VERMONT MEDICAL SOCIETY RESOLUTION

Physician Stewardship of Health Care

Adopted October 27, 2012

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

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

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

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

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

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

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

Whereas, Choosing Wisely² is part of a multi-year effort of the American Board of Internal Medicine Foundation to help physicians be better stewards of finite health care resources and nine medical

² http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx
specialty organizations have each identified five tests or procedures commonly used in their field, whose necessity should be questioned and discussed; and

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

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

Whereas, Under principle 10 of Vermont’s Health Care Reform Legislation found in Act 48\(^3\), Vermont’s health care system must include mechanisms for containing all system costs and eliminating unnecessary expenditures, including by reducing administrative costs and by reducing costs that do not contribute to efficient, high-quality health services or improve health outcomes; and

Whereas, Under principle 8 of Act 48, the health care system must recognize the primacy of the relationship between patients and their health care practitioners, respecting the professional judgment of health care practitioners and the informed decisions of patients; now therefore be it

RESOLVED, The Vermont Medical Society endorses the AMA’s Code of Medical Ethics recent guidelines for physicians to fulfill their obligation to be prudent stewards of health care resources; and be it further

RESOLVED, The Vermont Medical Society encourages the Vermont chapters to join their national specialty societies in endorsing the Choosing Wisely measures as ones whose necessity should be questioned and discussed by Vermont physicians and their patients; and be it further

RESOLVED, The Vermont Medical Society will promote the Choosing Wisely initiative and it will encourage the monitoring of the use of the measures within the state and the comparison of Vermont physicians use of the measures with their peers regionally and nationally; and be it further

RESOLVED, The Vermont Medical Society will urge the Green Mountain Care Board and the General Assembly to adopt policies and procedures, including medical liability reforms, that promote physicians’ leadership in the design of a more efficient delivery system.

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\(^3\) [http://www.leg.state.vt.us/DOCS/2012/ACTS/ACT048.PDF](http://www.leg.state.vt.us/DOCS/2012/ACTS/ACT048.PDF)