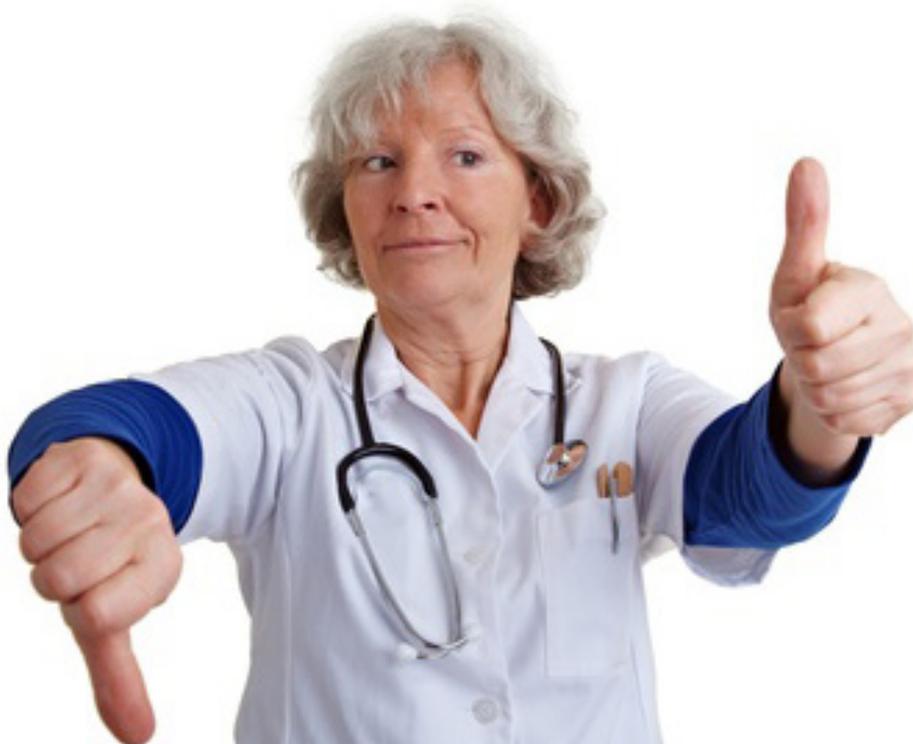


In Politically Turbulent Times, Where Are the Boundaries for Physicians?

By Michael Stone | May 18, 2017



Dr. Dhruv Khullar is an advocate for physicians diving headfirst into politics.

Doing the opposite — fully abstaining from elections and legislative processes — equates to letting sweeping decisions on the health-care system be made by outsiders and unchecked, he said, noting that physicians have historically had low turnouts during elections.

“My view is that it would be better to try to influence that discussion and those policies rather than sit back and let it happen to us,” said Khullar, a resident physician at Massachusetts General Hospital whose writing on the intersection of medicine and politics has appeared in USA Today, the Washington Post and other general-interest publications.

It’s an intersection that seems to grow more contentious by the month.

There’s the Affordable Care Act and Republicans’ replacement pushes, of course, but

also now notched on various points on the political spectrum are: abortion, vaccines, end-of-life care, medical marijuana, Medicare and Medicaid funding, LGBT care, undocumented-immigrant care and various state-level issues, like the recent attempt in Florida to stop doctors from talking about guns with their patients.

“As much of our society becomes politicized,” Khullar said, “all these things enter the doctor-patient relationship, as well.”

It all begs the questions: Is there still a place in modern medicine for a physician to put all of her or his care and worry into just the patients? Or is involvement outside the examining room inevitable and even necessary given today’s political climate?

And when physicians do throw themselves into the political ring, where are the ethical boundaries in terms of letting their beliefs affect the care they provide?

First, some might try to stay out of it completely, Khullar said. But legislation, regulation and political opinion, he added, will always creep inside a physician’s practice regardless of how much she or he is able to hold onto neutrality.

“If it is your choice to explicitly stay out of the political arena or to not be involved in any way, that is a reasonable personal choice,” he said. “But you also need to recognize that the flip side of that is these forces are still going to impact you and your patient.”

Such political activism outside the hospital — voting, campaigning, donating and even running for office — is supported by the American Medical Association, the U.S.’s largest physician organization.

“Physicians have the right to be political actors in this country; doctors are citizens, too,” Jack Deutsch, of the AMA’s media and editorial division, wrote in an email. “As such, the AMA strongly believes that physicians are entitled to the benefit of protected political activity, including making their concerns and grievances known and petitioning for change.”

The organization’s Code of Medical Ethics lays out such support: “It is laudable for physicians to run for political office; to lobby for political positions, parties, or candidates; and in every other way to exercise the full scope of their political rights as citizens.”

The AMA itself is quite active politically: It lobbies heftily, and it will often make public its support or opposition of a person or issue.

Shortly after Donald Trump’s presidential victory in November 2016, the organization endorsed Trump’s nomination for Health and Human Services secretary, Tom Price. Then in March, it called the American Health Care Act, the Republicans’ first Affordable Care Act replacement proposal under Trump, “critically flawed.”

But Khullar, the AMA and much of the medical world do have a political stopping point: when interacting with patients.

"I feel very strongly that it should not enter the hospital [room] or clinic," Khullar said. "So when we're in with our patients, we need to let our patients drive their decisions about their treatment."

In these interactions, the balance of power is lower on the end of the patient, who might be vulnerable and also want to keep their views private, the AMA's ethics code says.

The code's recommendations on expressing political viewpoints to patients and their families are:

- Judge both the intrusiveness of the discussion and the patient's level of comfort before initiating such a discussion.
- Discuss political matters only in contexts where conversation with the patient or family about social, civic or recreational matters is acceptable.
- Refrain from conversation about political matters when the patient or family is emotionally pressured by significant medical circumstances.

As far as what side of the partisan spectrum physicians might fall on, they've typically leaned conservative but have grown more liberal as younger people, women and minorities have entered the medical workforce, Khullar said.

By analyzing the political affiliation on the voter registration of 20,000-plus physicians across 29 states, Yale researchers put the split at 35.9 percent Democrat, 31.5 percent Republican, and 32.6 percent independent or third party, according to the researchers' 2016 article in the Proceedings of the National Academy of Science of the United States of America.

Between just those registered as either Democrat or Republican, the split was 53 and 47 percent, respectively.

The study also revealed noticeable disparities among specialties: On the most extreme Republican end were surgeons at 67 percent, and for the Democrats, it was those who work with infectious diseases at 77 percent. (These percentages were again based only on Democrats and Republicans and excluded independents and third parties.)

While the average patient wouldn't see much of a difference in care, she or he would be more likely to on issues involving sex, reproductive health and drug use, study co-author Eitan Hersh said.

"These findings suggest you are going to get different care" depending on a physician's political leanings, Hersh told the New York Times.

Especially for physicians like him who have great interests in both politics and medi-

cine, Khullar said the intersection is indeed a “very difficult balancing act to strike.”

But the best way to combat any influence from personal biases is to be conscious of them and then mentally set them aside, he said.

“I try to remind myself even more than most people [that] I need to allow my patient to drive this decision,” Khullar said. “I need to allow my patient to express their values and their interests and be very careful about the way I am navigating the situation.”