



Wisconsin Medical Society

PHY-014: Government Interference in the Patient-Physician Relationship

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Government Interference in the Patient-Physician Relationship: The Wisconsin Medical Society opposes any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling and evidence-based benefit to the patient, a substantial public health justification, or both. The Society will educate lawmakers and industry experts on the following principles endorsed by the American College of Physicians, which should be considered when creating new health care policy that may impact the patient-physician relationship or what occurs during the patient-physician encounter:

- Is the content and information or care consistent with the best available medical evidence on clinical effectiveness and appropriateness and professional standards of care?
- Is the proposed law or regulation necessary to achieve public health objectives that directly affect the health of the individual patient, as well as population health, as supported by scientific evidence, and if so, are there no other reasonable ways to achieve the same objectives?
- Could the presumed basis for a governmental role be better addressed through advisory clinical guidelines developed by professional societies?
- Does the content and information or care allow for flexibility based on individual patient circumstances and on the most appropriate time, setting and means of delivering such information or care?
- Is the proposed law or regulation required to achieve a public policy goal – such as protecting public health or encouraging access to needed medical care – without preventing physicians from addressing the health care needs of individual patients during specific clinical encounters based on the patient's own circumstances, and with minimal interference to patient-physician relationships?
- Does the content and information to be provided facilitate shared decision-making between patients and their physicians, based on the best medical evidence, the physician's knowledge and clinical judgment, and patient values (beliefs and preferences), or would it undermine shared decision-making by specifying content that is forced upon patients and physicians without regard to the best medical evidence, the physician's clinical judgment and the patient's wishes?
- Is there a process for appeal to accommodate individual patients' circumstances? (HOD, 0413)