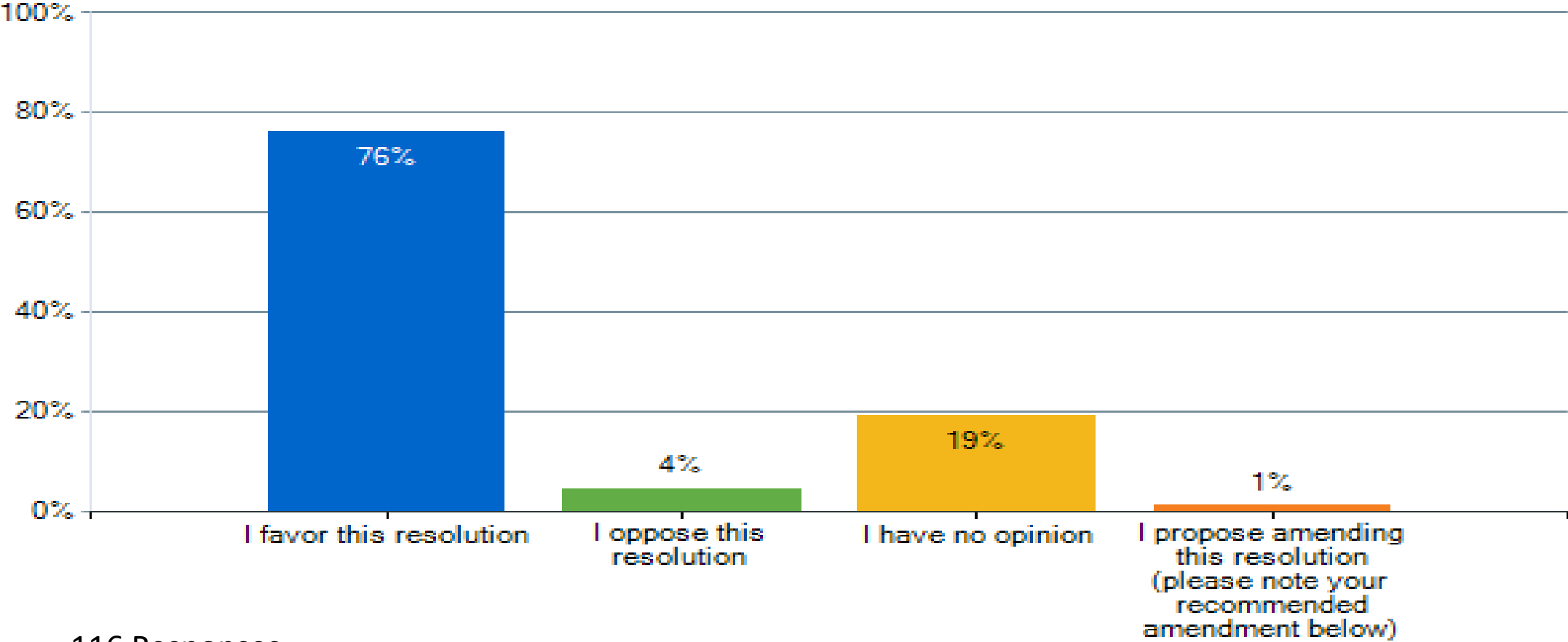
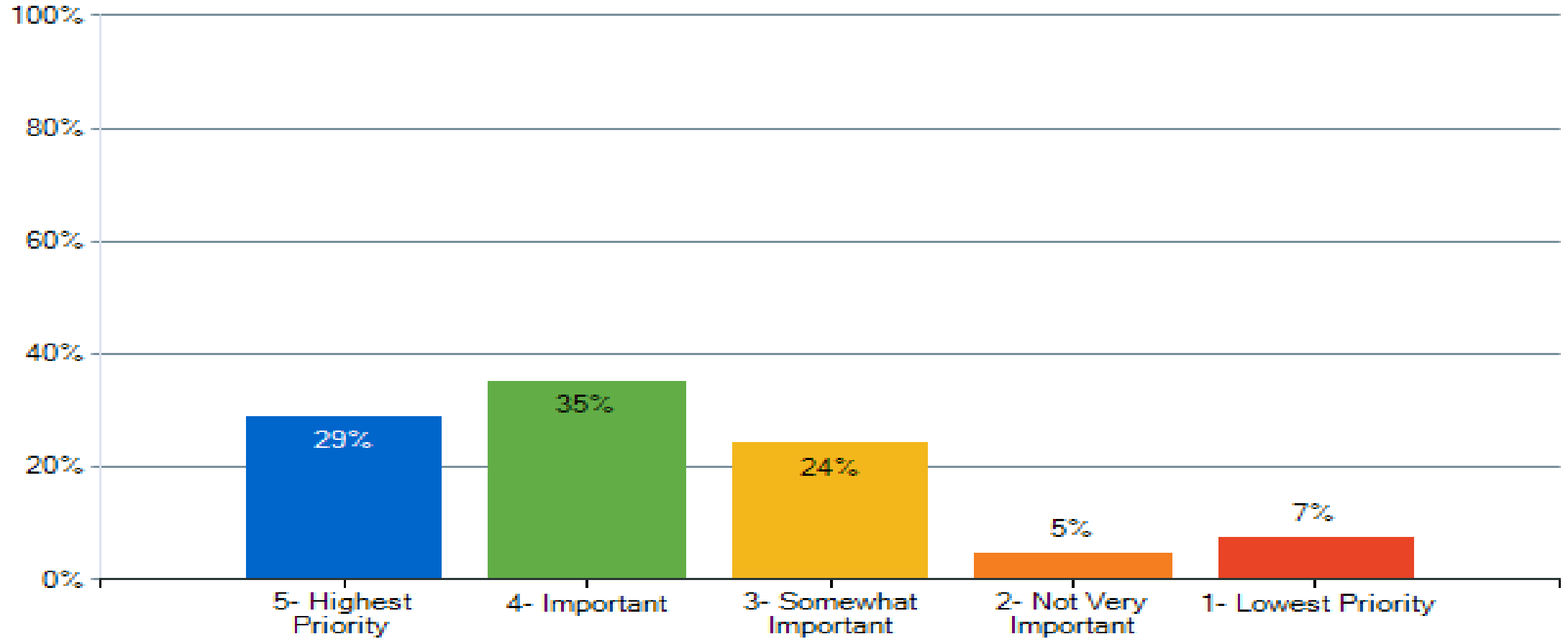


Physician Medical Conditions and Questions on Applications for Medical Licensure, Specialty Boards, and Institutional Privileges



116 Responses

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



108 Responses

Comments

Response Text

Complex and concerning issue but I agree with current policy. We must walk a very tight balance between privacy issues and protecting the public good.

Nobody has any right to request or demand any information about a physician's personal health issues unless there is a credible concern the physician poses an imminent harm to himself or others.

Stigma needs to be eliminated.

Sadly, mental health services delude the patient into believing they have genuine disease (DSM-5 codes). Keep the physicians away from the "mental health" practitioners.

The strict emphasis on "current" at-this-moment mental illness undermines the ability of credentialing organizations and Boards to understand and ascertain fully the applicant's professional capacity and if needed, construct an appropriate pathway to practice that ensures public safety. This Resolution is unfortunately saying that no one that has decisional authority regarding awarding credentials or licensure can be trusted to appreciate the circumstances and act responsively. Experienced and skilled Committee and Board members act with integrity, compassion and insight. They understand the burden that mental illness has on the applicant and want the applicant to succeed in his or her profession. The basic fact is that the mission of credentialing organizations and Boards is not to protect the applicant physician but to ensure that minimum professional skills and training has been obtained and for the State Medical Boards, public safety is to be ensured. Physicians are not sanctioned by the IDPR just for having a history of mental illness. An applicant that discloses a history of mental illness may or may not have an issue that would necessitate further gathering of information in a strictly confidential manner. Upon Board review, nothing further may be needed or done. If a physician applicant is felt to need additional monitoring, an individualized, non-public, confidential Care and Counseling agreement is created that maximizes the chances of professional success. Credentialing organizations and Boards cannot be blindfolded to the full picture of an applicant physician's history. The burden on the physician with a history of mental illness is heavy and unfortunate. The burden to act responsibly by members of credentialing organizations and Boards is also keenly felt, taken with the utmost seriousness and any actions taken are enacted with the goal of safely introducing a valued expert into practice while ensuring public safety. Philip Dray, MD

Strongly support this!

I question the ability to regulate or enforce institutional practices as opposed to state and federal practices

Unable to view the whole resolution in detail.

resolved clauses could be tightened up to be less prescriptive. Unclear why this isn't submitted directly to AMA

While I support this in theory, how does one define an issue that could "reasonably be related to medical practice"? I would be afraid that the "pendulum will swing" too far to the other side of not identifying physicians who are impaired in their ability to provide safe, quality care for patients.

This is badly needed and a great resolution.

Agree that ISMS should support correction of requirements for mental illness reporting to address answering questions as "yes" if they have a mental illness diagnosis requiring physician prescriptions or therapies that are ongoing and that these reports should be held to the same protections as all patient privacy. Specific questions that request an answer to a symptom (like depression or anxiety) only are inappropriate.

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Response Text

Other (Please specify) : Remove "physician led" from the resolve. Most mental health services are provided by MSW's & psychologists. Many PCP's also provide basic counseling . I think having the. Question of past mental health illness on the application doesn't promote truthfulness,since answering affirmatively would trigger an appearance to the board &/or release of mental health records to the board