

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 03-A-22

Subject: Amendment to E-9.3.2, “Physician Responsibilities to Colleagues with Illness, Disability or Impairment”

Presented by: Alexander M. Rosenau, DO, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws

1 INTRODUCTION

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3 At the November 2021 Special Meeting, the American Medical Association House of Delegates
4 adopted Policy D-140.952, “AMA Council on Ethical and Judicial Affairs Report on Physician
5 Responsibilities to Impaired Colleagues,” asking the Council to consider specific amendments to
6 guidance adopted by the House at its June 2021 Special Meeting as follows:

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8 (i) Advocating for supportive services, including physician health programs, and
9 accommodations to enable physicians and physicians-in-training who require assistance to
10 provide safe, effective care.

11
12 with additional guidance

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14 (k) Advocating for fair, objective, external, and independent evaluations for physicians when a
15 review is requested or required to assess a potential impairment and its duration by an
16 employer, academic medical center, or hospital/health system where said physician has
17 clinical privileges or where said physician-in training is placed for a clinical rotations.

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19 The Council thanks the House for offering these clarifications and fully concurs with the
20 importance of ensuring fair assessment of any potential impairment.

21
22 RECOMMENDATION

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24 The Council believes that a more general formulation that did not delineate specific actors would
25 better emphasize the importance of fairness whenever and by whomever such assessment is sought
26 and would help ensure that guidance remains evergreen. The Council therefore proposes to amend
27 Opinion 9.3.2, “Physician Responsibilities to Colleagues with Illness, Disability or Impairment,”
28 by insertion as follows:

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30 Providing safe, high-quality care is fundamental to physicians’ fiduciary obligation to promote
31 patient welfare. Yet a variety of physical and mental health conditions—including physical
32 disability, medical illness, and substance use—can undermine physicians’ ability to fulfill that

* *Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

1 obligation. These conditions in turn can put patients at risk, compromise physicians'
2 relationships with patients, as well as colleagues, and undermine public trust in the profession.
3 While some conditions may render it impossible for a physician to provide care safely, with
4 appropriate accommodations or treatment many can responsibly continue to practice, or resume
5 practice once those needs have been met. In carrying out their responsibilities to colleagues,
6 patients, and the public, physicians should strive to employ a process that distinguishes
7 conditions that are permanently incompatible with the safe practice of medicine from those that
8 are not and respond accordingly.

9
10 As individuals, physicians should:

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12 (a) Maintain their own physical and mental health, strive for self-awareness, and promote
13 recognition of and resources to address conditions that may cause impairment.
14
15 (b) Seek assistance as needed when continuing to practice is unsafe for patients, in keeping
16 with ethics guidance on physician health and competence.
17
18 (c) Intervene with respect and compassion when a colleague is not able to practice safely.
19 Such intervention should strive to ensure that the colleague is no longer endangering
20 patients and that the individual receive appropriate evaluation and care to treat any
21 impairing conditions.
22
23 (d) Protect the interests of patients by promoting appropriate interventions when a colleague
24 continues to provide unsafe care despite efforts to dissuade them from practice.
25
26 (e) Seek assistance when intervening, in keeping with institutional policies, regulatory
27 requirements, or applicable law.

28
29 Collectively, physicians should nurture a respectful, supportive professional culture by:

- 30
31 (f) Encouraging the development of practice environments that promote collegial mutual
32 support in the interest of patient safety.
33
34 (g) Encouraging development of inclusive training standards that enable individuals with
35 disabilities to enter the profession and have safe, successful careers.
36
37 (h) Eliminating stigma within the profession regarding illness and disability.
38
39 (i) Advocating for supportive services, including physician health programs, and
40 accommodations to enable physicians and physicians-in-training who require assistance to
41 provide safe, effective care.
42
43 (j) Advocating for respectful and supportive, evidence-based peer review policies and
44 practices to ensure fair, objective, and independent assessment of potential impairment
45 whenever and by whomever assessment is deemed appropriate to that will ensure patient
46 safety and practice competency. (II)

47
48 (Modify HOD/CEJA Policy)

Fiscal Note: Less than \$500