

ACOG Leads Coalition to Protect Provider-Patient Relationship

In January 2014, ACOG co-convened leading medical and advocacy groups to organize a broad based push back against government interference in the practice of medicine. ACOG long has been on the frontlines of opposing intrusive laws that mandate unnecessary procedures or dictate the content of a physician's counsel to his or her patients.

Now, other medical specialties and consumer groups are joining our fight.

As the Coalition to Protect the Provider-Patient Relationship, representatives from many medical specialties, including the AMA, and advocates from the gun safety, environmental protection, and reproductive rights communities participated in an all-day campaign session.

The groups examined a range of state laws, including those that mandate the performance of unnecessary procedures before an abortion, bar physicians from discussing a patient's exposure to fracking-related toxins, and block pediatricians from screening for gun safety at a child's annual checkup, all symptoms of the same problem: lawmakers in the exam room.

Coalition members will create a forum for information sharing as legislation emerges, and engage in collective public engagement efforts to amplify the voices of America's health care consumers and providers. Advertisements, editorials, and social media components may also be added to the Coalition's advocacy arsenal as the campaign develops.

COALITION TO PROTECT THE PATIENT-PROVIDER RELATIONSHIP*

Mission

The Coalition to Protect the Patient-Provider relationship is comprised of non-partisan, nonprofit organizations united in our opposition to inappropriate interference in the relationship between a patient and health-care provider. This relationship is one in which sensitive and confidential information is privately exchanged in trusted, open, and honest discussion. The Coalition believes that all parties speaking to the provision of health care should respect the unique nature of the patient-provider relationship and support the ethical obligation of the health care provider to deliver individualized, evidence-based care and put the patient first.

Statement of Principles

BACKGROUND

Politicians are proposing and enacting an unprecedented number of measures that inappropriately infringe on clinical practice and on the relationship between patients and their personal health care providers—including physicians, nurses, and allied health professionals who provide patient care in clinical settings. These measures improperly compromise medical professionalism, often without regard for established, evidence-based care guidelines. Examples of political intrusion in the patient-provider relationship include:

- prohibiting providers from discussing with their patients risk factors that may affect their health, as recommended by evidence-based guidelines of care;
- requiring providers to provide—and patients to receive—diagnostic tests or medical interventions that are contrary to clinical evidence, the provider’s professional judgment, or patient preferences; and
- laws limiting the information that providers disclose to patients in patient care or mandating providers communicate information, the clinical relevance or content of which is not supported by scientific evidence or substantial public health concerns.

These challenges to the patient-provider relationship and to the agency of health care providers threaten evidence-based medicine, the delivery of quality care, and public health.

GUIDING PRINCIPLES

Our Coalition works to ensure that the following principles are followed in health care policy that may impact the patient-provider relationship or clinical encounter:

1. Providers should not be prohibited by law or regulation from discussing with or asking their patients about risk factors that evidence shows may negatively impact their health or from disclosing clinically relevant information to patients.
2. The information and care provided should be consistent with the best available medical evidence on clinical effectiveness and appropriateness and professional standards of care.
3. The information and care should be tailored to individual patient circumstances and allow for flexibility as to the most appropriate time, setting and means of delivering information and care, as determined by the provider and patient.

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4. The information and care provided should facilitate shared decision-making between patients and their providers, based on the best medical evidence, the provider's knowledge and clinical judgment, and patient values, beliefs, and preferences.

Our Coalition opposes government regulation or legislative action on the content of the clinical relationship between a patient and provider unless there is compelling scientific evidence of benefit to the patient, a substantial public health justification, or both, as supported by the scientific medical community.

Signed,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Physicians
American Congress of Obstetricians and Gynecologists
American Medical Association
American Medical Student Association
American Medical Women's Association
American Osteopathic Association
Center for Reproductive Rights
Council of Medical Specialty Societies
Jacobs Institute of Women's Health
Law Center to Prevent Gun Violence
National Institute for Reproductive Health
National Partnership for Women & Families
National Physicians Alliance
National Women's Health Network
National Women's Law Center
Natural Resources Defense Council
Physicians for Reproductive Health
Planned Parenthood Federation of America

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