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3 Title: De-professionalization of the Medical Profession  
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5 Introduced by: David Whalen, MD, for the Kent County Delegation  
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7 Original Author: Patrick J. Droste, MS, MD  
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9 Referred To:  
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11 House Action:

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14 Whereas, physicians attend medical school, complete an internship, and residency training  
15 before being credentialed as a fully licensed physician, and

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17 Whereas, physicians complete a rigorous series of board examinations during medical  
18 school, internship, and residency to certify their ability to diagnosis and treat patients, and

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20 Whereas, physicians are regarded as the legal entity that is ultimately responsible for  
21 patient care, and

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23 Whereas, health care workers are encouraged to address physicians by their first name  
24 rather than doctor, in order to lessen the "authority gradient" related to patient safety, and

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26 Whereas, physicians-in-training are being encouraged to perform as active team members  
27 in patient care and are not being recognized as medical students or resident physicians, which  
28 potentially leads to confusion about leadership and accountability within the team, and

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30 Whereas, medical schools are utilizing Advanced Practice Professionals as educators for  
31 future physicians, implying that the training of Advanced Practice Professionals is equivalent to the  
32 training of physicians, and

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34 Whereas, physicians are still held professionally and legally accountable for outcomes,  
35 including adverse outcomes, of team-based care due to the higher level of training involved and  
36 the role as the team leader; therefore be it

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38 RESOLVED: That MSMS supports only the use of titles and descriptors that align with a  
39 physician or non-physician provider's state issued licenses or credentials; and be it further

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41 RESOLVED: That MSMS actively oppose efforts to diminish the qualifications and training of  
42 physicians by hospital administrators, insurance companies, and governmental regulatory agencies  
43 who require physicians be referenced as medical providers, team members, health care providers,  
44 or any other reference in lieu of the legal title of physician or doctor; and be it further

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46 RESOLVED: That MSMS seek legislation which provides that professionals in a clinical  
47 health care setting clearly and accurately identify to patients their qualifications and degree(s)  
48 attained as follows:

- 49 1. Wear an identification badge which indicates the individual's name and credentials as  
50 appropriate (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc.), to differentiate between those who  
51 have achieved a Doctorate, and those with other types of credentials. The font size of their  
52 credentials shall be greater than the front size used for their name for the purpose of role  
53 definition and patient safety.
- 54 2. Anyone in a hospital environment who has direct contact with a patient who presents himself  
55 or herself to the patient as a "doctor," and who has not received a "Doctor of Medicine" or a  
56 "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful  
57 completion of a prescribed course of study from a school of medicine or osteopathic  
58 medicine, shall specifically and simultaneously declare themselves a "non-physician" and  
59 define the nature of their doctorate degree.

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62 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions requesting governmental advocacy -  
63 \$25,000+

STATEMENT OF URGENCY: We encourage the highest consideration for this resolution to be evaluated and acted upon by the Michigan State Medical Society-House of Delegates-2021. The medical profession has been victim of a well-organized downgrading of professional merit and expertise by providers who want to pay less for physician provided medical services by comparing them to advanced practice providers (APP). Hospital administrators want to decrease the "authority gradient" by removing titles in correspondence and video meetings and calling physicians by their first name. Pharmacists, physical therapists and nurses all offer doctorate degrees and want their graduates to be recognized by the public and hospitals as "Doctors." This creates a very confusing environment for patient satisfaction and safety and a very disturbing environment for physicians. This movement has been growing for over thirty years, with little tangible resistance by the medical profession and we feel that something legislative needs to be started this year by the MSMS to start reversing this overt devaluation of our profession.

#### **Relevant MSMS Policy:**

##### **Calling Physicians by their First Name**

MSMS discourages policies that require physicians to be called by their first names in professional settings such as their workplace. (Res42-16)

##### **Physician Not Labeled as Provider**

MSMS opposes the current custom by government and insurance companies of labeling physicians as providers and encourages proper identification of physicians and/or surgeons.

MSMS supports physicians who request they be identified as "physicians" apart from other "providers" on any contracts or documents they are asked to sign. (Res38-90A) – Amended 1993 – Edited 1998  
-Reaffirmed (Sunset Report 2020)

#### **Relevant AMA Policy:**

##### **"Doctor" as a Title H-405.992**

The AMA encourages state medical societies to 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.

##### **Clarification of the Title "Doctor" in the Hospital Environment D-405.991**

1. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement standards for an identification system for all hospital facility staff who have direct contact with patients which would require that an identification badge be worn which indicates the individual's name and credentials as appropriate (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), to differentiate between those who have achieved a Doctorate, and those with other types of credentials.

2. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement new standards that require anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition (H-405.969, ?that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine?) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.

3. Our AMA will request the American Osteopathic Association (AOA) to (1) expand their standards to include proper identification of all medical staff and hospital personnel with their applicable credential (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), and (2) Require anyone in a hospital environment who has direct contact with a patient presenting himself or herself to the patient as a "doctor", who is not a "Physician" according to the AMA definition (AMA Policy H-405.969 .. that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.