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3 Title: Establish Support Mechanism for Physician Autonomy in Clinical
4 Decisions
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6 Introduced by: Robert Sain, MD
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8 Original Author: Robert Sain, MD
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10 Referred to: Reference Committee D
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12 House Action: **AMEND**
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15 Whereas, more than other health care providers, Michigan physicians have meaningful and
16 more frequent encounters with our fellow citizens, from conception to grave. As a result, we, as a
17 group, are in a position to provide continuity of necessary health services to persons in need of care
18 as well as their children, and
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20 Whereas, the conception to grave encounters with our fellow citizens involve all physicians
21 including obstetricians and family medicine practitioners before conception, during pregnancy and
22 birth; pediatricians and family medicine practitioners from birth through adolescence and beyond;
23 surgeons, neurologists, psychiatrists, radiologists, internists, and pathologists, and
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25 Whereas, it is the author's perspective, as a child psychiatrist, that the public assault upon
26 psychiatrists after World War II was in fact an assault upon all physicians, and
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28 Whereas, this has not been appreciated by most physicians in Michigan because psychiatry
29 has been considered as irrelevant to medicine and even among ourselves, psychiatry is demeaned
30 and some believe that psychiatrists are not "real doctors," and
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32 Whereas, this author is a real doctor, and
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34 Whereas, since World War II, the tandem efforts of the legislative, executive, and judicial
35 branches of state government in Michigan eliminated the effective role of psychiatry from the
36 public arena by a process known as "deinstitutionalization,"¹ and
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38 Whereas, the result of this public assault of psychiatry in Michigan is that the police and the
39 courts have taken over the medical treatment of persons with serious mental illnesses. For
40 example, data from a 2003 report showed that in the county jails of Wayne, Kent, and Clinton, 51
41 percent of inmates suffered from mental illness, not including substance abuse. The most common
42 illnesses were mood disorders (major depression and bipolar disorder), schizophrenia and other
43 psychotic disorders. Surveys of state prisons find that 20 percent or more of male and female
44 inmates have severe mental illnesses that go untreated, and
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46 Whereas, these thousands of citizens began their lives as children in troubled families. They
47 were assessed by physicians as newborns in Michigan hospitals which were aware that many were
48 born addicted to heroin or cocaine; they were seen in clinics by physicians who were aware that
49 they were "hyperactive" and disabled from making progress in our public schools, and

50 Whereas, a significant number of these children were born to young, unwed mothers
51 without sufficient family support, and

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53 Whereas, many of these children who were unable to complete their educations turned to
54 substance abuse and crime; an occurrence that unfortunately is not surprising to individuals who
55 work with these children and adolescents, and

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57 Whereas, those physicians who have become expert in assessing and treating troubled
58 children and troubling adolescents who have already turned to violence find themselves practicing
59 in a public arena that does not appreciate the value of medical expertise. In fact, given the negative
60 public attitude towards physicians who know how to work with troubled/troubling persons in the
61 community, the opportunities to provide those persons with appropriate treatment are forgone,
62 and

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64 Whereas, every individual who commits a heinous crime has progressed from infancy to
65 notoriety in a public arena that has not effectively intervened with that individual, when such
66 intervention is possible for physicians who are competent to provide competent treatment, and

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68 Whereas, looking to a resolution of this issue, all of the persons who wind up on "the
69 streets," in lock-up and prison, or who die young, interface with physicians from the time they were
70 in utero, when they were born, and as they develop physically and survive to age 18, the legal age
71 of maturity, and

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73 Whereas, physicians understand that the maladies that we confront in the persons that we
74 treat have developmental prodromes. For example, the child with juvenile onset diabetes requires
75 careful supervision and treatment. Similarly, the child who is deprived of love and is mistreated is
76 at risk for perpetrating subsequent violence in the community, and

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78 Whereas, the tragedy of Flint's recent experience with the high lead poisoning of between
79 six and twelve thousand children is a good example of a public health catastrophe that will result in
80 the cognitive derailment of children who will require expert medical care by physicians who are
81 competent to assess and to treat children with emotional and cognitive handicaps. Which
82 physicians are going to respond to the emotional needs of these children as they become
83 adolescents and adults is a question that will need to be answered, and

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85 Whereas, we have become aware that the failure to appropriately identify and address the
86 nascent violence of troubled children results in the subsequent suicidal and homicidal behavior of
87 these same children when they become adolescents, if they survive, and

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89 Whereas, the tragedy of Columbine in Colorado is one such example, with Newtown,
90 Connecticut another, and

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92 Whereas, early identification and intervention, as we physicians appreciate, is key to
93 averting or preventing predictable violence, and

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95 Whereas, obstetricians are there at conception, pediatricians and family practitioners are
96 there during childhood and adolescence, and child psychiatrists are also there, even if we are only
97 in the wings at this time, and

98 Whereas, the American Academy of Child and Adolescent Psychiatry recognizes the need for
99 more active coordination between primary physicians and child psychiatrists, and
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101 Whereas, academic institutions do not deliver hands-on treatment to our most troubled
102 citizens. Therefore, at this time, community mental health centers are the most active agencies to
103 offer children at risk with services to prevent future violence, as well as adults who continue to
104 suffer from mental health disabilities, and
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106 Whereas, physicians who work in front line agencies are poised to offer effective,
107 preventive services, and
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109 Whereas, at this time, it is unlikely that physicians in private practice can be as effective as
110 those who work in community agencies since the treatment of our most troubled citizens requires
111 the coordination of multiple health care providers in multiple non-medical agencies, and
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113 Whereas, physicians who participate in public agencies that interface with troubled and
114 troubling children and adults are often prevented from delivering optimal services by the legal
115 constraints imposed upon these physicians, as well as by the interpretation of such constraints by
116 administrators who may also find themselves constrained from providing optimal therapeutic
117 interventions for these citizens who are at risk for committing violence in the community; therefore
118 be it
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120 RESOLVED: That MSMS through its Executive Council of Physicians Organizations establish a
121 forum for physicians to raise issues and seek input on challenges to physician’s autonomy with
122 regard to clinical judgment in the practice of medicine; and be it further
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124 RESOLVED: That the MSMS Board of Directors actively explore the creation of a mechanism
125 to identify the issues that inhibit the autonomy of physicians’ clinical decisions and to resolve those
126 constraints so that physicians can provide optimal medical services to patients and share their
127 medical expertise with the non-medical staff.
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130 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹Madness in the Streets: How Psychiatry and the Law abandoned the Mentally Ill, by Isaac & Armat, New York 1990