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3 **Title:** Repeal Laws and Mandates Related to Breast Cancer Management

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5 **Introduced by:** Richard E. Burney, MD, for the Washtenaw County Delegation

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7 **Original Author:** Richard E. Burney, MD

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9 **Referred To:** Reference Committee B

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11 **House Action:** **APPROVED AS AMENDED**

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14 Whereas, over 30 years ago, when controversies over the treatment of breast cancer
15 attracted the attention of the press, specialists in Radiation Oncology and some surgeons began
16 questioning the value of mastectomy and publicizing the results of treatment by lumpectomy and
17 radiation, and

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19 Whereas, this led to the passage of MCL 333.17013, "Alternative methods of treatment of
20 breast cancer; duty of physician to inform patient; standardized written summary or brochure; form;
21 civil action," in 1986, which mandates the distribution of information on alternative methods of
22 treatment to patients with breast cancer and requires patients to sign a form acknowledging they
23 have received the standardized written summary created or approved by the Michigan Department
24 of Public Health, and

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26 Whereas, this mandate is now widely ignored as badly outdated and obsolete, it
27 nevertheless remains law, and is an example of why the Legislature should not attempt to practice
28 medicine; therefore be it

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30 RESOLVED: That MSMS supports repeal of MCL 333.17013, "Alternative methods of
31 treatment of breast cancer; duty of physician to inform patient; standardized written summary or
32 brochure; form; civil action."

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35 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy

Physician-Patient Relationship and Health Care Decisions

MSMS believes: 1) the physician-patient relationship is deeply personal and must be respected and protected at all costs; 2) physicians and their patients should be free to consider, discuss, and pursue medical procedures guided by a physician's best medical judgment and a patient's physical health and safety; and 3) as a Society, MSMS has always been and continues to be opposed to the potential criminalization of physicians and their patients in making health care decisions.

Mammography Screening

MSMS endorses baseline mammography screening and women talking with their doctor about when to start breast cancer screening with mammograms and how often to be screened. Decisions should be based a variety of considerations including national guidelines, benefits and harms of

mammography, and risk factors such as family history, radiation therapy to the chest between the ages of 10 and 30 years, and having or at high risk for mutations in certain genes that greatly increase the risk of breast cancer.

Relevant AMA Policy

AMA Stance on the Interference of the Government in the Practice of Medicine H-270.959

1. Our AMA opposes the interference of government in the practice of medicine, including the use of government-mandated physician recitations.
2. Our AMA endorses the following statement of principles concerning the roles of federal and state governments in health care and the patient-physician relationship:
 - A. Physicians should not be prohibited by law or regulation from discussing with or asking their patients about risk factors, or disclosing information to the patient (including proprietary information on exposure to potentially dangerous chemicals or biological agents), which may affect their health, the health of their families, sexual partners, and others who may be in contact with the patient.
 - B. All parties involved in the provision of health care, including governments, are responsible for acknowledging and supporting the intimacy and importance of the patient-physician relationship and the ethical obligations of the physician to put the patient first.
 - C. The fundamental ethical principles of beneficence, honesty, confidentiality, privacy, and advocacy are central to the delivery of evidence-based, individualized care and must be respected by all parties.
 - D. Laws and regulations should not mandate the provision of care that, in the physician's clinical judgment and based on clinical evidence and the norms of the profession, are either not necessary or are not appropriate for a particular patient at the time of a patient encounter.

Freedom of Communication Between Physicians and Patients H-5.989

It is the policy of the AMA: (1) to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient;

(2) working with other organizations as appropriate, to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship;

(3) to communicate to HHS its continued opposition to any regulation that proposes restrictions on physician-patient communications; and

(4) to inform the American public as to the dangers inherent in regulations or statutes restricting communication between physicians and their patients.

Mammography Screening for Breast Cancer D-525.998

In order to assure timely access to breast cancer screening for all women, our AMA shall advocate for legislation that ensures adequate funding for mammography services.