

REPORT OF THE ORGANIZED MEDICAL STAFF SECTION
GOVERNING COUNCIL

OMSS GC Report D
(I-24)

Subject: Inclusion of Patient Safety and Environmental Stewardship in CSAPH Report
*Improving Research Standards, Approval Processes Post-Market and
Surveillance Standards for Medical Devices*
(OMSS Resolution 2-I-23)

Presented by: Nancy Church, MD, Chair

Referred to: OMSS Reference Committee
(, MD, Chair)

1 INTRODUCTION

2
3 At its 2023 Interim Meeting, the OMSS Assembly referred Resolution 2-I-23, Inclusion of Patient
4 Safety and Environmental Stewardship in CSAPH *Report Improving Research Standards,*
5 *Approval Processes Post-Market and Surveillance Standards for Medical Devices*, for report. The
6 resolution asked the AMA to:

- 7
8 1. Develop policy that specifically addresses concerns about the design, use, and
9 maintenance of reusable medical devices in the context of the growth of antibiotic-resistant
10 microbes, as it threatens patient safety
11
12 2. Develop policy that specifically addresses single use/disposable medical devices with
13 regards to 1) adverse environmental consequences (material use and medical waste), and 2)
14 the balance of fiscal expense vs. patient safety concerns
15
16 3. Advocate for an augmented recommendation on medical devices that addresses patient
17 safety as it intersects with fiscal and environmental considerations to the U.S. Food and
18 Drug Administration’s Center for Devices and Radiological Health and advocate for its
19 incorporation into the Center’s policies regarding approval and continuance of medical
20 devices.
21

22 DISCUSSION

23
24 The key directive of Resolution 2-I-23 is to task the AMA with developing policy that can help to
25 manage the tension between environmental sustainability and patient safety as it relates to single-
26 use and reusable medical devices. The AMA currently lacks robust policy on this subject and what
27 policy does exist relates largely to support for existing federal guidance on reprocessing of existing
28 durable medical equipment and general acknowledgements of the AMA’s responsibility to
29 ethically consider the environmental impact of the practice of medicine. Developing practical,
30 specific recommendations for single-use or reusable medical equipment has not historically been
31 an item of policy interest for the AMA.
32

1 At the same time, the AMA has recognized the risks associated with antibiotic-resistant microbes
2 and the need for careful, effective procedures to keep patients as safe as possible when receiving
3 care, particularly care delivered in a surgical or other inpatient setting. Indeed, presence of
4 antibiotic-resistant microbes leading to the shutdown of surgical suites as well as dental,
5 endoscopic, urologic, podiatric, optometric and sleep study venues is well¹ documented² as is the
6 relationship between these events and the use of inadequately reprocessed reusable devices,
7 resulting in greater expenses for healthcare facilities, physicians, and patients.

8
9 Implementation of effective policy to manage both safety and environmental obligations requires,
10 almost by definition, the existence of an industry standard. Unfortunately, there does not seem at
11 this time to be a universal standard or rubric for evaluating the costs and benefits of single-use and
12 reprocessed reusable medical devices relative to the potential for risk and cost to patients, though
13 there are some public³ attempts to craft such a standard. This in and of itself is potentially
14 problematic. Without a recognized industry standard approach that has been evaluated and
15 carefully considered by physicians, the creation of standards is falling to private industries⁴ which
16 are free to develop and propagate their own standards with or without the input of the physicians
17 that regularly use the materials.

18
19 In addition to the environmental and safety concerns, it is also important to consider the economic
20 impacts at play. While spending on medical devices remains a relatively small piece of overall
21 health spending, there are signs of growth. In 2021, medical device spending increased at an
22 average annual rate of 5.8 percent⁵, just slightly behind the overall rate of 6.1 percent. Inflationary
23 pressure is expected⁶ to continue to push spending higher in the coming years. While all healthcare
24 facilities must be mindful of costs relative to revenue, facilities and practices where margins are
25 thinnest, such as rural and other underserved areas, may have an even more sensitive calculus to
26 consider, particularly as the risk of closure of services or full shutdowns may be greater without
27 careful consideration of cost-effectiveness.

28
29 A successful standard is one that considers safety, environmental sustainability, and economic
30 responsibility in equally appropriate measure. Physicians undeniably must be at the forefront of
31 determining any industry standards related to use of these materials, however it is not a task that
32 can be accomplished by physicians, or even the healthcare sector, alone. Determining a careful
33 standard will require cross-sectional inputs from the healthcare sector and the physicians who lead
34 it as well as environmental experts and financial cost benefit analysts who can contribute.

35 36 CONCLUSION

37
38 The creation of a “gold standard” for single-use and reusable medical equipment that considers
39 both the environmental impact of a changing world and the safety needs of patients is a task that’s
40 time has come. Unfortunately, determining those exact standards for patient safety and
41 environmental stewardship is beyond the scope of the Organized Medical Staff Section. However
42 as the representative facilitators between medical staff and healthcare facilities, the OMSS is in a
43 unique position to spur the development of better standards of care that also consider the needs of
44 physicians and the literal work environment physicians practice in.

45
46 The OMSS Governing Council believes the best path forward lies in encouraging the AMA to take
47 the lead with other key national stakeholders in developing a “cradle-to-grave” lifecycle
48 assessment⁷ tool that can evaluate single-use and reusable medical equipment, both in isolation and
49 combination, to help make determinations about the best possible products and applications. Such
50 tools are commonly used in a variety of industries and are generally well-accepted⁸ as reasonable
51 and responsible assessments for product use.

1
2 Finally, while Resolution 2-I-23 initially sought to directly address the Council on Science and
3 Public Health's (CSAPH) Annual 2023 report on research standards improvement, given the
4 passage of time since that report and the still outstanding need for policy addressing the issue of
5 environmental stewardship and patient safety, the OMSS Governing Council does not believe it is
6 necessary to amend the CSAPH report in order to achieve the resolution's goals.

7
8 RECOMMENDATION

9
10 The OMSS Governing Council recommends that the following be adopted in lieu of Resolution 2-
11 I-23, and that the remainder of this report be filed:

- 12
13 1. That the AMA work with such stakeholders as is sensible to develop and/or confirm a
14 comprehensive cradle-to-grave life-cycle assessment for single-use versus reusable medical
15 devices factoring safety relative to cost effectiveness and environmental impact.
16
17 2. That the AMA advocate for federal regulation on medical devices that addresses patient
18 safety as it intersects with fiscal and environmental considerations and promotes the use of
19 a "gold standard" life-cycle assessment for single-use and reusable medical devices.
20
21
22
23

24 REFERENCES

- 25
26 1. Rauwers, A.W. et al. (2019). Independent root-cause analysis of contributing factors,
27 including dismantling of 2 duodenoscopes, to investigate an outbreak of multi-drug
28 resistant *Klebsiella pneumoniae*. *Gastrointestinal Endoscopy*. 90 (5): 793-804.
29 <https://pubmed.ncbi.nlm.nih.gov/31102643/>
30
31 2. Davis, Henry L. (2017). VA medical center warning 526 patients of infection risk from
32 scopes. *The Buffalo News*. August 16, 2017.
33 [https://buffalonews.com/news/local/business/va-medical-center-warning-526-patients-of-](https://buffalonews.com/news/local/business/va-medical-center-warning-526-patients-of-infection-risk-from-scopes/article_843b31e7-54a9-5658-bdef-47f0d0a62915.html)
34 [infection-risk-from-scopes/article_843b31e7-54a9-5658-bdef-47f0d0a62915.html](https://buffalonews.com/news/local/business/va-medical-center-warning-526-patients-of-infection-risk-from-scopes/article_843b31e7-54a9-5658-bdef-47f0d0a62915.html)
35
36 3. Agency for Healthcare Research and Quality. (2023). Healthcare industry waste and
37 lifecycle assessment. Research protocol: Sep 21, 2023.
38 <https://effectivehealthcare.ahrq.gov/products/lifecycle-assessment>
39
40 4. Morris, Will. (2023). Life cycle assessment: A tool for sustainable medical device
41 development. Haughton Design. January 3, 2023. [https://haughtondesign.co.uk/life-cycle-](https://haughtondesign.co.uk/life-cycle-assessment-lca-sustainable-medical-device-development/)
42 [assessment-lca-sustainable-medical-device-development/](https://haughtondesign.co.uk/life-cycle-assessment-lca-sustainable-medical-device-development/)
43
44 5. Donahoe, G. F. (2021). *Estimates of medical device spending in the United States*.
45 Advanced Medical Technology Association. June 2021. [https://www.advamed.org/wp-](https://www.advamed.org/wp-content/uploads/2021/12/Estimates-Medical-Device-Spending-United-States-Report-2021.pdf)
46 [content/uploads/2021/12/Estimates-Medical-Device-Spending-United-States-Report-](https://www.advamed.org/wp-content/uploads/2021/12/Estimates-Medical-Device-Spending-United-States-Report-2021.pdf)
47 [2021.pdf](https://www.advamed.org/wp-content/uploads/2021/12/Estimates-Medical-Device-Spending-United-States-Report-2021.pdf)
48
49 6. PwC Health Research Institute. (2024) *Medical cost trend: Behind the numbers 2025*.
50 PricewaterhouseCoopers Health Research Institute.
51 <https://www.pwc.com/us/en/industries/health-industries/library/behind-the-numbers.html>

1
2
3
4
5
6
7

7. European Environment Agency. *Term: Cradle to grave*. Accessed October 25, 2024: <https://www.eea.europa.eu/help/glossary/eea-glossary/cradle-to-grave#:~:text='Cradle%2Dto%2Dgrave',use%2C%20and%20ultimately%2C%20disposal>.
8. Science Direct. (2024). *Cradle-to-grave assessment*. Sciencedirect.com. Accessed October 25, 2024: <https://www.sciencedirect.com/topics/engineering/cradle-to-grave-assessment>