

ISSUE BRIEF:



RESTORING INTEGRITY AND
TRUST IN MEDICINE



The American health care system and our medical profession sit at a crossroads. Perverse incentives threaten access to care, erode communities' shared responsibility for health, and jeopardize the relationship between physicians and patients. Inspired physician leadership is needed to overcome these great challenges.

A recent statement on medical professionalism exhorted physicians to reaffirm “not only their personal commitment to the welfare of their patients but also collective efforts to improve the health care system for the welfare of society.”¹

The National Physicians Alliance (NPA) was formed by concerned physicians to lead our profession and the American health care system toward a better future. Over the last three decades, confidence in the medical profession has declined more precipitously than in almost any other social institution.² The NPA hopes to restore Americans' trust by returning integrity, service, and community advocacy to the top of our profession's agenda.

Health is an issue of incalculable public importance. Health serves as the basis for opportunity, fairness, and economic productivity in American society. We are issuing a call to action to the hundreds of thousands of concerned physicians looking to rediscover purpose and satisfaction while fighting for better health care for all Americans.

THE AMERICAN MORAL HEALTH CARE CRISIS

Despite remarkable progress in modern medicine, the U.S. health care system often fails to connect patients to these advances. Flaws in the health care system have contributed to untenable health inequalities and inadequate health outcomes.

- Nearly 46 million people currently lack health insurance, causing as many as 18,000 preventable deaths each year.³
- The World Health Organization ranks the U.S. health care system 37th in the world in overall performance.⁴
- Medical care costs account for a significant percentage of all personal bankruptcies—threatening millions of American families.⁵ Higher deductibles and health savings accounts shift the burden of costs to patients, putting Americans at greater financial risk and leading patients to delay or forego beneficial medical care.^{6,7}

- Insurance bureaucracy and red tape consume valuable time and money and erode the doctor-patient relationship.

Medical organizations have not prioritized patient interests.

- Fair compensation for physicians is important to continue to attract bright individuals to careers in medicine. However, financial concerns have dominated professional discourse.
- Young physicians enter the profession with a natural idealism and concern for the world around them. But most professional organizations do little to nurture this inclination, typically focusing only on the economic interests of physicians.^{8,9,10,11}

Physicians need an unconflicted voice to promote a patient-centered agenda. Inappropriate financial incentives are undermining both the doctor–patient relationship and trust in the medical profession.

- Gifts from the pharmaceutical industry influence physician behavior and prescribing,¹² diverting physicians from focusing on patient interests.
- Industry influences the education and practice of America’s doctors. Pharmaceutical companies sponsor lectures in medical schools and residency training programs. Today, the majority of funding for continuing medical education (CME) now comes from commercial sources.^{13,14,15,16}
- No major medical societies with the exception of the American Medical Student Association have severed financial ties with the pharmaceutical industry.^{16,17,18,19}

THE NPA SOLUTION

The NPA seeks to mobilize physicians locally and nationally in the fight for a just, caring, and effective health care system. In the United States, overwhelming barriers currently stand between patients and ideal medical care. Doctors are uniquely positioned to lead in the work of reform—reform that will benefit patients and doctors alike. Recognizing the erosion of trust in our profession, the NPA also believes it is the medical community’s shared responsibility to protect the sacred quality of the doctor-patient relationship.

Advocate for Patient-Centered Policy and Health System Change

- The NPA will mobilize physician leadership and partner with patients and consumer organizations to achieve the common goal of a fair, equitable, and effective health care system that eliminates health disparities.
- The NPA will advocate for fundamental reform of the health care system consistent with the principles of the Institute of Medicine. Health care coverage should be universal, continuous, and affordable; it should enhance

health and well-being by promoting access to high quality care that is effective, efficient, safe, timely, patient-centered, and equitable.³

- The NPA will protect existing access to care until universal coverage can be ensured by lobbying legislators to stop cuts to Medicaid and by fighting the shift toward high deductible health plans that harshly ration care based on a person’s ability to pay.
- The NPA will improve the quality of care by advocating an overhaul of the wasteful and ineffective malpractice system in favor of one that improves quality and fairly compensates injured patients.
- The NPA will develop a “Council of Consumers,” comprised of patients and consumer advocates, to provide input on our advocacy efforts to ensure that patient interests remain at the forefront of our agenda.

Eliminate Improper Financial Ties with Industry

- While the pharmaceutical industry makes important contributions to medical therapy, the NPA believes financial inducements should not be a part of marketing products to physicians.
- The NPA will reject all financial relationships with the pharmaceutical industry and similar health care commercial interests and will encourage our members to reject all gifts from industry.
- The NPA believes that medical school education, residency training, and continuing medical education for physicians should all be free of industry influence and financial support.
- The NPA supports a ban on the collection and sale of data for the purposes of developing doctors’ prescribing profiles for marketing purposes.
- The NPA supports the creation, dissemination, and use of evidence-based, commercial-free information sources for physicians and the general public.

- ¹ ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: A physician charter. *Ann Int Med.* 2002; 136: 243-46.
- ² Schlesinger, M. A loss of faith: The sources of reduced political legitimacy for the American medical profession. *Milbank Q.* 2002; 80:185-235.
- ³ Institute of Medicine. *Insuring America's health: Principles and recommendations.* Washington, DC: National Academy Press; 2004.
- ⁴ WHO. The world health report 2000 - Health systems: improving performance. Accessed May 17, 2006 from: http://www.who.int/entity/whr/2000/en/whr00_en.pdf.
- ⁵ Himmelstein, D.U., Warren, E., Thorne, D., Woolhandler, S. Illness and injury as contributors to bankruptcy. *Health Aff Web Exclusive.* 2005; W5: 63-73.
- ⁶ Fronstin, P., Collins, S.R. Early experience with high deductible and consumer driven health plans: Findings from the EBRI/Commonwealth Fund consumerism in health care survey. Employee Benefit Research Institute Brief No. 288. 2005; Accessed May 24, 2006 from: http://www.cmwf.org/usr_doc/fronstin_consumerism_survey.pdf
- ⁷ Brook, R.H. et al. The effect of coinsurance on the health of adults: Results from the RAND health insurance experiment. RAND report. 1984. Accessed May 24, 2006 from: <http://www.rand.org/pubs/reports/R3055/>
- ⁸ Sharfstein, J.M., Sharfstein, S.S. Campaign contributions from the American Medical Political Action Committee to members of Congress—For or Against the Public Health? *NEJM.* 1994; 330:32-37.
- ⁹ Landers, S.H., Sehgal, A.R. How do physicians lobby their members of Congress? *Arch Int Med.* 2000; 160:3248-3251.
- ¹⁰ Pellegrino, E.D. Relman, A.S. Professional medical associations: Ethical and practical guidelines. *JAMA.* 1999; 282: 984-86.
- ¹¹ Rothman, D.J. Medical Professionalism—Focusing on the real issues. *NEJM.* 2000. 342:1284-1286.
- ¹² Wazana, A. Physicians and the pharmaceutical industry: is a gift ever just a gift? *JAMA.* 2000; 283(3): 373-80.
- ¹³ ACGME. Principles to guide the relationship between graduate medical education and industry. Accessed May 15, 2006 from: http://www.acgme.org/acWebsite/positionPapers/pp_GMEGuide.pdf
- ¹⁴ Steinbrook, R. Commercial support and continuing medical education. *NEJM.* 2005; 352: 534-35.
- ¹⁵ Relman A. Separating continuing medical education from pharmaceutical marketing. *JAMA* 2001; 285:2009-12.
- ¹⁶ Coyle, S.L. Physician–Industry Relations. Part 2: Organizational Issues. *Ann Intern Med.* 2002; 136:403-406.
- ¹⁷ Society of General Internal Medicine. Revised External Funds Policy. Accessed May 3, 2006 from: <http://www.sgim.org/ExternalFundLetter2006.cfm>
- ¹⁸ American Medical Association. E-8.061 Gifts to Physicians from Industry. Accessed May 3, 2006 from: http://www.ama-assn.org/apps/pf_new/pf_online?f_n=resultLink&doc=policyfiles/HnE/E-8.061.HTM&s_t=gifts&catg=AMA/HnE&catg=AMA/BnGnC&catg=AMA/DIR&&nth=1&&st_p=0&nth=7&
- ¹⁹ Chimonas, S., Rothman, D.J. New Federal Guidelines for Physician–Pharmaceutical Industry Relations: The politics of policy formation. *Health Aff.* 2005; 24: 949-60.



1902 ASSOCIATION DRIVE, SUITE. 200,
RESTON, VIRGINIA 20191
PHONE 703-254-8972, FAX 703.620.5873
WWW.NPALLIANCE.ORG