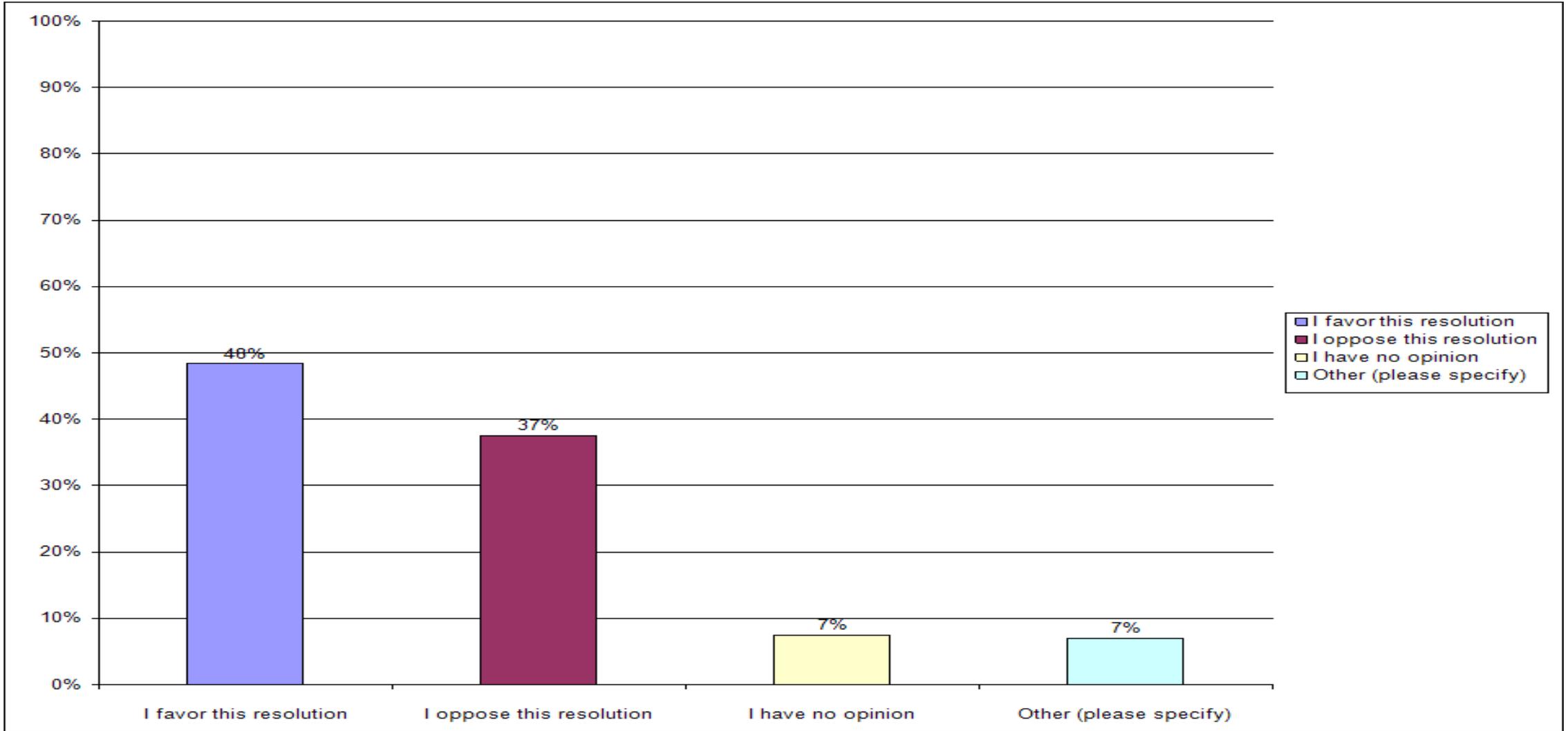
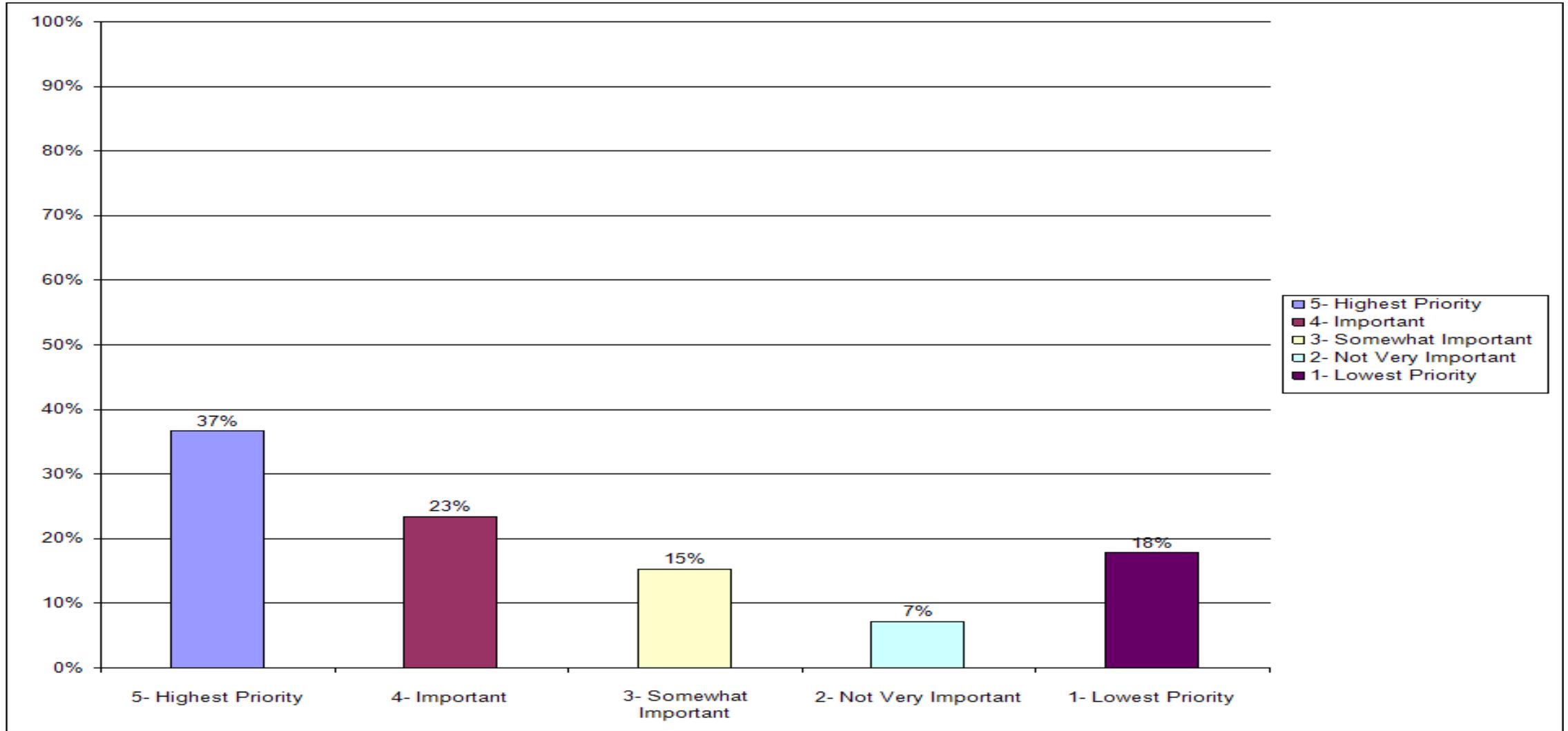


Remove Bureaucratic Restrictions on Practice of Medicine



203 responses

Please indicate your view of this resolution as an ISMS priority.



197 responses

Comments

SR No.	Response No.	Response Text
1	5	Disagree. We need oversight of physicians who cannot prescribe medications safely to patients.
2	6	In an ideal system, nothing should stand in the way of patients receiving excellent, science based medical care.
3	7	Physicians most practice evidence based medicine. The whereas stating Confirmed benefits is false, thus the resolution resolve does not pass scientific scrutiny
4	8	I am not in favor of any resolution that implies or states that it is ok to prescribe these meds for COVID. I am in favor of sanctions against members and any licensed health care provider in making claims anti vaccination or claims that ivermectin or hydroxychloroquine are effective against COVID in humans.
5	12	I am not in favor of allowing physicians to prescribe medications that are known NOT TO BE BENEFICIAL. However, I am in favor of limiting the amount of prior approvals required for so many medications, including even some generics lately.
7	16	This is vitally important, as hundreds of thousands of people's lives could have been saved during this COVID pandemic with hydroxychloroquine and ivermectin. Politicians have no right to impede physicians from prescribing FDA approved medications.
8	17	I disagree that MDs should be allowed to prescribe things of possible harm and with lack of benefit. I am not opposed to using meds that have not been proven by studies to show benefit but once studies are completed that show otherwise, we should not prescribe.
9	19	Interesting to have this resolution at the he same time as a resolution for government run healthcare. These are polar opposite resolutions and I support less bureaucracy in this proposal.
10	24	Per ISMS policy, it appears to support the resolution which may be redundant.
11	31	This is critical to maintain the ability of patients to receive treatment deemed to be in their best interest after an informed discussion and decision with their doctor.
12	36	If a physician prescribes a drug, it will be filled by a pharmacy. The insurance may not cover the drug and delay filling but Illinois did pass the Prior Authorization Reform Act this year, which was a step in the right direction. Physicians have also always been able to prescribe drugs off label as long as they can support their decision with risk/benefit to patient and support with literature or an intuitive argument as there is always the potential for adverse events with any drug. In regard to inappropriate prescribing on a large scale, such as ivermectin and

		hydroxychloroquine for covid, this is where there does need to be regulation. When a large group of prescribers are not following the standard practice or a single prescriber is repeatedly giving medications inappropriately then they are limiting freedom of practice of responsible prescribers because such measures need to be taken.
13	42	Strange that this resolution is in direct opposition to the initial resolution. A single payer system will nullify physician independence in practice/patient management.
15	49	this is a must for the future of treating our patients by physicians without third party interference by insurance companies and bureaucracy
16	51	Physicians should be allowed to prescribe any medical treatment that is approved by FDA or a respected medical organization or a recognized medical specialty organization. No medicine or treatment should be prescribed just because a pt requests it or a physician has a hunch that it may work in some cases.
17	53	The obstacles that exist now are mostly financial, with the safety bureaucracy via Beers criteria being an additional superimposition. Legislation to tackle this would involve wholesale reform of the Hatch-Waxman scheme. The pandemic challenge examples suggest a fair amount of flexibility already exists for off-label options that are not inordinately priced.
18	55	I think this resolution is too vague. There are A LOT of bureaucratic measures in place. This is too vague saying "research shows benefits."
19	59	This would be great but unlikely to happen!
20	68	Under no circumstances should ISMS endorse junk "science". That isn't personal or professional freedom, it's stupidity and makes a mockery of the iSMS. Studies of these products are underway, and we should wait for the peer reviewed outcomes.
21	69	This resolution aims to return drug usage to the pre-FDA years of the 19th Century. There is a good reason why there needs to be a system of cautious testing before medications can be used for patients. Thalidomide is only one example, but a powerful one.
22	73	I believe in the concept w a few exceptions. Thus would delete all words after the word outpatient.
23	80	You lose me with the ivermectin and hydroxychloroquine argument. Who drew this up, Trump? Let's stick to science, people!
24	87	If we're not going to use medical science in practicing medicine, then why even bother requiring people to go to medical school? Why not just let everyone call themselves a doctor and do whatever they want (or "feel"), regardless of potential harms to patients? It saddens me that we need

		bureaucratic intervention to prevent people who are allegedly trained in medicine from performing their duties idiotically, but this is apparently the world we live in now. This is a ridiculous resolution, and by no means should be passed by ISMS.
25	110	The government and hospitals have a right and obligation to allow or block access to medications based upon safety and efficacy data. I don't believe that the practice of medicine should be without restriction, and a resolution worded this way would allow for doctor to prescribe medication that literally have no evidence, and would remove the ability for hospitals to stop a doctor who is doing harm to patients. The current systems of recourse including removing of privilege or legal recourse could be seen as opposed by this resolution as well. I appreciate the authors desire to be able to help his/her patients, but this resolution is dangerous to patients beyond the current political boiling point that has become COVID.
26	113	Do NOT favor physicians prescribing non-evidence based treatments
27	117	I can see where this would be beneficial, however the pandemic has also brought to light quite a few questionable practices that could be worsened by this policy. In a world where the state medical boards and hospitals would act on questionable non-evidenced based practices in an efficient manner, I would agree with this policy.
28	121	How do you control practitioners who practice with evidence to support their theories. I have seen enough bad medical decisions not to support this potential free-for-all.
29	122	I'm not aware of many, if any, significant government barriers to prescribing the vast majority of non-controlled substances such as ivermectin and HCQ. This seems like a poorly thought out sentiment by someone not very familiar with the evidence (or lack thereof) of these medications beyond their normal usage. This is a joke resolution that should be dismissed quickly
30	123	It is commendable to keep the government but also the illinois department of professional regulation out of the practice of care between physicians and their patients. The more you leave open for a bureaucracy to atfack you with,the more you will be attacked. Even people who think they are protecting the public have a strange way of becoming corrupted and attacking us providers if they feel it will give them more political power or ammunition. Everything and everygroup needs to be excluded from interfering with physician patient care.
31	157	THIS IS AMAZING. THE FIRST RESOLUTION SUPPORTS FULL GOVERNMENT CONTROL, AND THIS ONE ADVOCATES NO CONTROL BY THE GOVERNMENT. WHILE THE INTENT IS GOOD, WHERE IS CONSIDERATION OF FEASIBILITY AND COSTS? THE CONVERSATION ABOUT "RIGHTS" IS MEANINGLESS WITHOUT REFERENCE TO

RESPONSIBILITY. WHILE THIS REFERS TO "ALL MEDICATION", IS THERE TO BE UNLIMITED PROVISION OF MEDICATIONS THAT COST OVER \$1000 DOLLARS A DOSE? SHOULD THERE BE NO CRITERIA EXCEPT PHYSICIAN REQUEST? UNFORTUNATELY, OUR TECHNOLOGY HAS ADVANCED FAR GREATER THAN THAN OUR ABILITY TO PAY FOR ITS PRODUCTS ON A UNIVERSAL SCALE. I AM SURPRISED THAT THIS RESOLUTION HAS EVEN COME UP. ADVOCATING FOR UNIVERSAL SAFETY IN NEIGHBORHOODS, AND UNIVERSAL ACCESS TO QUALITY EDUCATION, UNIVERSAL ACCESS TO MENTAL HEALTH SERVICES MAY PROVIDE GREATER BENEFIT TO SOCIETY.

- 32 158 We are supposed to practice medicine based on science. Practicing medicine otherwise is a hazard to our patient's health. If we pass this resolution, every time a physician is sued for using the above-mentioned drugs, our approval will end up on the side of bad medicine.
- 33 159 Rush please
- 34 175 The e.g. are poor choices to mention. The resolved is stronger without the parenthetical comment.
- 35 176 Cannot allow non proven drugs to be prescribed by Physicians who need to stick to established practice.
- 36 177 Read the science, not the politics. There needs to be some regulation of doctors to protect patients from doctors who are clearly not practicing scientific medicine or evidence based medicine. Patients do not have the training and doctors need to be held to a higher standard which includes oversight for patient protection. A strong NO to such a resolution that has no evidence base to support it.
- 37 195 While I think that there should be room for physician judgment, we have seen that numerous physicians can exercise poor judgment. To avoid a few "quacks" peddling snake oil and tarnishing the reputation of medicine, prescriptions should still remain within reasonable guidelines (e.g. with literature backing, FDA approval, etc)
- 38 215 The resolution should be amended to support off label use that is documented as beneficial in peer reviewed literature
- 39 217 Absolutely agree
- 40 227 Ivermectin??
- 41 229 I already do this. Is some doctor somewhere bending to someone else's will other than the doctor and patient's agreed upon plan?
- 42 233 I would love it—doubt it will happen
- 43 237 The modern profession cannot function without the guidance of bodies charged with the evaluation of scientific evidence and authorized to regulate appropriate aspects of practice. The profession should be and is substantially represented within such bodies. I would be embarrassed for the ISMS and for the profession of medicine in the State

		of Illinois should this resolution come to the floor at the national level.
44	240	You had me until you mentioned two dangerous and out of date drugs. This seems quite political.
45	242	While this resolution is noble in its spirit and its intentions are well placed, there is no role for physicians to prescribe therapeutics, including medication's, which have been proven to have no clinical efficacy in situations for which they are intended. Doing so is nothing less than peddling snake oil. It demeans the profession of medicine and places the patient at risk of harm.
46	243	The federal and state government should only be an oversight to ensure the safe practice of medicine.
47	244	Although this sounds wonderful, a return to what I call "the Golden Age of Medicine", that is, before government interference will never happen as long as the government is paying for health care. Unfortunately, most of the population can't afford it without the government. Stephen Kappel, MD
48	248	I agree with this proposal. But why do we support more bureaucrats by proposal of singer payer system? Current system may not be ideal, at least it has some levels of competitions, much much more bureaucracy will come with the single payer system!!!! Our medical society needs to start to Work for our physicians and advocate on our behalf, otherwise it loses all its relevancy!!!!
49	251	You want a single payor government run system and then you want this resolution to keep the government out of health care decisions. Who are you kidding.
50	254	Hostile and antagonistic - and leaves patients open to quackery and politicization.
51	260	This is a very vague resolution and is therefore not sustainable.
52	261	This is a critical need and needs action.
53	263	I don't support prescribing ineffective drugs such as hydroxychloroquine for COVID.
54	264	The examples listed appear to be absurd.
55	268	too open-ended, also the claim of right to prescribe objects known to be hazardous appears designed to achieve some political end not related to health
56	271	This resolution unfairly targets government bureaucratic restrictions despite the fact that regulations are often in place to prevent malpractice and protect patients, unlike private health insurance companies who utilize similar tactics for financial gain. I agree that many unnecessary bureaucratic restrictions do exist in medicine however some pharmaceutical regulation is necessary for patient safety. The author's scope here is far too wide and ambiguous to be beneficial. Additionally, the specific mention of ivermectin and hydroxychloroquine in light of

		their dangerous off-label fringe use for COVID-19 cases makes one question the author's intent.
57	275	Only medically supervised restrictions are useful
58	276	strongly oppose----there must be some reasonable checks and balances to ward off some unproven and unreasonable treatment modalities
59	279	In its own way, this resolution is more dangerous than the present system. Ivermectin anyone ?
60	296	I think you should strike out the individual drug identification because these drugs are politicized. The concept that is within our Medical practice, that we licensed Physicians choose to prescribe without restriction by the state legislators or by employers, pharmacists, or insurers, is the concept that needs to be protected for optimal patient benefit
61	173	It should be illegal or need some process to stop prescribing drugs shown to be ineffective or possibly dangerous or delay effective and proven methods of treatment. Presctibong ineffective medication or treatments may be harmful to patients and delay appropriate treatment which may be lifesaving
62	301	I absolutely agree!