

MSSNY Bioethics Committee
Friday, May 13, 2022
8:30AM via zoom
Draft Minutes

Present

Janine Fogarty, MD. Asst. Comm,
Vice-Chair
Jeffrey Berger, MD Chair
Maria Basile, MD
Patricia Bomba, MD
Loren Wissner Greene, MD
Cheryl Morrow, MD
John O'Brien, MD
Joel Potash, MD
Edward Powers III, MD
Renee Solomon, MD
Jane Marie Simpson, DO
Abby Chase, Student
Anna Jaysing, Student

Peter Rogatz, MD

Absent

Carol Beechy, MD
Stanley Bukowski, MD
Arthur Coper, MD
Kelly Donnelly-Meuller, DO
Anthony Pivarunas, DO
Corinne Salonsen-Lojos, MD
Robert Schloss, MD
Sally White, MD

Staff

Pat Clancy, Sr. VP/Managing Director
Cayla Lauder, MPH, Public Health
Associate

Excused

Joshua Cohen, MD Commissioner
Sally White, MD
Abby Chase, Student

1) Welcome

2) Acceptance of February 11, 2022 minutes – approved

3) Professional (Physician) Leadership and Wellbeing – presentation by Dr. Maria Basile – presentation slides entered into record.

The drop in physician well-being has been long before covid. The data points are all over the place. Expecting to see more obvious correlation. It indicates that physicians are much more resilient than we thought. Thought's that the burnout scores were fairly low. Lower in leaders than in the persons they were leading. We don't see a particularly burned out group. Overall, the burnout scores were different for those in leadership roles, than those that were not.

Question – was it broken down male vs female? It was not noted between male and female. It would be interesting to conduct this survey now that we've been in this COVID pandemic for over two years and in some ways continue to be – and see what the numbers for burnout are now.

If this is an academic center, how would it differ with physicians that are in private practice?

Has this model been applied to other countries? Have they looked at this model and tried to apply in a single payer system such as Canada and the UK?

This study came out of Stanford and the hope is that it can be applied globally.

Those that were in the trenches were the ones that were suffering. This seems to concentrate on leadership. There were things that the academic centers promised their employees during the pandemic and they didn't come through. We have been measuring the levels of burnout in practicing physicians for a long time. Studying the front lines to determine how effective the leaders are will assist. It would be interesting to do this again in the post-COVID environment? The need to look at the effectiveness and development of the leaders that we choose. People that have the ability to bring up people behind them that will be able to eventually lead. People that will look at caring their physicians. What as an organization can we do to help the people at the front lines? It is done with the idea that all physicians need to be lifted up. The pandemic suddenly hit the "work force" with time constraints and pressures away from family. It would be interesting to do this again in the post-COVID environment? Do we know if physicians retired early? Did they change specialty? Have doctors chosen paths away from medicine? It would be interesting to see how it affected people from the CEO position on down to the worker bees?

We are moving toward team based care – how will this affect all these workers? It would be interesting if we were to do something like this the structure of organization in the state of New York is going to be quite different than that of Stanford. There are large groups within the state of New York that have been involved in practice transformation. This looks at the data in the local system level, large hospital systems, etc.

Dr. Fogarty reminded the committee that MSSNY has a PEER2PEER program and it assists with trained peer counselors within MSSNY and is very underutilized. Dr. Powers mentioned back in the days – there was a physicians lunch room and some had physicians lounges, these rooms gave physicians the opportunity to talk, share information and bond. These rooms are no longer part of the hospitals. We are reminded by this presentation that we are called to be leaders, we are called to experience joy and we are called to take care of ourselves and others. Dr. Bomba supported Dr. Powers thoughts – "what is to be said for the loss of camaraderie and the feeling of isolation with the loss of these gathering spaces where physicians could feel like they belonged to something much bigger and were in it with many more people other than themselves.

We need to look at where we are now in New York State and how are we going to move forward? We need to make our leaders realize how important those communal gathering spaces are for physicians. Being together where they can relax or a place where they can share ideas and pick other peoples brains about certain patients. A place where physicians can interact collegially with each other. The medical societies are very much for that as well.

4) Future topics for meetings –

- How do we reach out to physicians that might be experiencing burnout?
- Revision of the MOLST Form

- Do hospitals have a moral responsibility to participate in the MOLST program? There are liability issues for physicians and hospitals that don't use MOLST..
- Race-based medical education. Rules that are tied to certain ethnic groups that have nothing to do with biology
- We could have a program of ethical dilemmas of medical students. We could have medical students come in and explain to the older physicians what ethical issues they may be having.
- Navigating when the treatment of patient's current level of industry care does not meet with the personal standards of the physician.
- The role of PBM's
- Pre-authorizations
- The value of time in medicine – there just isn't time. Especially since everything is timed by corporate medicine. Or relegating the patients to "the assistant" it is "trickle down medicine"

Motion to adjourn

Next meeting: October 14, 2022