

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 11.2018-08
(A-19)**

Introduced by: Ryan Diederich, M.D., ISMS Member

Subject: Protecting a Patient’s Right to Choice

Referred to: Medical Legal Council

1 Whereas, the patient-physician relationship is the guiding principle in patient
2 care; and

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4 Whereas, hospitals and other healthcare organizations continue to employ
5 physicians directly; and

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7 Whereas, some hospitals and other healthcare organizations may try to mandate
8 that only their physicians have hospital privileges; and

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10 Whereas; this limits the patient's right to choose their physicians and undermines
11 the patient-physician relationship; therefore, be it

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13 RESOLVED, that the patient-physician relationship should be protected; and be
14 it further

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16 RESOLVED, that patients should have a right to choose their physician(s); and
17 be it further

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19 RESOLVED, that ISMS create a policy that hospitals and healthcare
20 organizations shall allow any physician who meets reasonable and customary standards
21 to have hospital privileges; and be it further

22
23 RESOLVED, that ISMS support or introduce legislation that hospitals and
24 healthcare organizations shall allow any physician who meet reasonable and customary
25 standards to have hospital privileges; and be it further

26
27 RESOLVED, that ISMS create a policy that a hospital or healthcare organization
28 may not limit privileges to select physicians (based on employment, relationships, etc.);
29 and be it further

1 RESOLVED, that ISMS support or introduce legislation that a hospital or
2 healthcare organization may not limit privileges to select physicians (based on
3 employment, relationships, etc.); and be it further
4

5 RESOLVED, that ISMS create a policy that a hospital or health care organization
6 may not unduly influence a patient's right to choose their physician; and be it further
7

8 RESOLVED, that ISMS support or introduce legislation that a hospital or health
9 care organization may not unduly influence a patient's right to choose their physician.

Existing ISMS policy related to this issue:

Any licensed physician who holds clinical privileges at a healthcare facility has the right to exercise those privileges in the care and treatment of patients, with whom said physician has established a physician-patient relationship. The right to exercise said clinical privileges should not be jeopardized for reasons unrelated to said physician's quality of care or orderly conduct as determined through the facility's peer review process provided for within the facility's medical staff bylaws. (HOD 2006; Last BOT Review 2011)

A patient's consent for treatment by a specific physician, like any other consent, is a continuous process. Practices related to the use of hospitalists or other inpatient specialists should respect that right at all times. (HOD 2006; Last BOT Review 2011)

Patients' interests are best served when their physicians are not restricted to inflexible practice guidelines that do not account for individual variation, regardless of their source. Such rigidly enforced guidelines restrict the art and science of medicine and interfere with the doctor-patient relationship. (HOD 2006; Reaffirmed 2010; Last BOT Review 2011)

ISMS objects to third party insurance carriers interfering with the practice of medicine and the patient-physician relationship. (HOD 2007; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2017; Reaffirmed 2018; Last BOT Review 2015)

House of Delegates adopted Resolution 32 (A-04), as amended, which directed that ISMS work to amend the appropriate state law to add a definition of the physician-patient relationship that establishes clearly that no physician-patient relationship exists until the physician consents to it and that the mere making of an appointment does not establish a relationship nor obligate the physician to a future relationship. (HOD 2004)

The Illinois State Medical Society encourages voluntary health organizations to work with the available local medical communities in providing referral and treatment of patients so that existing physician-patient relationships are not breached. (HOD 1990 Amended; Last BOT Review 2011)

ISMS supports the patient's right to contract with physicians, if they so choose, for their medical care, without sanctions, fines, penalties and threats by government agencies to either patient or physician. (HOD 1994; Reaffirmed 2009; Last BOT Review 2011)

Medicine is a covenant between the patient and physician. (HOD 1996; Last BOT Review 2011)

House of Delegates adopted BOT Report B in lieu of Res. 55 (A-94) which directed that the Society, as a matter of policy, “oppose physician profiling data being used for economic credentialing purposes.” (HOD 1995)

House of Delegates adopted Res. 67 (A-95) which directed that the Society support and cause to be introduced in the Illinois General Assembly, legislation which will mandate that all PHOs provide equal opportunity of access to all credentialed and otherwise qualified physicians on the staff of the PHO hospitals. (HOD 1995)

Board of Trustees agreed, in response to Resolution 29 (A-98) “Restriction of Medical Staff Privileges,” to forward to the Governmental Affairs Council draft legislation to amend the economic credentialing provision of the Hospital Licensing Act which would require all physicians requesting applications and submitting applications to be treated the same. The Board also approved including two additional issues in the draft legislation; one would clarify that the hospital governing board itself is not required to provide a written decision until the final decision is made; and one would add specific language authorizing the medical staff to participate in any decision to close the medical staff or a department or specialty and refuse to accept applicants. (BOT 1998-OCT)

Members of a medical staff should receive due process as spelled out by the bylaws of the medical staff before their medical staff privileges can be terminated. The Illinois State Medical Society shall support physicians in their right to continue to practice in a community or hospital as long as they follow the bylaws of the medical staff and maintain the highest quality of medical practice to their patients unless good cause can be shown that continuation of the physician in practice is not in the best interest of his/her patients. A physician's hospital privileges should be based on clinical competency and quality of care. (HOD 1985 Amended; Last BOT Review 2011)