Suzanne Olbricht

Chair, Dept of Dermatology, GZ 522

Boston, MA 02215

May 18, 2017

Dear Eileen Prebensen,

Dear Members of the Massachusetts Board of Registration in Medicine (BORIM):

I write to you as a concerned dermatologic surgeon and licensee of BORIM in opposition to the addition of section (14) to 243 CMR 2.07, which adds burdensome requirements which will impede the delivery of high-quality health care and does not prioritize the disclosure of the most relevant information to patients.

While written informed consent makes sense in a number of clinical scenarios, the provisions in the current proposal would apply to every diagnostic or therapeutic action for every patient with known or suspected cancer. Requiring an attending physician to obtain written informed consent for every treatment is not a tenable requirement and does not promote the best patient care.

I see 10-20 patients a day with suspected or biopsy proven skin cancers, many of which are simple. The full range of treatment of skin cancers is not appropriate for many of these lesions and some cost more than others and are not particularly helpful. So this proposal will increase the cost of care, decrease appropriate decision making by the patient (most of us want 3 reasonable choices, not 20 possible choices), decrease access for patients because of the time required for discussion (discussion alone would be in excess of 10 min a patient, adding an average of 2 hours a day to my day), and not improve quality of care. It further will not prevent hindsight reevaluation. What prevents hindsight reevaluation is spending the time discussing the most reasonable option with the patient with noting the pros and cons, benefits and side effects. This is already covered in the mandatory informed consent of which I am totally supportive and strive to do well in each and every!

case.

In the interest of protecting high-quality care, please strike this provision and rely on existing informed consent laws.

Sincerely,

Suzanne Olbricht