

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 3
(I-24)

Introduced by: Matthew D. Gold, MD
Subject: Aiding Members of Medical Staffs
Referred to: OMSS Reference Committee
(xxxx, MD, Chair)

- 1 Whereas, a goal of our American Medical Association is to support the sustainability of medical
2 practice; and
3
4 Whereas, for many years, the medical staff organization and bylaws were compacts honored by
5 hospitals, but with the advent of corporate systems of healthcare there is more intrusion of
6 hospital administration into the practice of medicine in the hospital, sometimes disregarding the
7 boundaries between administration and the professional medical staff responsibilities; and
8
9 Whereas, where there is no legal protection of the status of the medical staff and its bylaws,
10 individual physicians may be subject to adverse institutional actions without firm recourse; and
11
12 Whereas, some of the adverse actions have, in some instances:
13 • Taken the medical staff's bank account;
14 • Tried to oust duly elected medical staff officers and replace them with administration
15 appointees;
16 • Unilaterally imposed a "code of conduct;"
17 • Adopted a conflict-of-interest policy without medical staff consent or input;
18 • Unilaterally amended medical staff bylaws;
19 • Bypassed the medical staff credentialing process;
20 • Refused to turn over charts for regular department peer review;
21 • A host of other violations of medical staff prerogatives¹; and
22
23 Whereas, individual physicians may be at risk of administrative harm regardless of being a
24 member of the medical staff²; and
25
26 Whereas, there are institutional as well as individual recourses that may apply to a physician
27 threatened by administration with adverse action, which include having an independent lawyer
28 who is an expert in medical staff and a physician advocate separate from hospital counsel,
29 incorporation of the medical staff as a separate entity, and "engagement of state and national
30 medical societies to lobby for stronger laws assuring medical staff independence"³; and
31
32 Whereas, our AMA has model legislation concerning legal definitions to protect the autonomy of
33 the medical staff⁴; and
34
35 Whereas, "Our AMA recognizes that the following fundamental rights apply to individual medical
36 staff members, regardless of employment, contractual, or independent status, and are essential
37 to each member's ability to fulfill the responsibilities owed to his or her patients, the medical
38 staff, and the health care organization... The right to be evaluated fairly, without the use of
39 economic criteria, by unbiased peers who are actively practicing physicians in the community

1 and in the same specialty. The right to full due process before the medical staff or health care
2 organization takes adverse action affecting membership or privileges, including any attempt to
3 abridge membership or privileges through the granting of exclusive contracts or closing of
4 medical staff departments”⁵; and

5
6 Whereas, in the last decade progress has been made in validating the independence of the
7 medical staff, but the acceptance in law is not universal through the states nor universally
8 defined⁶⁻¹⁰; and

9
10 Whereas, actions available to defend oneself against unfair actions may be a prohibitive barrier
11 to success¹¹; therefore be it

12
13 RESOLVED, that our American Medical Association establish a well-defined procedure and
14 resources whereby physicians can get guidance on how effectively to challenge adverse
15 institutional actions or policies and personal barriers to practice medicine and publicize this
16 resource within the medical community (Directive to Take Action).

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Fiscal Note: (Assigned by HOD)

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RELEVANT AMA POLICY

Physician and Medical Staff Member Bill of Rights H-225.942

Our American Medical Association adopts and will distribute the following Medical Staff Rights and Responsibilities:

Preamble

The organized medical staff, hospital governing body, and administration are all integral to the provision of quality care, providing a safe environment for patients, staff, and visitors, and working continuously to improve patient care and outcomes. They operate in distinct, highly

expert fields to fulfill common goals, and are each responsible for carrying out primary responsibilities that cannot be delegated.

The organized medical staff consists of practicing physicians who not only have medical expertise but also possess a specialized knowledge that can be acquired only through daily experiences at the frontline of patient care. These personal interactions between medical staff physicians and their patients lead to an accountability distinct from that of other stakeholders in the hospital. This accountability requires that physicians remain answerable first and foremost to their patients.

Medical staff self-governance is vital in protecting the ability of physicians to act in their patients' best interest. Only within the confines of the principles and processes of self-governance can physicians ultimately ensure that all treatment decisions remain insulated from interference motivated by commercial or other interests that may threaten high-quality patient care.

From this fundamental understanding flow the following Medical Staff Rights and Responsibilities:

- I. Our AMA recognizes the following fundamental responsibilities of the medical staff:
 - a. The responsibility to provide for the delivery of high-quality and safe patient care, the provision of which relies on mutual accountability and interdependence with the health care organization's governing body.
 - b. The responsibility to provide leadership and work collaboratively with the health care organization's administration and governing body to continuously improve patient care and outcomes, both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
 - c. The responsibility to participate in the health care organization's operational and strategic planning to safeguard the interest of patients, the community, the health care organization, and the medical staff and its members.
 - d. The responsibility to establish qualifications for membership and fairly evaluate all members and candidates without the use of economic criteria unrelated to quality, and to identify and manage potential conflicts that could result in unfair evaluation.
 - e. The responsibility to establish standards and hold members individually and collectively accountable for quality, safety, and professional conduct.
 - f. The responsibility to make appropriate recommendations to the health care organization's governing body regarding membership, privileging, patient care, and peer review.
- II. Our AMA recognizes that the following fundamental rights of the medical staff are essential to the medical staff's ability to fulfill its responsibilities:
 - a. The right to be self-governed, which includes but is not limited to
 - i. initiating, developing, and approving or disapproving of medical staff bylaws, rules and regulations,
 - ii. selecting and removing medical staff leaders,

- iii. controlling the use of medical staff funds,
 - iv. being advised by independent legal counsel, and
 - v. establishing and defining, in accordance with applicable law, medical staff membership categories, including categories for non-physician members.
 - b. The right to advocate for its members and their patients without fear of retaliation by the health care organization's administration or governing body, both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
 - c. The right to be provided with the resources necessary to continuously improve patient care and outcomes.
 - d. The right to be well informed and share in the decision-making of the health care organization's operational and strategic planning, including involvement in decisions to grant exclusive contracts, close medical staff departments, or to transfer patients into, out of, or within the health care organization.
 - e. The right to be represented and heard, with or without vote, at all meetings of the health care organization's governing body.
 - f. The right to engage the health care organization's administration and governing body on professional matters involving their own interests.
- III. Our AMA recognizes the following fundamental responsibilities of individual medical staff members, regardless of employment or contractual status:
- a. The responsibility to work collaboratively with other members and with the health care organizations administration to improve quality and safety.
 - b. The responsibility to provide patient care that meets the professional standards established by the medical staff.
 - c. The responsibility to conduct all professional activities in accordance with the bylaws, rules, and regulations of the medical staff.
 - d. The responsibility to advocate for the best interest of patients, even when such interest may conflict with the interests of other members, the medical staff, or the health care organization, both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
 - e. The responsibility to participate and encourage others to play an active role in the governance and other activities of the medical staff.
 - f. The responsibility to participate in peer review activities, including submitting to review, contributing as a reviewer, and supporting member improvement.
 - g. The responsibility to utilize and advocate for clinically appropriate resources in a manner that reasonably includes the needs of the health care organization at large.
- IV. Our AMA recognizes that the following fundamental rights apply to individual medical staff members, regardless of employment, contractual, or independent status, and are

essential to each member's ability to fulfill the responsibilities owed to his or her patients, the medical staff, and the health care organization:

- a. The right to exercise fully the prerogatives of medical staff membership afforded by the medical staff bylaws.
- b. The right to make treatment decisions, including referrals, based on the best interest of the patient, subject to review only by peers.
- c. The right to exercise personal and professional judgment in voting, speaking, and advocating on any matter regarding patient care, medical staff matters, or personal safety, including the right to refuse to work in unsafe situations, without fear of retaliation by the medical staff or the health care organization's administration or governing body, including advocacy both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
- d. The right to be evaluated fairly, without the use of economic criteria, by unbiased peers who are actively practicing physicians in the community and in the same specialty.
- e. The right to full due process before the medical staff or health care organization takes adverse action affecting membership or privileges, including any attempt to abridge membership or privileges through the granting of exclusive contracts or closing of medical staff departments.
- f. The right to immunity from civil damages, injunctive or equitable relief, criminal liability, and protection from any retaliatory actions, when participating in good faith peer review activities.
- g. The right of access to resources necessary to provide clinically appropriate patient care, including the right to participate in advocacy efforts for the purpose of procuring such resources both in collaboration with and independent of the organization's advocacy efforts, without fear of retaliation by the medical staff or the health care organization's administration or governing body.

Citation: BOT Rep. 09, A-17; Modified: BOT Rep. 05, I-17; Appended: BOT Rep. 13, A-19; Modified: BOT Rep. 13, A-21; Modified: CMS Rep. 5, A-21; Reaffirmed: A-22

Principles for Strengthening the Physician-Hospital Relationship H-225.957

The following twelve principles are our American Medical Association policy:

PRINCIPLES FOR STRENGTHENING THE PHYSICIAN-HOSPITAL RELATIONSHIP

1. The organized medical staff and the hospital governing body are responsible for the provision of quality care, providing a safe environment for patients, staff and visitors, protection from interruption of delivery of care, and working continuously to improve patient care and health outcomes—including but not limited to the development, selection, and implementation of augmented intelligence—with the primary responsibility for the quality of care rendered and for patient safety vested with the

organized medical staff. These activities depend on mutual accountability, interdependence, and responsibility of the organized medical staff and the hospital governing body for the proper performance of their respective obligations.

2. The organized medical staff, a self-governing organization of professionals, possessing special expertise, knowledge and training, discharges certain inherent professional responsibilities by virtue of its authority to regulate the professional practice and standards of its members, and assumes primary responsibility for many functions, including but not limited to: the determination of organized medical staff membership; performance of credentialing, privileging and other peer review; and timely oversight of clinical quality and patient safety.
3. The leaders of the organized medical staff, with input from the hospital governing body and senior hospital managers, develop goals to address the healthcare needs of the community and are involved in hospital strategic planning as described in the medical staff bylaws.
4. Ongoing, timely and effective communication, by and between the hospital governing body and the organized medical staff, is critical to a constructive working relationship between the organized medical staff and the hospital governing body.
5. The organized medical staff bylaws are a binding, mutually enforceable agreement between the organized medical staff and the hospital governing body. The organized medical staff and hospital bylaws, rules and regulations should be aligned, current with all applicable law and accreditation body requirements and not conflict with one another. The hospital bylaws, policies and other governing documents do not conflict with the organized medical staff bylaws, rules, regulations and policies, nor with the organized medical staff's autonomy and authority to self govern, as that authority is set forth in the governing documents of the organized medical staff. The organized medical staff, and the hospital governing body/administration, shall, respectively, comply with the bylaws, rules, regulations, policies and procedures of one another. Neither party is authorized to, nor shall unilaterally amend the bylaws, rules, regulations, policies or procedures of the other.
6. The organized medical staff has inherent rights of self governance, which include but are not limited to:
 - a. Initiating, developing and adopting organized medical staff bylaws, rules and regulations, and amendments thereto, subject to the approval of the hospital governing body, which approval shall not be unreasonably withheld. The organized medical staff bylaws shall be adopted or amended only by a vote of the voting membership of the medical staff.
 - b. Identifying in the medical staff bylaws those categories of medical staff members that have voting rights.
 - c. Identifying the indications for automatic or summary suspension, or termination or reduction of privileges or membership in the organized medical staff bylaws, restricting the use of summary suspension strictly for patient safety and never for purposes of punishment, retaliation or strategic advantage in a peer review matter. No summary suspension, termination or reduction of privileges can be imposed without organized medical staff action as authorized in the medical staff bylaws and under the law.
 - d. Identifying a fair hearing and appeals process, including that hearing committees shall be composed of peers, and identifying the composition of

an impartial appeals committee. These processes, contained within the organized medical staff bylaws, are adopted by the organized medical staff and approved by the hospital governing board, which approval cannot be unreasonably withheld nor unilaterally amended or altered by the hospital governing board or administration. The voting members of the organized medical staff decide any proposed changes.

- e. Establishing within the medical staff bylaws:
 - 1. The qualifications for holding office.
 - 2. The procedures for electing and removing its organized medical staff officers and all organized medical staff members elected to serve as voting members of the Medical Executive Committee.
 - 3. The qualifications for election and/or appointment to committees, department and other leadership positions.
- f. Assessing and maintaining sole control over the access and use of organized medical staff dues and assessments, and utilizing organized medical staff funds as appropriate for the purposes of the organized medical staff.
- g. Retaining and being represented by legal counsel at the option and expense of the organized medical staff.
- h. Establishing in the organized medical staff bylaws, the structure of the organized medical staff, the duties and prerogatives of organized medical staff categories, and criteria and standards for organized medical staff membership application, reapplication credentialing and criteria and processing for privileging. The standards and criteria for membership, credentialing and privileging shall be based only on quality of care criteria related to clinical qualifications and professional responsibilities, and not on economic credentialing, conflicts of interest or other non-clinical credentialing factors.
- i. Establishing in the organized medical staff bylaws, rules and regulations, clinical criteria and standards to oversee and manage quality assurance, utilization review and other organized medical staff activities, and engaging in all activities necessary and proper to implement those bylaw provisions including, but not limited to, periodic meetings of the organized medical staff and its committees and departments and review and analysis of patient medical records.
- j. The right to define and delegate clearly specific authority to an elected Medical Executive Committee to act on behalf of the organized medical staff. In addition, the organized medical staff defines indications and mechanisms for delegation of authority to the Medical Executive Committee and the removal of this authority. These matters are specified in the organized medical staff bylaws.
- k. Identifying within the organized medical staff bylaws a process for election and removal of elected Medical Executive Committee members.
- l. Defining within the organized medical staff bylaws the election process and the qualifications, roles and responsibilities of clinical department chairs.

- The Medical Executive Committee must appoint any clinical chair that is not otherwise elected by the vote of the general medical staff.
- m. Enforcing the organized medical staff bylaws, regulations and policies and procedures.
 - n. Establishing in medical staff bylaws, medical staff involvement in contracting relationships, including exclusive contracting, medical directorships and all hospital-based physician contracts, that affect the functioning of the medical staff.
7. Organized medical staff bylaws are a binding, mutually enforceable agreement between the organized medical staff and the hospital governing body, as well as between those two entities and the individual members of the organized medical staff.
 8. The self-governing organized medical staff determines the resources and financial support it requires to effectively discharge its responsibilities. The organized medical staff works with the hospital governing board to develop a budget to satisfy those requirements and related administrative activities, which the hospital shall fund, based upon the financial resources available to the hospital.
 9. The organized medical staff has elected appropriate medical staff member representation to attend hospital governing board meetings, with rights of voice and vote, to ensure appropriate organized medical staff input into hospital governance. These members should be elected only after full disclosure to the medical staff of any personal and financial interests that may have a bearing on their representation of the medical staff at such meetings. The members of the organized medical staff define the process of election and removal of these representatives.
 10. Individual members of the organized medical staff, if they meet the established criteria that are applicable to hospital governing body members, are eligible for full membership on the hospital governing body. Conflict of interest policies developed for members of the organized medical staff who serve on the hospital's governing body are to apply equally to all individuals serving on the hospital governing body.
 11. Well-defined disclosure and conflict of interest policies are developed by the organized medical staff which relate exclusively to their functions as officers of the organized medical staff, as members and chairs of any medical staff committee, as chairs of departments and services, and as members who participate in conducting peer review or who serve in any other positions of leadership of the medical staff.
 12. Areas of dispute and concern, arising between the organized medical staff and the hospital governing body, are addressed by well-defined processes in which the organized medical staff and hospital governing body are equally represented. These processes are determined by agreement between the organized medical staff and the hospital governing body.

Citation: Res. 828, I-07; Reaffirmed in lieu of: Res. 730, A-09; Modified: Res. 820, I-09; Reaffirmed: Res. 725, A-10; Reaffirmed: A-12; Reaffirmed: CMS Rep. 6, I-13; Reaffirmed: CMS Rep. 5, A-21; Modified: Res. 204, A-24