# 2020 AHA/ACC Consensus Conference on Professionalism and Ethics

## A Consensus Conference Report

American Heart Association/ American College of Cardiology

# Historical Perspective and Introduction

- In 1989 and 1997 Bethesda conferences were organized to address ethical dilemmas faced by cardiovascular medical professionals.
- In 2004, ACC/AHA convened a consensus conference that resulted in a detailed discussion and reporting of AHA and ACC stances on professional and ethical behavior.
- The current report is the foundation for development of recommendations on contemporary issues and topics, including:
  - Guidance on managing conflicts of interest.
  - A road map to achieving equity, inclusion and belonging among cardiovascular professionals.
  - Recommendations on trainings to address individual, structural and systemic racism, sexism, homophobia, classism and ableism.
  - Recommendation for improving clinician well-being and avoiding burn out.

# Scope of the Consensus

The scope of this consensus covered aspects of ethics and professionalism of importance to:

- ✓ Cardiovascular and cerebrovascular professionals,
- ✓ Trainees and clinical team members,
- ✓ Researchers, scientists and educators.

Within the context of today's health care and scientific environment, recommendations support:

- ✓ Robust ethical personal and professional behaviors,
- ✓ Organizational actions and policies.

# Cardiovascular Professionalism and Ethics is guided by:

## Principles of professionalism of the 2002 AMA *Physician Charter on Medical Professionalism*

- The Tenets of Medical Ethics
- The Principles and Commitments of Medical Professionalism
- The Obligations of Medicine's Social Contract

# The Tenets of Medical Ethics

- ✓ Respect for patient autonomy
- ✓ Beneficence
- ✓ Nonmaleficence
- ✓ Justice

# The Principles and Commitments of Medical Professionalism

- Primacy of patient welfare
- Patient autonomy
- Social justice
- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- A just distribution of finite resources
- Improving scientific knowledge
- Maintaining trust by managing COIs
- Performing professional responsibilities

# The Obligations of Medicine's Social Contract

- Fulfill the role of the healer
- Achieve and maintain proficiency in the knowledge of there area of practice
- Achieve and maintain a high level of skill in their area of practice
- Provide for the patient's needs ahead of their own
- Provide access to needed care
- Be trustworthy
- Behave with morality, integrity, and honesty within a delineated code of ethics
- Show respect for patient dignity and autonomy
- Be the source of objective information and advice
- Promote the public good
- Be transparent and accountable for all of the promised elements of the contract

# Society Agrees to:

- Trust medical practitioners
- Provide autonomy to medical practitioners
- Allow self-regulation for medical practitioners within legal boundaries
- Create and maintain a healthcare system that is
  - Value based
  - Adequately funded
  - Reasonably flexible
- Allow medical practitioners to have a role in the creation of public policy
- Require that members of society accept some responsibility for their own health
- Allow monopolies within reasonable boundaries
- Allow a balanced lifestyle for medical practitioners
- Provide rewards
  - Respect and the presumption of benignity
  - Financial rewards

# Writing Committee Composition

The report's writing committee was a diverse group of cardiologists, internists and associated health care professionals and laypersons, organized into five Task Forces, each of which addressed a specific set of related topics. The Task Forces addressed:

- ✓ Conflicts of interest;
- ✓ Diversity, equity, inclusion and belonging in the clinical community;
- ✓ Clinician well-being;
- ✓ Patient autonomy, privacy and social justice in health care;
- ✓ Modern health care delivery.

# Executive Committee

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C. Michael Valentine, MD, MACC, FAHA, Conference Co-Chair, ACC

William J. Oetgen, MD, MBA, MACC, Executive Committee Author, Task Force 2 Author, ACC

Katherine A. Sheehan, PhD, Executive Committee Author, AHA

# The Five Task Forces

Task Force 1: Navigating Conflicts: RWIs and COIs in Teaching and Publications, Peer Review, Research Data, Technology, and Expert Testimony

Task Force 2: Diversity, Equity, Inclusion, and Belonging: Optimizing Cardiovascular Health Care, Research, and Education Through Equity and Respect and Eliminating Bias, Discrimination, Harassment, and Racism

Task Force 3: Enhancing the Well-Being of Clinicians

Task Force 4: Patient Autonomy, Privacy, and Social Justice in Health Care

Task Force 5: Modern Healthcare Delivery: Challenges Related to New Care Delivery Systems

# Task Force 1: Navigating Conflicts: RWIs and COIs in Teaching and Publications, Peer Review, Research Data, Technology, and Expert Testimony

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Adrian F. Hernandez, MD, MHS, FAHA, Discussant

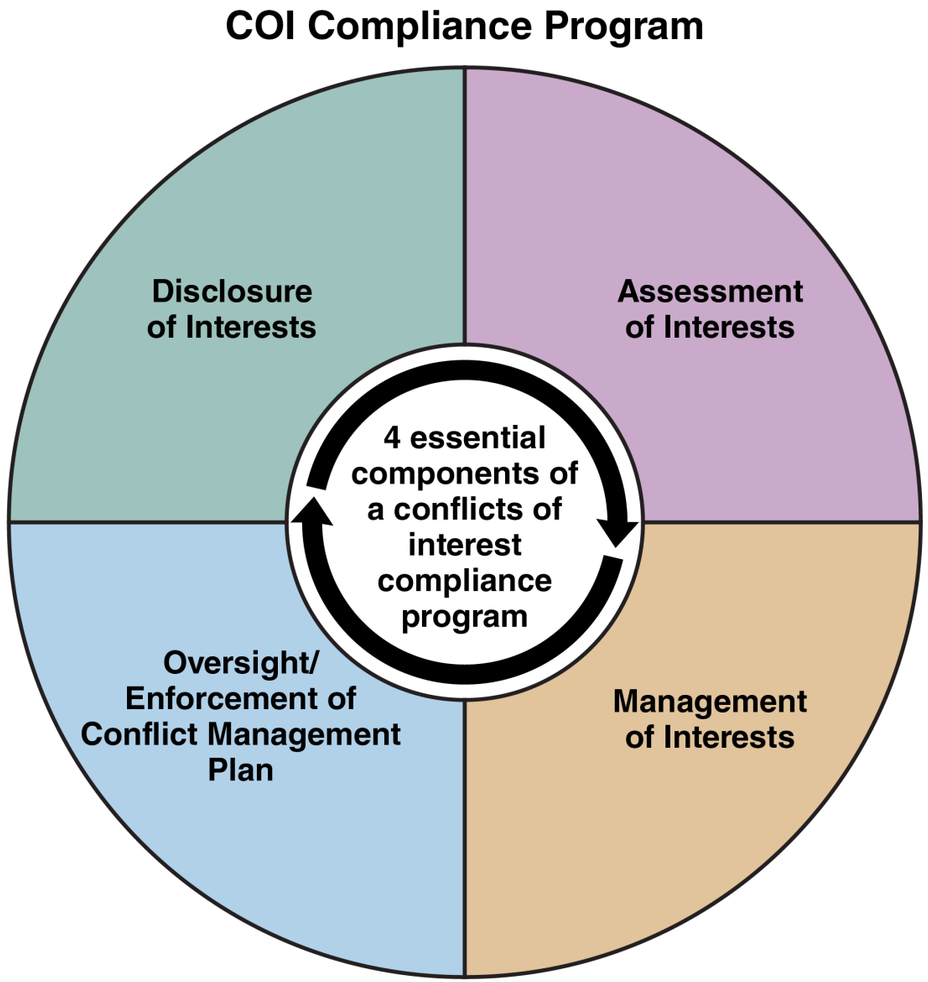
# Task Force 1: Current issues

- Disclosure of Relationships with Industry (RWI) for educational activities and scientific publications is not mandatory.
- Associational and intellectual interests are not fully disclosed and carefully assessed for disqualifying conflicts of interest (COI).
- Management of external assessments, such as through Centers for Medicare and Medicaid Services (CMS) Open Payments is not done by organizations.
- Ethical issues associated with human subjects research (HSR), peer review and grant study sections, and expert testimony are not addressed in organizational policy.

# Task Force 1: Solutions

- ✓ Full disclosure of individual financial and non-financial relationships including relevant associational and intellectual interests, educational activities, and research, especially that involving human subjects.
- ✓ Activities for relationship disclosure should include scientific publications, peer review, grant study sections and expert testimony in civil and criminal litigation.
- ✓ Assessment of relationships by an independent organizational oversight body to determine actual COI and ensure compliance with applicable laws, standards and best practices.
- ✓ Education of members by their organizations to promote policy compliance.

# Components of COI Compliance




**Guiding Principles**

**Process = Substance**

a. **All 4 Components are Essential**
   – Mere disclosure or reporting of interests is not enough
b. **Mere presence of an interest in not enough to create a COI**
c. **Most COIs are manageable if the Conflict Compliance Program is effectively implemented and maintained**
d. **Entire process must be conducted and overseen with complete independence**

# Task Force 2: Diversity, Equity, Inclusion, and Belonging: Optimizing Cardiovascular Health Care, Research, and Education Through Equity and Respect and Eliminating Bias, Discrimination, Harassment, and Racism

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# Task Force 2: Current issues

- Current and historical injustices, diversity underrepresentation and inequalities impacting clinical trainees, workforce and leadership are unacceptable.
- Challenges include freedom from bias, discrimination and harassment of persons in clinical training and workplaces.
- Further challenges include equity, inclusion and belonging of clinical trainees, workforce and leadership.
- Structural racism and sexism exist in clinical training and workplaces.

# Task Force 2: Solutions

- ✓ Responsibility and ownership for diversity, equity, inclusion and belonging must be accepted and proactively addressed by the entire cardiovascular clinical, academic and organizational community and its leaders.

- ✓ Diversity metrics must be established to define best practices for team membership, citizenship, mutual respect, allyship, identifying personal privilege, relinquishing power, antiracism, antisexism and supporting and promoting others.

- ✓ Validated measures of equity must be created to assess and report opportunity, mentorship, resource allocation and compensations, without compromising salary or advancement.

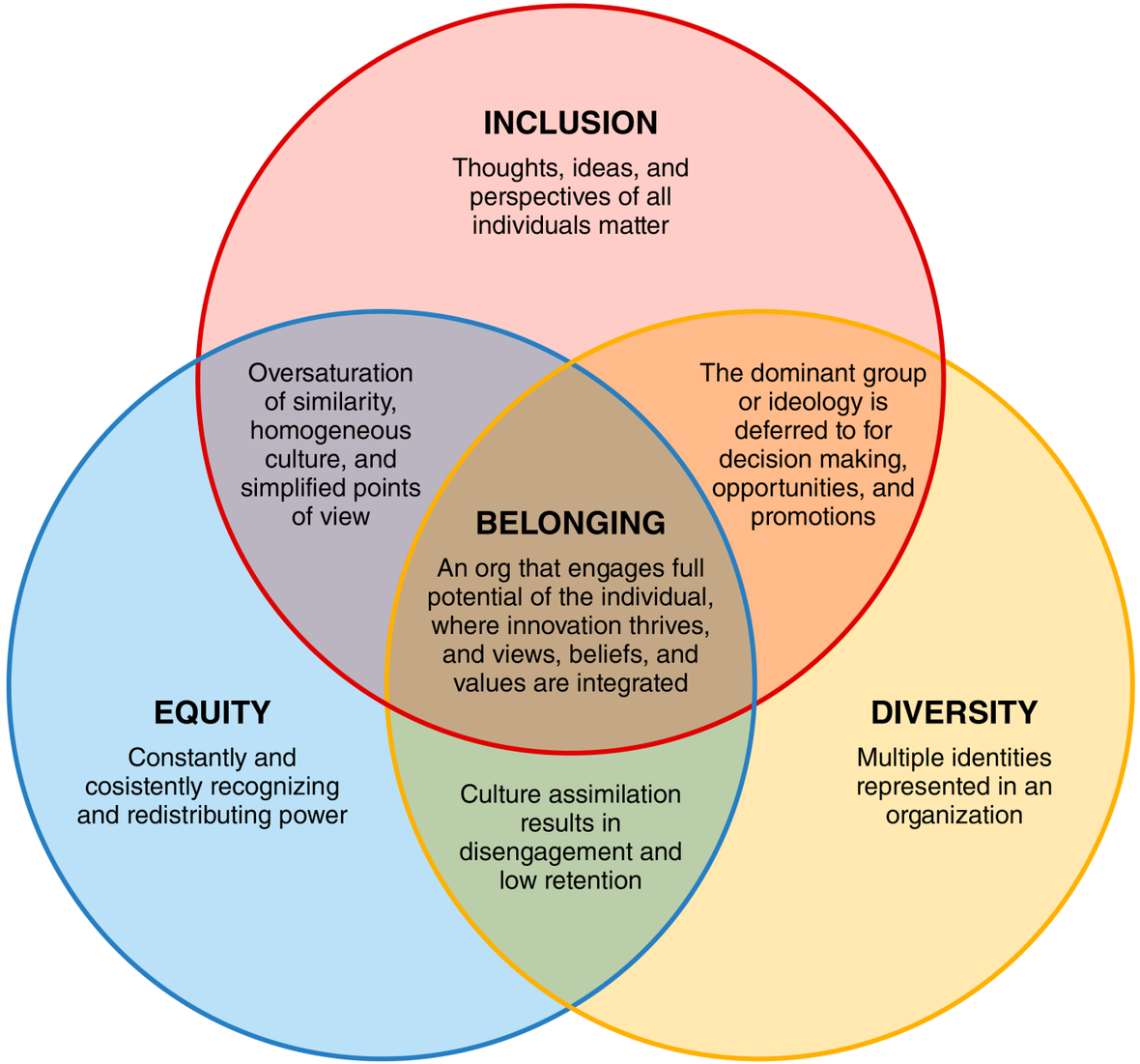
# Task Force 2: Solutions

- ✓ Trainings must be created to address individual, structural and systemic racism, homophobia, classism and prejudice against persons with disabilities.

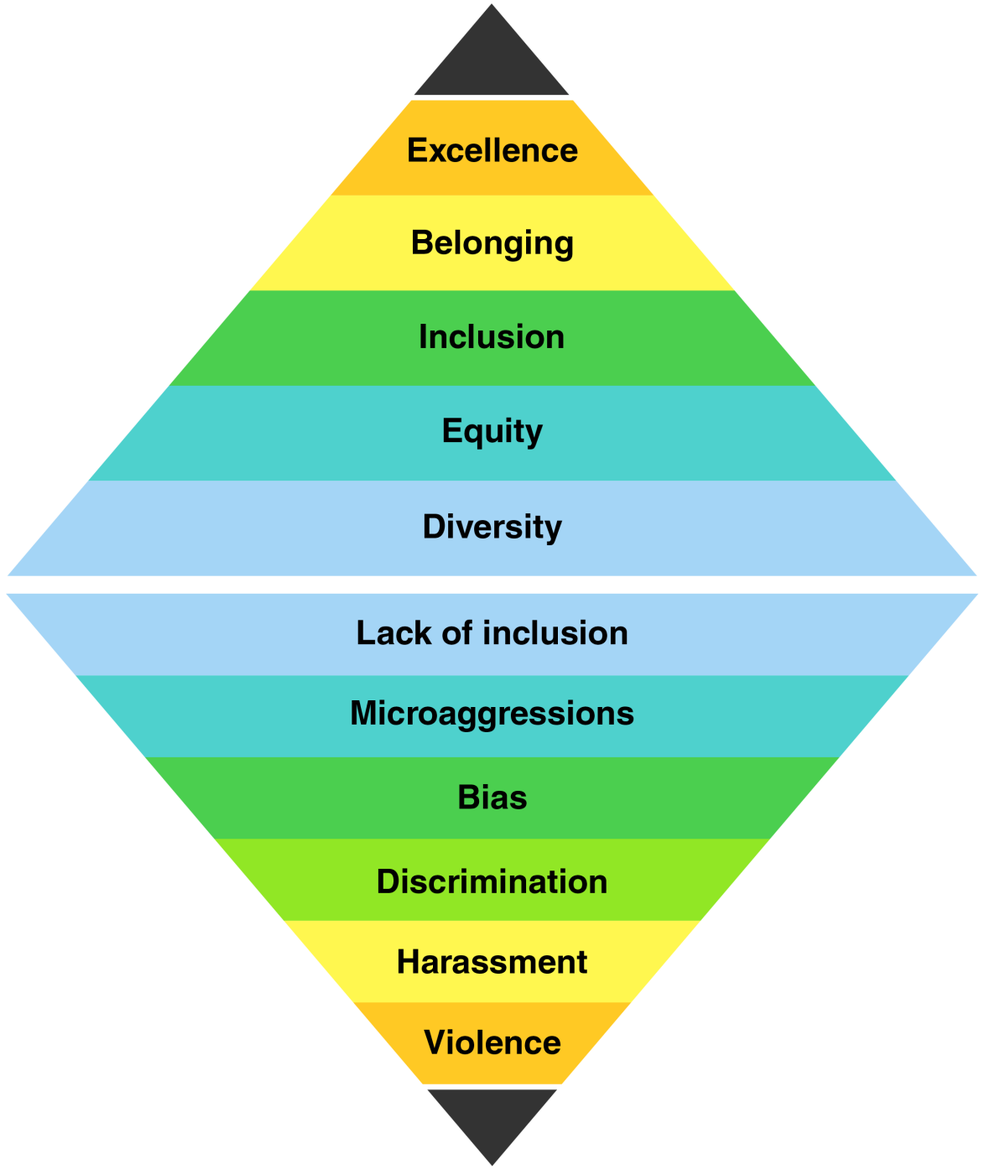
- ✓ Abuses of power must be addressed by destigmatized reporting of harassment, discrimination and bias, independent investigations, holding colleagues accountable, disseminating summaries of actions and providing visible support to targets.

- ✓ The cardiovascular community must encourage, fund, conduct, and publish research evaluating programs and interventions to demonstrate and disseminate best practices in eliminating bias, harassment, racism, and sexism, and advancing diversity, equity, inclusiveness and belonging.

# Integration and Alignment of Diversity, Equity, Inclusion and Belonging



# Continua of Adverse and Positive Behaviors



# Task Force 3: Enhancing the Well-Being of Clinicians

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# Task Force 3: Current issues

- Clinicians are facing unparalleled and excessive stress due to:
  - Consolidation of medical practices,
  - Higher productivity expectations,
  - Reduced reimbursements,
  - Increased legislative and regulatory requirements,
  - Exponential growth of the clerical burden of electronic health records (EHRs).

- Clinician burnout is increasing, including:
  - Excessive levels of work-related emotional exhaustion,
  - Depersonalization,
  - Dissatisfaction with personal accomplishments.

# Task Force 3: Solutions

- ✓ Health care organizations must be accountable and have organizational strategies to promote psychosocial well-being of clinicians, including an accountable professional infrastructure with senior leadership positions dedicated to clinical well-being.

- ✓ Institutions must address well-being among trainees and researchers, through post-graduate training programs that include topics of personal well-being, leadership and emotional intelligence.

- ✓ Institutions must make preventive and responsive mental health resources available and provide professional mentorship for trainees.

# Task Force 3: Solutions

- ✓ Health information technology (HIT) developers must work to improve EHR usability, interoperability, practice efficiency and reduce the time and clerical effort that clinicians spend on EHR documentation.

- ✓ Healthcare systems must develop educational programs, policies, codes of behavior, confidential reporting systems, compliance, follow-up, and feedback systems to define and address disruptive behavior.

- ✓ Team members must be taught to recognize and report disruptive behavior and a potentially impaired clinician. Each health care setting must have a confidential reporting, intervention, and treatment plan in place.

# Elements of Clinician Well-being

# Task Force 4: Patient Autonomy, Privacy, and Social Justice in Health Care

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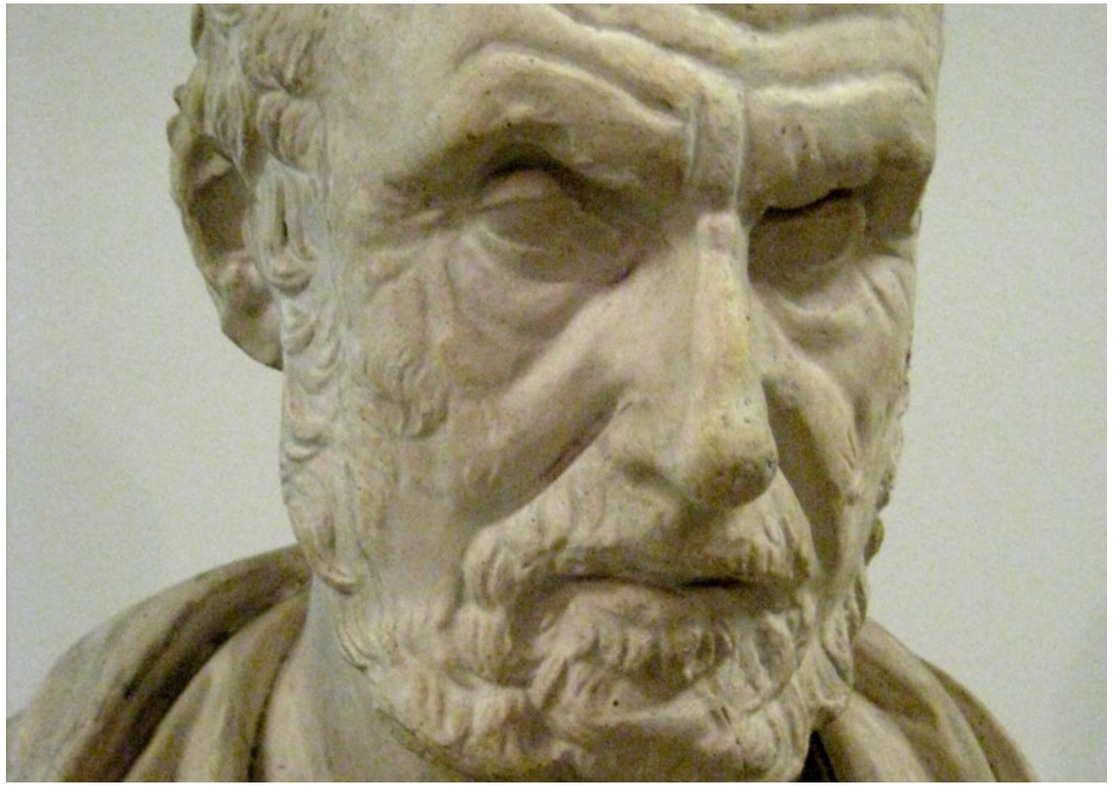
# Ethical Foundations of Modern Medicine

Beneficence, respect for persons, and justice

*"Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm…and whatsoever I shall see or hear… if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets."*

*--Hippocrates*



# Task Force 4: Current issues

- Challenges to clinical support of patient autonomy in clinical shared decision-making processes, privacy, data access and data transparency, especially with the expansion of research and proliferation of electronic biomedical data resources.

- Challenges to improving social justice and reducing implicit and explicit racism for patients in medical education and clinical practice.

- Need for improved best practices for social justice in research use of Electronic Health Record (EHR) data sets.

# Task Force 4: Solutions

- ✓ Clinicians must support patient autonomy, patient-centered care and shared decision making (SDM) by eliciting, communicating and documenting patient concerns, preferences and values to create tailored treatments that optimize clinical outcomes and support the values most important to the individual.

- ✓ Data privacy must include researcher commitment to registration of clinical trial protocols, reporting results in public registries and peer-reviewed journals. Results should be reported in aggregate form and where appropriate individual findings reported to research participants.

- ✓ Payers and healthcare systems must support policies and infrastructure that facilitate patient-centered care, including formal SDM when appropriate.

# Task Force 4: Solutions

- ✓ Medical schools and graduate medical education programs should expand the experience of their medical students and trainees by helping involve them with surrounding communities.

- ✓ Institutional, local, regional or national history should be incorporated into every medical school curriculum, every graduate medical education program and every annual meeting of a medical association that offers continuing medical education.

- ✓ Each health care setting should conduct an annual review to answer the question “How is racism operating here?” by examining its structures, policies, practices, norms and values to identify opportunities for change.

# Task Force 5: Modern Healthcare Delivery: Challenges Related to New Care Delivery Systems

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# Task Force 5: Current issues

- Systems of care, research, education and leadership have been disrupted by sociological, technological, and economic factors, leading to potential conflict with the enduring obligation of clinicians to exhibit respectful and moral behavior.

- Emerging health care models such as physician employment, healthcare system consolidation, and direct care of patients by insurers, care in pharmacies and big-box stores have the potential for conflicts of interest that may impact patient-centric care.

- Healthcare goals of patient-centered care, equity and fairness may be influenced by or in conflict with business goals in a value-based model of care, or with regulatory expectations.

# Task Force 5: Solutions

- ✓ Clinicians must recognize and balance the interests of patients with the stewardship of valuable resources through transparency, focus on quality, shared decision-making and patient-centeredness, including managing the risks of overtreatment versus undertreatment.

- ✓ Quality, outcomes, patient experience and the reduction of unnecessary tests and procedures are the responsibility of the clinician and must be given high priority.

- ✓ Patient-centered care, including patient goals and preferences, must be prioritized among quality metrics in pay-for-performance programs.

# Task Force 5: Solutions

- ✓ Implementation of health policy intended to improve value should be supported by high-quality evidence that it improves outcomes and avoids unintended consequences.

- ✓ Clinical coding and billing should be supported by verified and audited clinical documentation in the medical record that adheres to current conventions and procedural terminology rules.

- ✓ The primary role of an Electronic Health Record (EHR) must be to facilitate patient care, and this purpose should not be impeded or usurped by the billing, regulatory, research, documentation or administrative functions of the EHR.

# Addressing the Triple and Quadruple Aims

Triple Aim:

- Improving the health of the population
- Enhancing patient satisfaction
- Reducing the cost of care

Quadruple Aim:

- Adds clinician satisfaction and well-being as the fourth aim

The Quadruple Aim recognizes that clinician satisfaction and well-being is an essential condition for achieving the Triple Aim of patient care.

# Addressing the Quadruple Aim conflict: Does an ethical and professional perspective enhance or obstruct patient satisfaction, outcomes and quality, cost and clinician satisfaction?

- ✓ Health care organizations should implement programs to continuously assess and address clinician satisfaction and well-being, avoiding clinician burnout so that the Triple Aim can be optimally achieved.

- ✓ Although clinician well-being is acknowledged as an essential condition for achieving the Quadruple Aim, the focus on clinician satisfaction must not detract from achieving the Triple Aim for patients.