

1 VERMONT MEDICAL SOCIETY RESOLUTION

2 Physician Stewardship of Health Care

3 *Adopted October 27, 2012*

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5 Whereas, US health care spending reached 17.61 percent of gross domestic product (GDP) in 2009 and
6 this level of spending presents an enormous burden for federal and state governments, businesses,
7 families, and individuals; and

8
9 Whereas, Numerous factors drive the overall cost of health care, many of which are beyond the control
10 of individual physicians, such as high administrative costs, population trends (such as aging or obesity),
11 malpractice liability costs; patient expectations and demands; and high prices of drugs and devices; and

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13 Whereas, Stewardship refers to the obligation to provide effective medical care through prudent
14 management of the public and private health care resources with which physicians are entrusted and
15 this obligation flows both from the influence that physician decisions and recommendations have on
16 health care costs and from core ethical obligations of physicians as professionals; and

17
18 Whereas, Many physicians generally recognize an obligation to distribute limited resources responsibly,
19 but they face a variety of obstacles in trying to fulfill the ethical obligation to be prudent stewards,
20 including lack of knowledge about the costs of interventions and the impact of their individual
21 recommendations and decisions, the complexity of the systems in which health care is delivered, and
22 concerns about potential medical liability if they fail to order a test or intervention; and

23
24 Whereas, In accord with the recently adopted policy in the AMA’s Code of Medical Ethics,¹ to fulfill
25 their obligation to be prudent stewards of health care resources, physicians should:

- 26 (a) Base recommendations and decisions on patients’ medical needs;
27 (b) Use scientifically grounded evidence to inform professional decisions when available;
28 (c) Help patients articulate their health care goals and help patients and their families form
29 realistic expectations about whether a particular intervention is likely to achieve those goals;
30 (d) Endorse recommendations that offer reasonable likelihood of achieving the patient’s health
31 care goals;
32 (e) Choose the course of action that requires fewer resources when alternative courses of action
33 offer similar likelihood and degree of anticipated benefit compared to anticipated harm for the
34 individual patient, but require different levels of resources;
35 (f) Be transparent about alternatives, including disclosing when resource constraints play a role
36 in decision making; and
37 (g) Participate in efforts to resolve persistent disagreement about whether a costly intervention
38 is worthwhile, which may include consulting other physicians, an ethics committee, or other
39 appropriate resource.

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41 Whereas, In response to the VMS 2012 physician survey question “the cost effectiveness of a medical
42 procedure should be a part of clinical decision makings,” 87.5 percent of physicians responding indicated
43 they agreed or strongly agreed; and

44
45 Whereas, *Choosing Wisely*² is part of a multi-year effort of the American Board of Internal Medicine
46 Foundation to help physicians be better stewards of finite health care resources and nine medical

¹ Report 1-A-12.of the AMA Council on Ethical and Judicial Affairs on Physician Stewardship of Health Care.

² <http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx>

1 specialty organizations have each identified five tests or procedures commonly used in their field, whose
2 necessity should be questioned and discussed: and

3 Whereas, the *Choosing Wisely* partners include: Academy of Allergy, Asthma & Immunology;
4 Academy of Family Physicians; American College of Cardiology; American College of Physicians;
5 American College of Radiology; American Gastroenterological Association; American Society of Clinical
6 Oncology; American Society of Nephrology; American Society of Nuclear Cardiology; Physicians
7 Alliance; and

8 Additionally, new specialty societies have joined the campaign and are currently developing lists
9 including: American Academy of Hospice and Palliative Medicine; American Academy of Neurology;
10 Academy of Ophthalmology; American Academy of Otolaryngology–Head and Neck Surgery; American
11 Academy of Pediatrics; College of Obstetricians and Gynecologists; American College of
12 Rheumatology; American Geriatrics Society; American Society for Clinical Pathology; American Society
13 of Echocardiography; American Urological Association; of Cardiovascular Computed Tomography;
14 Society of Hospital Medicine; Society of Nuclear Medicine and Molecular Imaging; of Thoracic
15 Surgeons; and for Vascular Medicine; and

16 Whereas, Under principle 10 of Vermont’s Health Care Reform Legislation found in Act 48³, Vermont’s
17 health care system must include mechanisms for containing all system costs and eliminating
18 unnecessary expenditures, including by reducing administrative costs and by reducing costs that do not
19 contribute to efficient, high-quality health services or improve health outcomes; and
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21 Whereas, Under principle 8 of Act 48, the health care system must recognize the primacy of the
22 relationship between patients and their health care practitioners, respecting the professional judgment
23 of health care practitioners and the informed decisions of patients; now therefore be it
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25 **RESOLVED, The Vermont Medical Society endorses the AMA’s Code of Medical Ethics recent**
26 **guidelines for physicians to fulfill their obligation to be prudent stewards of health care**
27 **resources; and be it further**
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29 **RESOLVED, The Vermont Medical Society encourages the Vermont chapters to join their**
30 **national specialty societies in endorsing the *Choosing Wisely* measures as ones whose necessity**
31 **should be questioned and discussed by Vermont physicians and their patients; and be it further**
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33 **RESOLVED, The Vermont Medical Society will promote the *Choosing Wisely* initiative and it**
34 **will encourage the monitoring of the use of the measures within the state and the comparison of**
35 **Vermont physicians use of the measures with their peers regionally and nationally; and be it**
36 **further**
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38 **RESOLVED, The Vermont Medical Society will urge the Green Mountain Care Board and the**
39 **General Assembly to adopt policies and procedures, including medical liability reforms, that**
40 **promote physicians’ leadership in the design of a more efficient delivery system.**

³ <http://www.leg.state.vt.us/DOCS/2012/ACTS/ACT048.PDF>