

**MASSACHUSETTS GASTROENTEROLOGY ASSOCIATION**

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**Board of Registration in Medicine**

**Proposed Regulations 243 CMR 2.07**

**General Provisions Governing the Practice of Medicine**

**May 19, 2017**

These comments are submitted on behalf of the Massachusetts Gastroenterology Association (MGA), which represents gastroenterologists practicing in the Commonwealth.

MGA joins with the Massachusetts Medical Society and other medical specialties and associations in expressing our concerns and opposition to the proposed regulation 243 CMR 2.07 (14), entitled “Providing Cancer Patients with Treatment Information,” which imposes a listing of methods of treatment that must be disclosed to a patient with cancer whether the therapies are relevant or not.. This mandated one size fits all approach makes no sense and interferes significantly with the physician-patient relationship and communications.

Gastroenterologists engage their patients in a discussion of a cancer diagnosis and available options for treatment that is focused on the patient’s specific cancer and the availability of options or therapies for treatment. Together the gastroenterologist and patient devise a treatment plan and referrals based on the patient’s medical needs and prognosis.

Under the Board’s proposal, the physician would be required to present and discuss a series of specific alternatives to the patient, unless the patient states that he/she does not want to discuss anything further. All or nothing. The conversation is either over-inclusive or non-existent. This interferes with the ability of the physician to focus on the information that is most important for an individual patient to hear, regardless of the emotional or mental state, preferences or understanding of the patient during a very emotional and challenging time for the patient.

What is particularly concerning is the proposal imposes a set rule on how a physician practices medicine. Rather than improve informed consent, the mandate contained in section (14) disrupts the informed consent process by listing a prescribed listing of alternative therapies that must be discussed with a patient, whether relevant to the patient’s cancer or not.

As with all areas of medicine, a physician’s practice and duty to a patient are governed by recognized standards of care, including providing relevant information to a patient regarding the patient’s condition and treatment options. Cancer care is no different from any other medical condition. Yet the Board has chosen to impose requirements for cancer treatment and not other medical conditions. MGA believes the Board is over-reaching with

these regulations. The Board is free to discipline physicians (regardless of disease treatment) and respond to complaints where a physician’s treatment of a patient, including discussing alternative treatments and obtaining informed consent did not meet the standard of care. Cancer treatment should be no different from any other medical care or treatment. The Board should not create this new requirement in regulations.

MGA urges the Board to eliminate the proposed clause (14) of section 2.07.

Respectfully submitted,



Francis P. MacMillan, Jr., M.D.

President

Massachusetts Gastroenterology Association