VIEWPOINT

A victory for physicians and patients

If you are like me, the recent Minnesota Supreme Court ruling on the Avera Marshall case made you smile. You felt a small thrill of victory upon hearing that the high court sided with physicians by holding that medical staffs are legal entities and that medical staff bylaws constitute a contract between physicians and hospitals. I hope you celebrated this victory for physicians. I think it has enormous practical and symbolic meaning.

Historically, a hospital’s medical staff has been a respected and largely independent entity that served several crucial functions—overseeing peer review, setting and revising clinical standards and processes, and giving physicians a vehicle for formally communicating with hospital administration.

With the increasing integration in health care and ever-growing hospital systems, many of us have felt the vitality of the medical staff eroding. It has seemed, at times, as though medical staff autonomy has been compromised by administrative and business pressures.

And then along came this case, in which the Avera Marshall medical staff found itself hamstrung when the hospital’s administration unilaterally rewrote its bylaws. Peer review was compromised, credentialing and privileging happened without medical staff input and nonphysicians were placed on the medical executive committee by the hospital. The Avera Marshall medical staff had no choice but to pursue legal action.

As the litigation unfolded, it felt as if everything we thought and understood about the rights and responsibilities of a medical staff was called into question. The future of the medical staff seemed unclear. Fortunately, the Minnesota Supreme Court reminded us all that medical staffs are necessary and important to the successful functioning of a hospital.

A robust medical staff is key to physician participation in setting clinical practices. A medical staff allows physicians to focus on patient care and quality clinical processes without being swayed by hospital business imperatives or politics. In short, the medical staff is a safe haven in which physicians are able to focus on the practice of medicine. As health care organizations consolidate and hospitals and clinics become increasingly integrated, this sanctuary must be preserved.

This victory also affirms the vitality of the MMA as an organization that supports physicians and physician advocacy. From the get-go, we were on board helping and supporting the Avera Marshall medical staff both in spirit and financially. We engaged in the court battle with a strong amicus presence; we heard from judges and attorneys that the MMA’s amicus briefs were read carefully and heeded.

Finally, the MMA offered the Avera Marshall medical staff intangible support. The physicians who took on the case knew their peers stood behind them. It was clear to them that the sacrifices they were making in order to pursue litigation—personal time, emotional energy and lots of money—were recognized and valued by their peers and their professional association. There’s no way to put a price on that.

The MMA offered the medical staff their support because it was the right thing to do: When a member goes to bat on behalf of the entire profession, that member deserves our support. That is what a medical association should do.