUTION 12 - 2009

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Introduced by: Albert L. Fisher, MD
Referred to: Health Insurance Coverage and Access

Whereas, There are over 150,000 pages of Medicare regulations; and

Whereas, There are volumes of federal and state health care laws; and

Whereas, Insurance companies and hospitals have their own rules, regulations, guidelines and policies; and

Whereas, The failure to abide by all these laws, rules, regulations, guidelines and policies may result in imprisonment, fines, de-listing, and de-licensing; and

Whereas, These laws, rules, regulations, guidelines and policies infringe upon medical freedom, undercutting the ability of physicians to provide the highest quality of care at a reasonable cost; therefore be it

RESOLVED, That the Wisconsin Medical Society reaffirm the importance of freedom in medicine; and be it further

RESOLVED, That the Wisconsin Medical Society establish a medical freedom award which shall be bestowed upon that individual who has distinguished himself or herself in the ongoing battle to preserve medical freedom.

House action: Not adopted.