May 18, 2017

The Commonwealth of Massachusetts

Board of Registration in Medicine

Candace Lapidus Sloane, MD, Chair

George Zachos, Esq., Executive Director

200 Harvard Mill Square, Suite 330

Wakefield, MA 01880

RE: 243 CMR 2.07(14), “Providing Cancer Patients with Treatment Information”

Dear Honorable Members of the Massachusetts Board of Registration in Medicine:

On behalf of the American College of Surgeons (ACS), we are writing to you to express our concern with the proposed regulation 243 CMR 2.07(14) “Providing Cancer Patients with Treatment Information.”

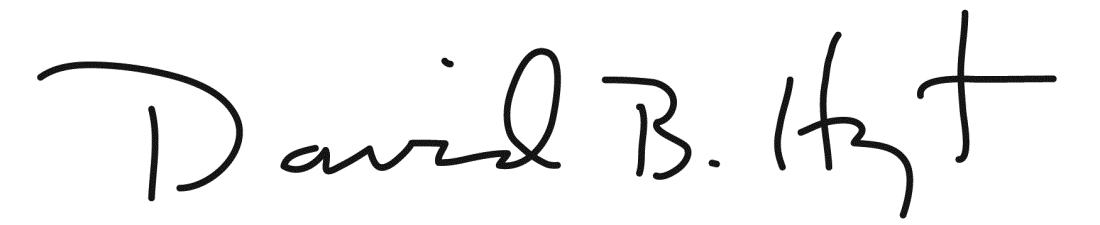
The ACS has a long history of advocating for and setting standards relating to quality cancer care. Through the Commission on Cancer and the National Accreditation Program for Breast Centers (<https://www.facs.org/quality-programs/cancer/quality>), we provide standards for cancer centers that improve patient care including appropriate counseling of treatment options. It is our concern that the proposed regulations, by interfering with clinical decision making to discuss appropriate treatment options, could have a negative effect on the quality of care that patients diagnosed with cancer deserve, resulting in patient confusion and unnecessary harm to the patient/physician relationship.

Under the proposed regulation, physicians would be required to describe in detail the different alternative treatments listed as well as any or all additional alternative methods of therapy not clearly defined in the regulation. While a physician may have knowledge about the available types of treatments for an individual cancer diagnosis, they may not be an expert on risks and benefits of each therapy specific to their patient as the regulation implies Additionally, many physicians may not be familiar with all “medically viable alternative treatments” available, nor their details to have a meaningful discussion with patients.

There is no medical benefit to requiring in state regulation a discussion on all the types of available treatments for a cancer diagnosis. Forcing the discussion in a manner that becomes an administrative requirement removes the collaborative engagement that patients and physicians attempt to build. Requiring the dissemination of an undetermined amount of information and written acknowledgement of its receipt could create confusion for the patient and create tension between the patient and physicians as the discussion becomes administrative and transactional instead of collaborative.

While the proposed regulation does, on paper, reflect the attributes of quality patient care for a patient with a new cancer diagnosis, the implications of codifying it in state regulation has the potential of failing the intended purpose.

As such, we urge you to table the proposed regulation.

Sincerely,

David B. Hoyt, MD, FACS

Executive Director