

## Organized Medicine –Always Says “No”

### AMERICAN MEDICAL ASSOCIATION POLICY STATEMENTS:

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| <p><b>1955</b> / . . . <i>it is unethical for any doctor of medicine to teach in any school or college of optometry, or to lecture to any optometric organization, or to contribute scientific material to the optometric literature, or in any way to impart technical medical knowledge to nonmedical practitioners.</i></p>  | <p><b>Says it is unethical for MDs to teach optometrists or other non-MD practitioners.</b></p>                                       |
| <p><b>1960</b> / <i>It is unethical for a doctor to hire an optometrist as an assistant if the optometrist is held out to the public or to the doctor's patient as a doctor of optometry or as a licensed optometrist. It is not unethical, however, for a doctor of medicine to hire one who may have been trained or who may have a degree in optometry if the individual so hired is not held out or does not hold himself out to the public as an optometrist.</i> In accordance with the policy of the House of Delegates classifying optometrists as irregular practitioners, the Council has expressed the opinion that, whereas a doctor of medicine may utilize the services of one trained or licensed in optometry, he may not by his association with the optometrist raise the practice of optometry to the same high plane as medical practice.</p> | <p><b>Says it is ethical for MDs to hire an optometrist as long as the optometrist doesn't tell anybody he is an optometrist.</b></p> |
| <p><b>1976</b> / AMA (1) reaffirms its policy that <i>only physicians licensed to practice medicine and surgery are qualified to prescribe or apply eye medications</i>; and (2) continues to <i>urge that state medical societies oppose legislation or administrative attempts to give optometrists license to prescribe or apply medications or to diagnose disease or injury</i> or to diagnose in absence of disease or injury.</p>  | <p><b>Only MDs can prescribe or apply eye medicine. Oppose legislation giving ODs this authority.</b></p>                             |
| <p><b>1982</b> / Entitled, "Independent Practice of Medicine by 'Nurse Practitioners'" / AMA, in the public interest, <i>opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the state's requirements for licensure to engage in the practice of medicine and surgery</i> in all its branches.</p>   | <p><b>Oppose independent practice by nurse practitioners.</b></p>   |
| <p><b>1987</b> / The AMA encourages state medical societies to <i>oppose any state legislation or regulation that might alter or limit the title "Doctor," which persons holding the academic degrees of Doctor of Medicine or Doctor of Osteopathy are entitled to employ.</i></p>   | <p><b>Oppose use of title "Doctor" by others.</b></p>   |
| <p><b>1989</b> / Entitled, "Direct Access to Physical Therapy" / AMA affirms that the ordering of medical services for patients constitutes the practice of medicine and that <i>legislation to authorize non-physicians to prescribe physical therapy and other medical care services should be opposed</i> . . . and encourages physicians who prescribe physical therapy to closely monitor their prescriptions to ensure that treatment is appropriate.</p>   | <p><b>Oppose direct access by patients to physical therapists.</b></p>  |
| <p><b>1994</b> / . . . through legislative and regulatory efforts, vigorously support and <i>advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas</i> of medicine.</p>  | <p><b>Seek supervision of all non-physician providers.</b></p>  |
| <p><b>1998</b> / AMA issue a letter to all third-party payors stating <i>organized medicine's strong opposition to (a) channeling enrollees to optometrists and other non-physicians; (b) designating optometrists as primary eye care providers; (c) shifting patients from ophthalmologists to optometrists; and (d) excluding ophthalmologists from performing refracting eye examinations, routine eye examinations, or primary eye care.</i> The AMA, state medical societies, and national medical specialty societies <i>seek introduction of legislation prohibiting third-party payors from mandating that routine and refractive examinations be performed by optometrists rather than by ophthalmologists.</i></p>   | <p><b>Oppose insurers designating ODs as primary eye care providers.</b></p>  |
| <p><b>1999</b> / <i>AMA will continue to pursue appropriate regulatory, legislative and legal means to oppose any efforts to permit non-physician health care professionals to prescribe medications.</i></p>   | <p><b>Oppose any legislation to allow non-physician healthcare providers to prescribe medication.</b></p>                             |
| <p><b>2000</b> / AMA, through appropriate legislative and regulatory efforts, seek to ensure that diagnostic</p>  | <p><b>Oppose ordering or</b></p>  |

laboratory testing should only be performed by those individuals who possess appropriate clinical education and training, and solely under the supervision of licensed physicians (MD/DO); and further the AMA through appropriate legislative and regulatory efforts, *seek to limit laboratory test ordering and interpretation of test results solely to licensed physicians (MD/DO) and licensed dentists.*

**2005** / AMA adopted the recommendation to work with state medical societies and their legislatures to ensure that *the title "physician" is used only by those who have completed a qualified medical school and have received an MD or DO degree.*

**2006** / Our AMA: (1) continues to support *repeal of the federal law which allows reimbursement to optometrists for the unsupervised/independent provision of postoperative care*; and (2) reaffirms its position that physicians performing surgery have an ethical and professional responsibility to continue the care of their individual patients through the post-surgical recovery and healing period, or to arrange coordination of such care, especially in those situations where there is a reasonable expectation that another physician will provide postoperative surgical care.

**2006** / It is AMA policy that *state medical boards shall have authority to regulate the practice of medicine by all persons within a state notwithstanding claims to the contrary by nonphysician practitioner state regulatory boards* or other such entities. Our AMA will work with interested Federation partners: (a) in pursuing legislation that requires all health care practitioners to disclose the license under which they are practicing and, therefore, prevent deceptive practices such as nonphysician healthcare practitioners presenting themselves as physicians or "doctors"; (b) on a campaign to identify *and have elected or appointed to state medical boards physicians (MDs or DOs) who are committed to asserting and exercising the state medical board's full authority to regulate the practice of medicine by all persons within a state notwithstanding efforts by nonphysician practitioner state regulatory boards* or other such entities that seek to unilaterally redefine their scope of practice into areas that are true medical practice.

**2008** / Our AMA opposes participation of the National Board of Medical Examiners in any examination for Doctors of Nursing Practice (DrNP) and refrain from producing test questions to certify DrNP candidates. AMA policy is that *Doctors of Nursing Practice must practice as part of a medical team under the supervision of a licensed physician who has final authority and responsibility for the patient.*

**2009** / Citing patient safety concerns, the American Medical Association House of Delegates wants to ensure physician supervision of advanced-practice nurses in practice agreements. The move comes as APNs continue to play a greater role in addressing access-to-care shortages. Some state laws mandate that nurses practice in collaboration with physicians, often under a written agreement. While doctors agree that can be a good thing, delegates expressed concern that APNs often interpret the term "collaborative" to give them authority beyond their expertise. *"If we don't address this, it will give additional ammunition to APNs to seek scope-of-practice expansions,"* said Alfred Herzog, MD, a psychiatrist and an alternate delegate for the Connecticut State Medical Society. *Delegates said any practice agreements should emphasize physicians' roles in leading the health care team.* [in AMA News June 29, 2009]

**2010** / *"We support nurses acting within their scope of practice, but we are concerned that when they become wholly independent of physician oversight, they are no longer functioning as nurses but are indeed acting as physicians without the necessary training to do so,"* Dr. Cohen said. [Jerry A. Cohen, MD, American Society of Anesthesiologists president-elect in the AMA News Nov. 15, 2010.]

**interpretation of lab tests by any provider other than an MD or dentist.**

**Oppose use of title physician by any provider other than an MD.**

**Seek repeal of Federal law that allows ODs to perform independent post-op care.**

**Support MD boards authority to regulate medicine – even when the legislature has granted certain medical authority to another profession.**

**Oppose Doctors of Nursing working without supervision by an MD.**

**Oppose independent practice by advanced practice nurse practitioners.**

**Oppose independent practice by nurse anesthetists.**

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