1.1.6 Quality

As professionals dedicated to promoting the well-being of patients, physicians individually and collectively share the obligation to ensure that the care patients receive is safe, effective, patient centered, timely, efficient, and equitable.

While responsibility for quality of care does not rest solely with physicians, their role is essential. Individually and collectively, physicians should actively engage in efforts to improve the quality of health care by:

(a) Keeping current with best care practices and maintaining professional competence.

(b) Holding themselves accountable to patients, families, and fellow health care professionals for communicating effectively and coordinating care appropriately.

(c) Using new technologies and innovations that have been demonstrated to improve patient outcomes and experience of care, in keeping with ethics guidance on innovation in clinical practice and stewardship of health care resources.

(d) Monitoring the quality of care they deliver as individual practitioners—e.g., through personal case review and critical self-reflection, peer review, and use of other quality improvement tools.

(e) Demonstrating commitment to develop, implement, and disseminate appropriate, well- defined quality and performance improvement measures in their daily practice.

(f) Participating in educational, certification, and quality improvement activities that are well designed and consistent with the core values of the medical profession.

AMA Principles of Medical Ethics: I,V,VII,VIII

Background report(s):

CEJA Report 5-A-09 Quality

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 5-A-09

Subject: Quality

Presented by: Regina M. Benjamin, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws (Daniel W. Van Heeckeren, MD, Chair)

Quality is a measure of the appropriateness and adequacy of health care. It has been described as getting the right care to the right patient at the right time.[1] Yet we know that quality of care and patient outcomes vary across different patient populations[2] and in different geographic areas[3] and that compromise in quality can lead to medical errors that harm patients.[4] Despite many attempts to ensure quality care through incentive mechanisms, measurement programs, and mandates, there is still much to be done to achieve the goal of providing the right care for every patient every time he or she enters the health care system.

Discussions about quality often revolve around the technical aspects of providing high quality care; ethical responsibilities tend not to enter the conversation. The aim of this report is to outline these ethical obligations and to provide guidance to help physicians better understand that quality is not just a technical, systems concern; it is an ethical and hence a professional one as well.

QUALITY IN HEALTH CARE

High quality care has been characterized as care that is safe, effective, efficient, patient centered, timely, and equitable.[5] Each of these aims has ethical aspects that are important for delineating the roles and responsibilities of all who are involved in providing health care. Importantly, quality is the product of the interplay of all of these aims. Emphasizing any one goal at the expense of others undermines our ability to achieve the high standard of care our patients need and deserve.

Safe Care

In its 1999 report *To Err Is Human,* the Institute of Medicine summarized data on medical errors in the U.S. and recommended strategies for improvement.[6] One such recommendation was for professional organizations, among other groups, to "raise performance standards and expectations for improvements in safety."[6] For its part, the American Medical Association has addressed patient safety through Opinion E-8.121, "Ethical Responsibility to Study and Prevent Error and Harm" (AMA Policy Database) of the *Code of Medical Ethics* and through leadership of the Physician Consortium for Performance Improvement designed to develop, test, and maintain sound clinical performance measures and measurement resources for physicians.[7]

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* 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.

Providing safe care to patients with the aim of preventing harm is a founding tenet of medicine that derives from the principles of beneficence and nonmaleficence.[8] It is the professional obligation of physicians to prevent harm to each patient under their care.[8]

Effective Care

Providing sound, scientifically derived care based on clinical indications—and refraining from providing care that likely will not benefit patients—is another aspect of quality care. The obligation to provide effective care stems from the principle of beneficence, which directs the physician to choose what is best for each patient. To this end, physicians are expected to commit themselves to lifelong professional learning and to applying their education to patients' benefit, responsibilities addressed in Principle V and in Opinion E-9.011, "Continuing Medical Education," of the *Code of Medical Ethics*.

However, providing effective care requires more than the professional competence and dedication of individual physicians. Truly effective care calls for collaboration among all who provide patient care. Thus physicians also have an ethical responsibility to seek consultations when appropriate and use the talents of other professionals (Principle V) and to foster coordination of care among appropriate clinicians.[9]

Patient-Centered Care

Providing care that meets patient needs in accordance with the individual's preferences is likewise an important goal of quality care. Certainly, physicians should not be required to provide unnecessary care or treatment that the physician believes is dangerous or unproven because a patient requests it. That said, however, physicians have an ethical responsibility to work with patients to identify goals of care, develop treatment plans, and provide care that reflects the patient's values.

Respect for the patient is at the core of physicians' professional ethical responsibilities, as recognized in Principles I and IV of the *Code of Medical Ethics*. This requires engaging the patient in shared decision-making[10] by disclosing relevant information about the benefits, risks, and costs of treatment alternatives, as well as recommending treatment options based on professional judgment.[11, 12]

Timely Care

Medical care cannot meet many of the other criteria of quality if it is not received by those who need it in a timely fashion. Long waits to receive care reduce quality and patient satisfaction.

Efficient Care

Efficiency means that care meets patients' needs and is not wasteful. Efficiency has recently become a prominent issue, primarily due to the rising costs of care. Although "efficiency" has at times been interpreted to mean "cheap," efficient care can be both low cost and high quality. The goal is to provide only needed, patient-centered care. Physicians, who control a substantial portion of health care spending, share a responsibility to use health care resources prudently.

Physicians must enhance their role in promoting efficient health care. Third party payers, including managed care organizations and Medicare, have thus far taken the initiative to improve efficiency. However, physicians can and should become the primary drivers of these efforts, rather than reacting to them.[13] Fulfilling professional ethical responsibilities with respect to allocating limited resources[7] and taking costs of care into consideration[14] helps improve efficiency of care so that overall medical resources are increased for all.

Equitable Care

The principle of justice requires, among other things, that health care resources be distributed fairly among all patients who need them. This includes not only responsibility to address ethical issues of allocation of limited resources and costs of care, but also the professional obligation not to discriminate against patients.[15] Principle IV and numerous Opinions in the *Code of Medical Ethics* require physicians to respect patients' rights and prohibit discrimination on the basis of race or ethnicity (E-9.121), gender (E-9.122), derogatory or disrespectful conduct by the patient (E-9.123), or HIV status (E-9.131).

Physicians must also support access to equitable medical care for all people (Principle IX), regardless of method of access.[◊] Physicians do not always control the dispersal of health care resources, but should do what is in their power to ensure that patients in similar circumstances receive similar care. Although there may be circumstances when equity cannot be achieved (see E-2.03, "Allocation of Limited Medical Resources"), for example, in natural disasters, these should be the exception rather than the rule.

THE OBLIGATION TO PROMOTE QUALITY

Obligations on the part of individual physicians to promote quality in health care feature prominently in discussions of professionalism in medicine. For example, the Accreditation Council on Graduate Medical Education notes "commitment to excellence" as a key aspect of professionalism.[16] The *Code of Medical Ethics* likewise addresses practitioners' responsibilities with respect to quality: Principle I enjoins physicians to provide competent medical care. Principle V sets out the duty to study, apply and advance scientific knowledge. Principle VII recognizes the responsibility to participate in activities that contribute to improving the community and public health.

Likewise, Opinions throughout the *Code* articulate physicians' professional ethical responsibility to share knowledge and innovations for the betterment of patients and to commit themselves to lifelong learning. As an ethical commitment to patients, individual physicians are expected to keep current with best practices by participating in appropriate professional development activities. In the Council's view, commitment to excellence implies a further obligation to monitor the quality of the care they themselves deliver, for example, through regular critical self-reflection, peer review, or other use of other tools for improving quality.

The responsibility to promote quality in health care does not fall to individual physicians alone. The medical profession as a whole, as well as professional organizations and institutions, has significant responsibilities in this regard. In particular the profession and its constituent bodies have

[◊] The Council on Ethical and Judicial Affairs is addressing financial barriers for access to health care in a separate analysis.

obligations to define quality standards in medicine, educate practitioners about those standards, and ensure that physicians individually and collectively are held accountable for meeting those standards.

For example, the *Charter on Medical Professionalism,* jointly promulgated by the American Board of Internal Medicine, the American College of Physicians, and the European Union Foundation of Internal Medicine, articulates "commitment to improving quality" as a fundamental tenet of professionalism in medicine. This commitment is explicitly defined as encompassing physicians' collective obligation to participate in developing and routinely applying measures of quality of care at all levels.[17] The AMA-convened Physician Consortium for Performance Improvement is predicated on this commitment.[18]

Likewise, medicine as a profession has an obligation to strive to continuously improve the quality of the care. Health care organizations and institutions are called on to undertake quality improvement activities as a matter of sound mangement.[5] Individually and collectively, physicians have a responsibility to participate in and contribute their professional knowledge to ensure that efforts to improve quality are designed and implemented consistent with the core ethical values of the medical profession.

TAKING RESPONSIBILITY FOR QUALITY OF CARE

Physicians' responsibility to review and constructively critique one another's practice with the aim of improving patient care distinguishes medicine from other professions—to the ultimate benefit of patients. As professionals, physicians must act to improve quality of care. While many stakeholders—including health care institutions, other health care professionals, and insurers, as well as patients and their families—are involved in medical decisions and thus are in a position to influence quality of care, the special nature of the patient-physician relationship means that physicians are accountable for quality in ways that other parties are not.

As leaders of the care team, physicians have a measure of responsibility for the performance of the team and the other professionals on it. More important, as professionals bound to their patients in an individual relationship of fidelity and trust, it is physicians who must account to each patient (and family) for the care the individual has received. Health care organizations and institutions have an obligation to create conditions in which physicians can appropriately be accountable, but institutions will not sit at the bedside and explain to the patient why the care he or she received was not of the quality deserved.

RECOMMENDATION

The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of the report be filed:

> As professionals dedicated to promoting the well-being of patients, physicians individually and collectively share the obligation to ensure that the care patients receive is safe, effective, patient centered, timely, efficient, and equitable.
>
> While responsibility for quality of care does not rest solely with physicians, their role is essential. Individually and collectively, physicians should actively engage in efforts to improve the quality of health care by:

(1) Keeping current with best care practices and maintaining professional competence.

(2) Holding themselves accountable to patients, families, and fellow health care professionals for communicating effectively and coordinating care appropriately.

(3) Monitoring the quality of care they deliver as individual practitioners—e.g., through personal case review and critical self-reflection, peer review, and use of other quality improvement tools.

(4) Demonstrating a commitment to develop, implement, and disseminate appropriate, well-defined quality and performance improvement measures in their daily practice.

(5) Participating in educational, certification, and quality improvement activities that are well designed and consistent with the core values of the medical profession.

(New HOD/CEJA Policy)

Fiscal Note: Staff cost estimated at less than $500 to implement.

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