May 18, 2017

George Zachos, Executive Director

Board of Registration in Medicine

200 Harvard Mills Square, Suite 330

Wakefield, MA 01880

**Re: Proposed Amendments to the BORIM Regulations 243 CMR 2.00**

***Licensing and the Practice of Medicine***

Dear Mr. Zachos:

On behalf of Dana-Farber Cancer Institute, I am pleased to offer comments for the Board’s consideration related to the proposed amendments to 243 CMR 2.00 regarding *Licensing and the Practice of Medicine*, and specifically addressing **243 CMR 2.07(14) – Providing Cancer Patients with Treatment Information**. For the reasons described below, we recommend that this section as proposed be deleted.

Section 2.07(14) is a new addition that would require physicians to provide certain information on treatment options to patients with “known or suspected cancer” and further require the physician and patient to document that such information was provided.

It is standard practice for physicians to inform patients of treatment options and have comprehensive, patient-centered discussions about the potential risks and benefits of those options, whether they are treating a patient for cancer or for any other condition or disease. To this end, this requirement would not meaningfully enhance the care of cancer patients in the Commonwealth. Conversely, this rule has the potential to negatively impact patient care. For example, this rule would compel physicians to provide information about options they may not fully understand, given their role or specialty, and may be better explained by other experts. Further, discussing treatment options is an evolving conversation throughout the continuum of care from suspected malignancy, to diagnosis and treatment. A mandate requiring any and every physician who treats the patient to provide comprehensive information about all possible cancer treatments – even if the person has yet to even be diagnosed with cancer – is likely to be overwhelming and unhelpful to patients and families.

Further, we believe that requiring written documentation to demonstrate compliance with this section would be unnecessary and overly burdensome by adding to the considerable regulatory requirements that govern the practice of medicine, and at times result in unintended inefficiencies in patient care. It may further serve to weaken physician-patient relationships by requiring physicians to insert regulatory paperwork into critical conservations between patients, families, and their physician about their care without added benefit.

Because of these concerns, **we recommend that 243 CMR 2.07(14) as proposed be deleted**.

We appreciate the opportunity to provide comments on the proposed regulations, and thank you for your consideration.

Please do not hesitate to reach out to me if I can be helpful in providing any further information.

Sincerely,



Craig A. Bunnell, M.D., M.P.H., M.B.A.

Chief Medical Officer

Dana-Farber Cancer Institute

CAB/lfc